FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

28501

AND NUMBER Spiral Dri STATUS arried 2 Merried d 4 Olvorced 15. DECEDENT'S EC (Specify only highest gra y/Secondary (0-12) 12 NAME (First, Middle, Last) 11 OF DISPOSITION 2 Cremetion 3 Re n 5 Other (Specify) E OF FUNERAL SERVICE Enter the diseases, o shock, or heart failure c CAUSE (Finst conditione, ling to immediate	s. SEX 1 M 2XXF 6. AC 1 M 2XXF e street and number) entist Nursi NUTY ean Ve 12. WAS DECEDENT EVE FORCES? 1 M Y IF YES, GIVE WAR OF College (1-4 or 5+) E. den amoval from State LICENSEE Cr complications that cau e. List only one cause of s. A S D	er in u.s. Armed es 2X No R DATES 10c. CITY, 1 I I I I I I I I I I I I I I I I I I	FUNDER 1 YEAR ONTHS DAYS ON THE DAYS IS WAS DECE! If yea, spect YES 2 SUAL OCCUPATION the done during most retired.) ON THE DAYS ET DORRESS (Street ent.) Trotter Trotter Trotter Trotter TON (Name of ceme Ity Memo: 22. NAME ANC ROBER ROCK V. Avenut It enter the mod	No of working 18. MOTHER'S NA BERTH 18. MOTHER'S NA BERTH 19. Ridge 19. ADDRESS OF FARTY A. Put Control of Force of Farty Control of Farty	NIC ORIGIN? (Specify in, Puerio Rican, etc.) 16b. KIND OF E AME (First, Middle, Meidle) ARE Lane, Ga Poute Number, City or 7 Lane, Ga CRICK To Control of Contr	1909 9c. COUN MOR. 10g. CITIZ	8:3 8. BIRTHPLACE (S New Jer Mew Jer Mew Jer Mew Jer Mew Jer Mew	SSEY SIDE CITY MITS? ES 2 (XX) O UNTRY? A. ricen Indian, etc. nite June
A-3451 NAME (If not institution, give or Grove Adversely Compared to the country of the country	1 M 2XXF e street and number) entist Nursi e	er in u.s. Armed es 2X No and Center 10c. CITY, 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DDRESS (Street enter the model of enter the enter	HOURS MIN. R LOCATION OF DI ILLE ON ZIP CODE 08724 ENDENT OF HISPAI City Cuben, Mexica 2XXIO Specif N I of working 18. MOTHER'S NA Berth MR Ridge Seten, crematory or rial Par O AODRESS OF FA TOTAL Put Lie, Rock	MIC ORIGIN? (Specify an, Puerio Rican, etc.) 16b. KIND OF E 16b. KIND OF E AME (First, Middle, Maidle Lane, Ga 20c. The Lane, Ga 20c. The Could provide the control of the control	9c. COUN MOR. 10g. CITIZ	New Jer New Je	BIOE CITY MITS? ES 2 (XX) COUNTRY? A. Cricen Indian, etc. Cricen Indian, etc. A. Cricen Indian, etc.
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or UNDERLYING sease or Injury and events	C. DUE TO TOR A	AS A CONSEQUENCE OF): AS A CONSEQUENCE OF):	ic V	reard	Toise	ase		
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REFERRED TO MEDICAL R? 2 X X VO	HOSPITAL:	Outpatient 3 🗆 DOS						
OF DEATH	28a. DATE OF INJUI (Month, Day, Yel	RY 28b. TIME	OF 26c, INJU RY WOR	JRY AT RK?		V INJURY OCC	CURED	
4.	28e. PLACE OF INJ building, stc. (IURY — At home, ferm, str Specify)	reat, factory, office				or Rural Route Nur	mber,
,								anner ee state
3 Alau	Mara97			29c. LICENSE NU	MBER	29d. DATE		Day, Year)
	R? 2 XX0 OF DEATH el 5 Pending Investigation de Could not I determined R XX CERTIFYING PH 2 MEDICAL EXAM RE AND TITLE OF CERTIF	PR 2 XXO 1 HOSPITAL: 1 Inpetient 2 ERV STORY Month, Day, Ye Investigation 28e. PLACE OF INJU Month, Day, Ye Month, Day, Month, Day, No Month, Day, Month, Day, No Month, Day, Month, Day, No Month, D	HOSPITAL: Inpetent 2	HOSPITAL: Inpettent 2	HOSPITAL: 1 Inpetient 2 ER/Outpetient 3 DOA Nursing Home 5 Residence OF DEATH et 5 Pending Investigation left 8 Could not be determined 28e. PLACE OF INJURY At home, ferm, strest, factory, office building, atc. (Specify) 28e. PLACE OF INJURY — At home, ferm, strest, factory, office building, atc. (Specify) 28e. PLACE OF INJURY — At home, ferm, strest, factory, office building, atc. (Specify) 29e. LICENSE NU 3 3	REFERREO TO MEDICAL R7 26. PLACE OF DEATH (Check only one) HOSPITAL: 1 Inpetient 2 ER/Outpetient 3 DOA Nursing Home 5 Residence 6 Other (Specify) DF DEATH el 5 Pending Investigation left S Pending Investigation left S Could not be determined 28e. PLACE OF INJURY At home, ferm, streat, factory, office 28f. LOCATION (Street, Street, S	HOSPITAL: 1 Inpetent 2 En/Outpetent 3 DOA DIHER: 28c. INJURY AT WORK? 1 YES 2 NO WORK? 1 YES 2 NO DIHER: 28c. PLACE OF INJURY AT DIHER: 28c. PLACE OF I	REFERREO TO MEDICAL REFERREO

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the state of the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

DHMH-16 Rev 1/89

TO BE COMPLETED BY FUNERAL DIRECTOR

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6	£140
	V
'n.	60
32.	1, 2, 3

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the bursting physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages hill need within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year)

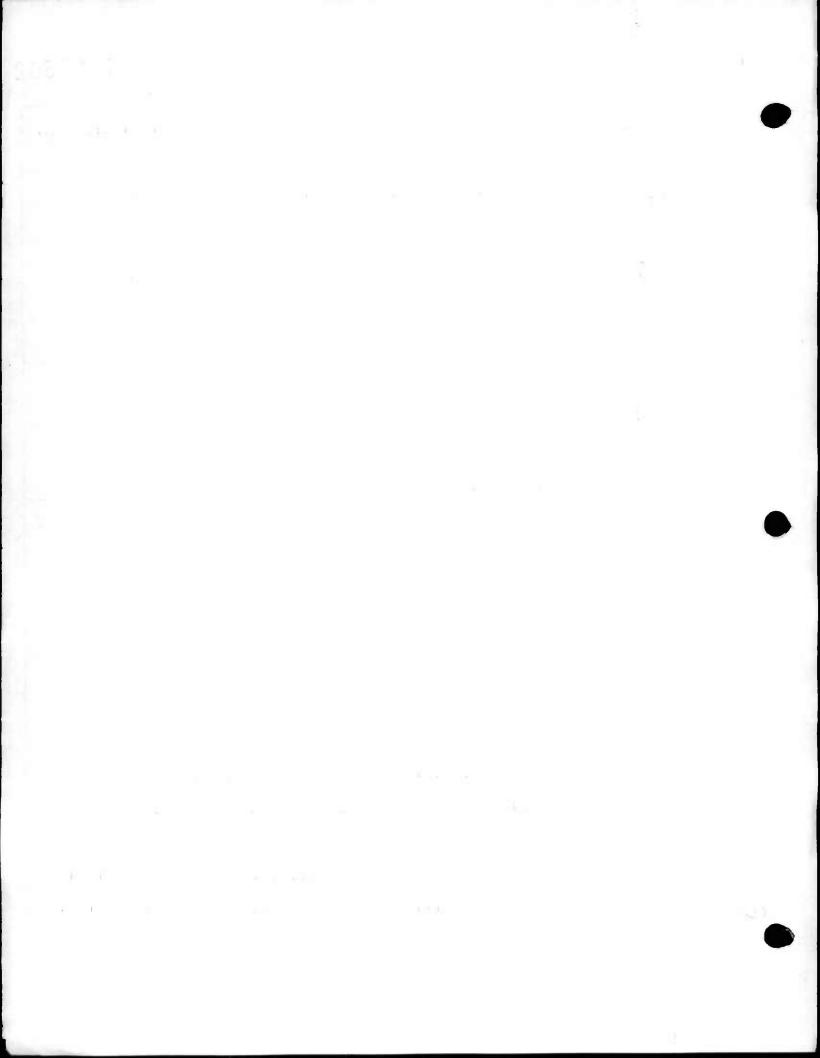
SFP 3 0 91

32. REGISTRAR'S SIGNATURE

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

4 DECEDENTIAL HAME (TILL)				CERTIF	ICALL	UF	DEA	10	_	REG. NO			
1. DECEDENT'S NAME (First,) 1	MATT	пепс	JR				MON			YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER		5, SEX							09	2.8	5 1	991	2:32 A.M
217 88 0668		1 M 2 F	29	yrs. last birthday) YRS.	IF UNDER	DAYS	HOURS	R 24 HRS. MIN.	7. DAT	E OF BIRTH 37/16 2			NPLACE (State or Foreign INGTON DC
9a. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. CITY	, TOWN	R LOCAT	ION OF DE	ATN		9c. COI	JNTY OF D	DEATN
PRINCE GEO	RGES	GENERA	L HO	SPITAL	CF	EVE	RLY				PRI	NCE	GEORGES
10a. STATE	10b. COUNT	Y		10c. CIT	Y, TOWN	R LOCAT	ION						10d. INSIDE CITY
MARYLAND 100, STREET AND NUMBER	PRIN	CE GEORG	ES		LARG								LIMITS?
312 HAF	RY S	TRUMAN I	DRIVE			101	207						WHAT COUNTRY? STATES
11. MARITAL STATUS 1 X Never Married 2 3 Widowed 4 Divo		12. WAS DECEDEN FORCES?				It yes, sp	ecify Cubi	OF HISPAN an, Maxica Specify	n, Puarte	ilN? (Specify Yea o Rican, atc.)	or No-		E — American Indien, k, White, atc. LACK
15. DEC	EDENT'S EDU	CATION		16a. DECEDENT'S	USUAL O	CCUPATIO	ON		10	Bb. KIND OF BUS	SINESS/IN	<u> </u>	
Elementary/Secondary (0		College (1-4 or 5		(Give kind of life. Do NOT u	se retired.)			ng		RETAIL	SТ	ORE	
17. FATNER'S NAME (First, Mi	ddle (asl)			00111 0 1 11	IC ILC	711111						OKL	
ROLAND D M	ATTHE	WS SR					GW	ENDO	LYN	Middle, Maiden DUDLEY	MAT		S
19a. INFORMANT'S NAME (7) GWENDOLYN		EWS		19b. MAILING 312	HARI	(Street a	nd Number	r or Rural F	DRIV	mber, City or Tow. JE LARG	n, State, Zi	lp Code) 20	772
20s. METNOD OF DISPOSITI	n 3 🗆 Reme	oval from State	20b. F	PLACE AND DATE	OF DISPOS	ITION (Na	me of		1		CATION -	- City or To	wn, Stata
4 Donation 5 Other 21. SIGNATURE OF UNERAL			_ W.	ASHINGT					10,	4 SUI	TLAN	D MD	
> ally	SERVICE LIC	Pope (7.		I A	LEX	ANDE	R S AVE	POPI	E FUNER		м859 020	
23. PART I. Enter the di	seases, or o	complications the	caused	the deeth. Do r	not enter	the mo	de of dy	Ing. eucl	n ss cs	rdiac or reapi	ratory ar	rest.	Approximete
immediate cause (Fin	art tellure.	List only one cet	ise on eac	ch line.							•		intervai Between
disease or condition		m. D.	1.00.	544	- /1.		1.	-//	nl	+			Onset and Death
reauiting in death)		s. // OUE TO	(OR AS A C	5 tab	D:	TUV	000	y	- Comme	3			
					. ,			U					
Sequentielly list conditi- if any, leading to immed		DUE TO	(OR AS A C	CONSEQUENCE OF	F):								
csuse. Enter UNDERLY	NG												
CAUSE (Disesse or Inju- that initiated events		DUE TO	(OR AS A C	CONSEQUENCE OF	F):								
resulting in death) LAST		d											
PART II. Other algnifics:	nt condition	a contributing to	death but	not resulting	in the un	derlying	ceuse	given in i	Pert I.	24a. WAS AN		24b	WERE AUTOPSY FINDINGS
										PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
										VES 2	□NO		OF DEATH?
									_				YES 2 NO
25. WAS CASE REFERRED TO	MEDICAL					20 01	ACE OF D	EATN (Che	-tt-				
EXAMINER?		HOSPITAL:	ER/Output	lent 3 🗆 DOA	OTHER	t:							
27. MANNER OF DEATH		28a, DATE OF	INJURY	28b. TIM	E OF	28c. INJ	JRY AT	sidenca		er (Specify)	JURY OC	CURED	
	Pending restigation	09-28			O A M	1 7 Y		NO					
3 Suletide		26a. PLACE O	F INJURY -	- At home, tarm.			Λ.	A		CATION (Street a		BBED	
- · · ·	Could not be latarmined	building,	etc. (Specify)					City	y or lown, State)			loute Number,
29a. CERTIFIER	CANDO BANGA		IARRY							RGO MA			
		CIAN: To the beet of R: On the beale of a:) end mannar as steted.
29b. SIGNATURE AND TITLE	OF CERTIFIER	00					29c. LICE	ENSE NUM	BER		29d. DAT	E SIGNED	(Month, Day, Year)
NVO	rin!	1 11.11	0 10 1	\cap									-1991
nun	001	- cau	034				0.0	. М. Е	•		- 0	9-20	- 1991
30. NAME AND ADDRESS OF	PERSON WHO	COMPLETEO CAUS	SE OF DEAT		•								21201



10 THE FIGURE OF PARTY OF THE PROPERTY. THE TWO ENGINEER THE UP AND THE THE PROPERTY OF THE

1 2	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	T - 1.1	CI	ERTIFIC			2. DATE OF D	G. NO.	J 1	2850
	MICHAEL	Todd		M	ITCHEI	L	MONTH () 9	2 5	1 9 9	
	4. SOCIAL SECURITY NUMBER 212-96-7388	The second secon	E (In yrs. las	8408	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BI	RTH		HPLACE (State or Fore
	9e. FACILITY NAME (If not institution, give s	1 🕅 🗶 2 🗆 F	25	YRS.			(Mogth, Day,	28-65		Maryland
E						OR LOCATION OF D	EATH	9c.	COUNTY OF	OEATH
5	Howard County				Colum	bia		H	oward	
DIRECTOR	Maryland Anne	Arundel			own on Locat					10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	Al dide!		L G		I S		40-	OUTUTEN OF	1 TYES 2 XXN
ERAL	2424 May Time Dr	ive				21054		100	USA	WHAT COUNTRY?
FUN	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. AP	MED	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Spi	ecify Yee or No	- 14. RAC	CE — American Indian
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR			1 TYES	ecify Cuben, Mexic 2 NA Speci	en, Puerlo Hicen, fy:	atc.)	Spe	ck, White, etc.
9	15. DECEDENT'S EDUC	CATION	18a. DE	CEDENT'S USU	AL OCCUPATION	ON	16b, KIND	OF BUSINES	S/INDUSTRY	White
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(G life.	ive kind of work Do NOT use ret	done during mo ired.)	st of working				
COMPL	12	0	Mo	ver			Sel	f		
	17. FATHER'S NAME (First, Middle, Last) Robert E. Mitche	11				1	AME (First, Middle,		me)	
BE	19e. INFORMANT'S NAME (Type/Print)	-	100	MAN INC. ADD	DC00 (0)	Roberta and Number or Aural	V. Shi			
5	Roxann Mitchell					ve. #372				20707
	20e. METHOD OF DISPOSITION 1 General Burley 20 A Cremetion 3 General Removements and Company C	20	D. PLACE	ND DATE OF DE	SPOSITION (Na	me of	DATE	20c. LOCATIO		
	4 Donation 5 Other (Specify)	B	atti	matory of other	shing	ton Crem	9-27		1, MD	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	1		22. NAME AN	ID ADDRESS OF FA	CILITY			
	Colale	14 Leac	Con							
RTIFICATION	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS	A CONSEC	DUENCE DF):						
IN: MEDICAL CE	PART II. Other significent condition	e contributing to death	but not r	esulting in th	e underlying	g csuee given in		WAS AN AUTOR PERFORMED? TYES 2 NO		D. WERE AUTOPSY FIND AVAILABLE PRIOR TO COMPLETION OF CAL DF DEATH? 1 NOYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ОТ	26. PL HER:	ACE OF DEATH (C)	eck only one)			
HYS	1 N YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 KER/Out 28e. DATE OF INJURY				e 5 🗆 Reeldence				
BY PI	1 Natural 5 Pending	(Month, Day, Year)		INJURY	WO		28d. DEŞCRIBE	HOW INJURY	UCCURED	
	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide datarmined	28e. PLACE OF INJUR building, etc. (Spe	Y — At hor	ne, farm, atreet			281. LOCATION City or Town	(Street end Nui n, State)	mber or Rural	Route Number,
<u> </u>	29a. CERTIFIER (Check only one)	CIAN: To the best of my know	wledge, de	ath occurred at	the time, date	end place, end due	to the cause(s) (and manner as	stated,	
절		R; On the basis of examination	on end/or l	nveatigation, in	my opinion, de					
	The second secon						MHER	204	DATE CLONICE	
ᆱ	296. SIGNATURE AND TITLE OF CERTIFIES	2m			[29c. LICENSE NUI		I		(Month, Day, Yeer)
TO BE COMPLETED	The second secon	COMPLETED CAUSE OF D	EATH (ITEN	1 27) (Type, Print)		O.C.		I		6 1991

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	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	TMENT OF	HEALTH AND	MENTAL	HYGIENI REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, La Roger Alan N	,				2. DATE O MONTH Sept	DA		3. TIME OF DEATH
\	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS	7. DATE O	F BIRTH	8. 1	BIRTHPLACE (State or Foreign
	114 28 3099 9e. FACILITY NAME (If not institution, gi		55 YRS.	MONTHS DAY	N OR LOCATION OF	Sept	. 16	1936	New York
HO	12409 Kinship T			Bowie		DEATH			e Georges
حا	RESIDENCE OF DECEDENT		140.00	Y. TOWN OR LO		_			
ривестоя	Maryland Pri	nce Georges		owie	ATION				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
RAL	10e. STREET AND NUMBER				101. ZIP CODE			_	OF WHAT COUNTRY?
FUNERAL	12409 Kinship T	12. WAS DECEDENT EVER I	N U.S. ARMED	13. WAS F	20715 ECENDENT OF HIS	PANIC OBIGINS	(Specify Ven		d States RACE — American Indien,
B	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 ☑ YES IF YES, GIVE WAR OR D 1960-1963	2 NO	If yes,	specify Cuban, Mex ES 2X NO Spe	icen, Puerto Ri	cen, etc.)		Black, White, atc. Specify: White
	15. DECEDENT'S E (Specify only highest gr	DUCATION	16e. DECEDENT'S (Give kind of	work done during	TION most of working	16b. I	(IND OF BUS	INESS/INDUST	RY
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+) 5+	Engin	,		,,,	c c	overnm	om t
NO	17. FATHER'S NAME (First, Middle, Last)	31	Engin	eer	18. MOTHER'S				ent
ш	George Raymond	Mattson			Marie			,	
TO B	19e. INFORMANT'S NAME (Type/Print)				at and Number or Ru				
	Jacklyn C. Matt				p Turn E				
	1 X Buriel 2 Cremetion 3 R 4 Donation 5 Other (Specify)	emoval from State	b. PLACE AND DATE metery, cremetory or d ary Land	ther place) Veteran	s Cemete	DATE			or Town, State m Maryland
	21. SIGNATURE OF FUNERAL SERVICE			22. NAME	AND ADDRESS OF	FACILITY			
	Kolyat	Comp	1 the		1-Evans O Annapo				· ryland 20715
	23. PART I. Enter the diseases, I	or complications that ceuse re. List only one ceuse on e	d the death. Do	not anter tha	noda of dying, a	uch as cardi	c or reapi	ratory arrest,	Approximeta
	iMMEDIATE CAUSE (Final diseas or condition		1. 2	C -	7)	- 1			Onaet and Death
	resulting in death)	a. DUE TO (OR AS	A CONSEQUENCE O	01	The p	11057	TH		
z	Constant the second state of	ь			,				İ
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING	DUE TO (OR AS A	A CONSEQUENCE O	F):					
FIC	CAUSE (Disease or Injury that initiated events	C. DUE TO (OR AS A	A CONSEQUENCE O	F):					
ERT	reaulting in death) LAST	d							
	PART II. Other eignificant condit	iona contributing to death b	out not resulting	in the underly	ing cause given	in Part i.	4a. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
CAL							PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MEDI									OF DEATH?
AN:									
SIC!	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2000 NO	HOSPITAL: 1 Inpatient 2 ER/Out	a 🗆 aaa	OTHER:	PLACE OF DEATH				
HX	27. MANNER OF DEATH	28a. DATE OF INJURY	26b, TIM	E OF 28c.	ome 5 Residence	_		JURY OCCURE	ED
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	IN.		WORK? YES 2 NO				
	3 Suicide 8 Could not		/ — At home, ferm, cify)	streef, factory, of	fice	261. LOCAT	ION (Street en Town, Stete)	nd Number or A	tural Route Number,
Ē,	an complex								
COMPLETED	(Check only	YSICIAN: To the best of my know							use(s) end menner es stated.
BE	29b. SIGNATURE AND THE OF CERTIF	FIER			29c. LICENSE N	UMBER UZ)		29d. DATE SIG	NED (Mgmth, Day, Year)
임	30 NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type	, Print)	1 1317	141		1/0	1111
	Trank M) F	you MiD.	61880	xout	51/16	OX	wh	11 M	120745
	31. DATE FILED (Morith, Day, Year) SEP 30 '91	July Davidson-Ran							
l.									

matter of the state.

There is no in the more particle to the particle of

White

DIVISION OF VITAL RECORDS,

1. DECEDENT'S NAME (First, Middle, Last) Kenneth W. Misal 4. SOCIAL SECURITY NUMBER 215 22 1522 9a. FACILITY NAME (If not institution, give street and number)

DIRECTOR

FUNERAL

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CERTIFICATION

PHYSICIAN: MEDICAL

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THE FUNERAL DIRECTOR:

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28 ET item 2

IMPORTANT: If

Pages 1

permit.

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

YRS

6. AGE (In yrs. last birthday)

64

1 😡 M 2 🗌 F

2. DATE OF DEATH

3. TIME OF DEATN 1991 Sept. 19 1:29 PM

7. DATE OF BIRTH (Month, Day, Year) 8. BIRTNPLACE (State or Foreign March 30 1927 Maryland

9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN

Prince Georges General Hospital Cheverly Prince Georges

IF UNDER 1 YEAR | IF UNDER 24 HRS.

HOURA

DAYS

10a STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY

Maryland Prince Georges Bowie TY YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?

2507 Kevin Lane 20715 United States

11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 VES 2 (IF YES, GIVE WAR OR DATES 1945-1946 1 Never Married 2 K Merried It yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 TYES 2 NO Specify: 3 Widowed 4 Divorced No

15. DECEDENT'S EDUCATION tea. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest Elementery/Secondery (0-12) College (1-4 or 5+)

12 Tool & Die Maker Research & Development 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname)

Harvey Evans Misal F. Marie Sakers 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)

H. Audrey Misal 2507 Kevin Lane Bowie Maryland 20715

20e. METNOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, Stata 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State
4 ☐ Donation 5 ☐ Other (Specify) Lorraine Park Baltimore Maryland

Beall-Evans Funeral Home, P.A. 6

16000 Annapolis Rd. Bowie Maryland 20715 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, **Approximate**

ahock, or heart failure. List only one cause on each line. Interval Between Onset and Death

IMMEDIATE CAUSE (Final

disease or condition resulting in death)

plicema

22. NAME AND ADDRESS OF FACILITY

Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING

21. SIGNATURE OF FUNERAL SERVICE LICENSEC

CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa

reaulting in death) LAST

PART II. Other algorificant conditions contributing to death but not reaulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE 1 YES 2 NO 1 TES 2 NO

Jones Lug 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one

DUE TOLOR AS A CONSEQUENCE OF

HOSPITAL: OTHER: 1 - YES 2 - 100 tent 2 D ER/Outon HE 3 DOA 27. MANNER OF DEATH

TIME OF 26s. DATE OF INJUR ZEC. INJURY AT WORK? 26 NA 1 Natural
2 Accident N 1 YES

3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 4 | Homicide

ERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated.

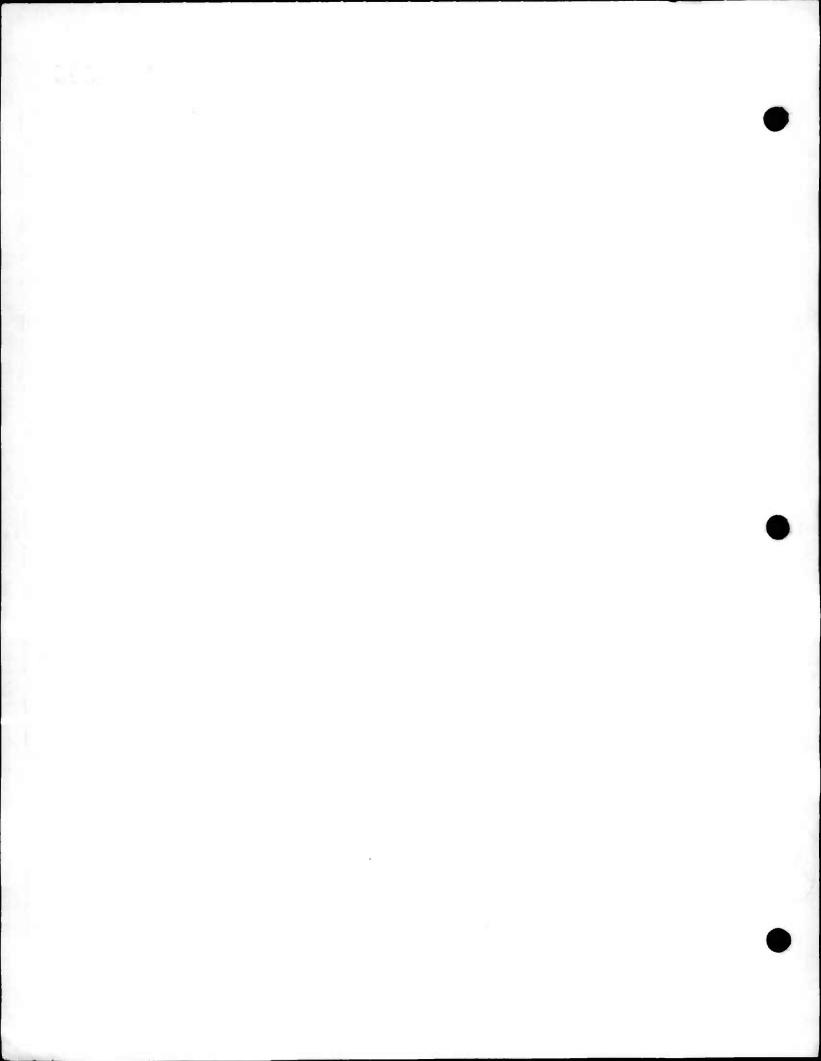
MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to

29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (March, Day, Your) rdo Saux 17799

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) Type, Print,

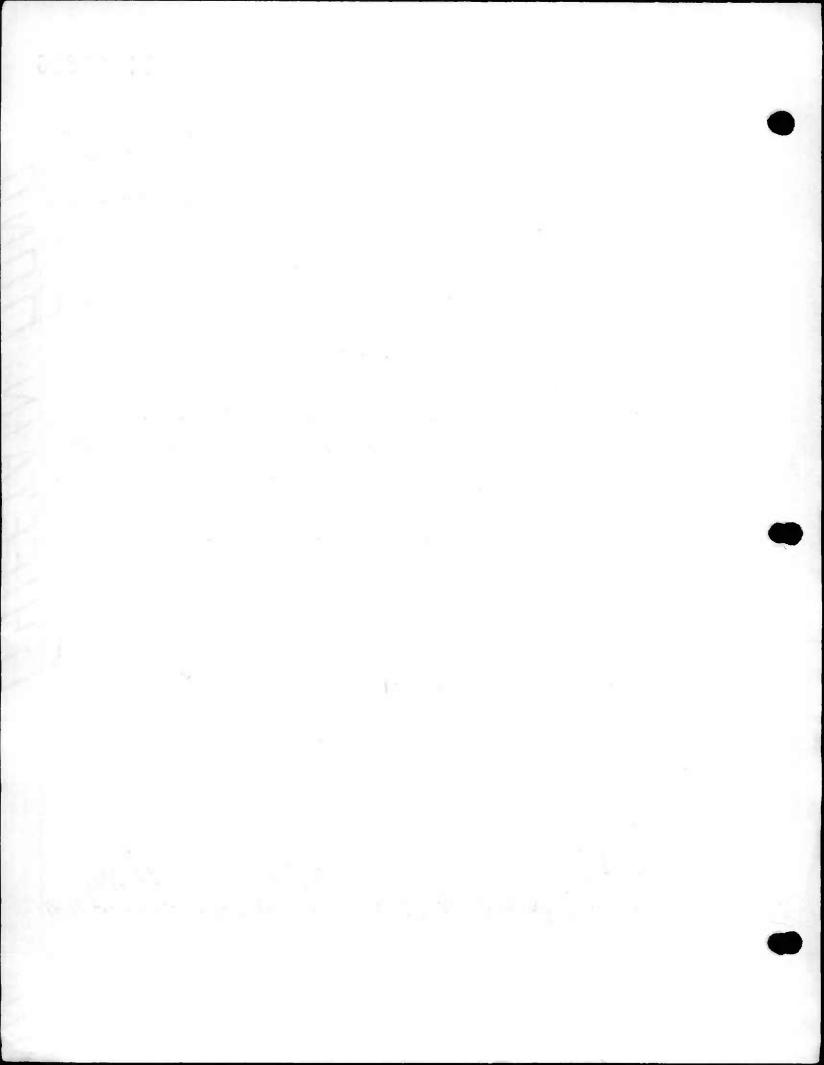
GERARDO M. GACAD, M.D. 32. REGISTA HENTEWORTH AVE., S-2700 Javidson PRITAMPALE, MD 20737

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	0 7	0 2	2
	E	N C	9
	SS	N.	1
	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within) THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely med in by the funeral find within 20 hours after death with the State Deat of Health and Mental Horiere prior to burial, cremation, or minimal	Information to the second of t
	뿔	분질	9
	_	0	

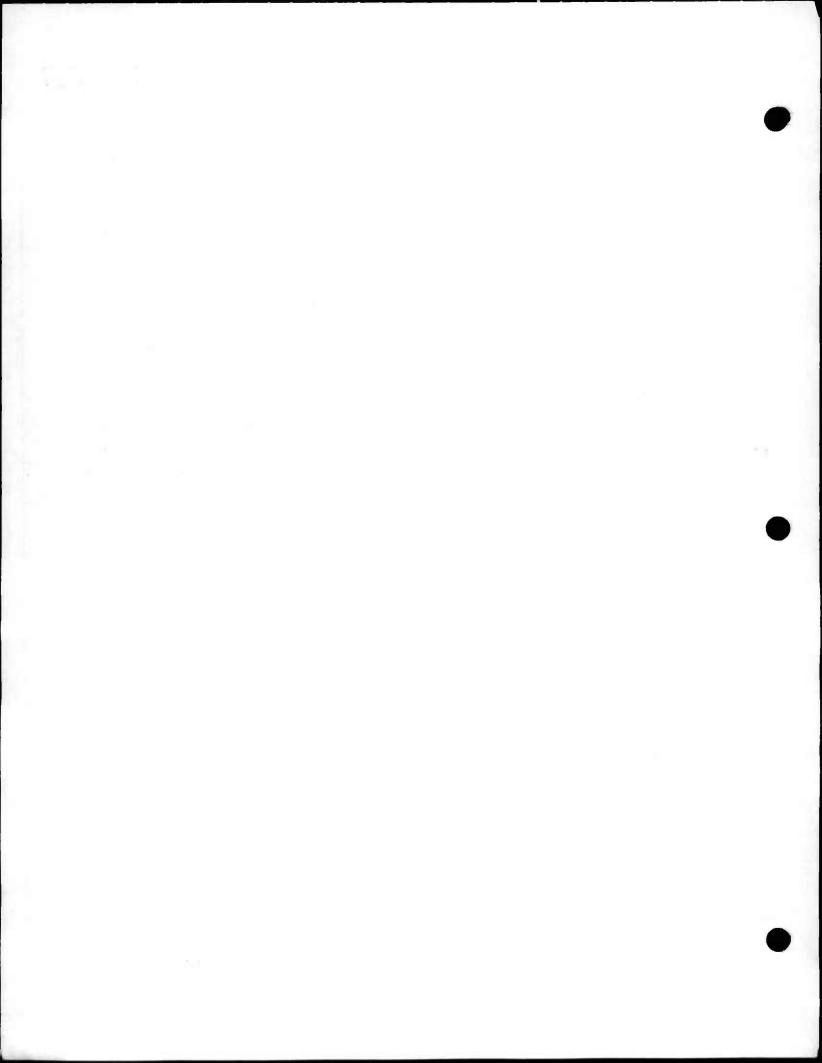
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Las	at)		ENTIFI	CATE OF	DEATH	2 DATE	REG. NO.		3. TIME OF DEATH
	William Warren						MONT		YEAR	
1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER 1 YEAR	IF UHDER 24 HRS	. 7. DATE	OF BIRTH	6. BIRT	HPLACE (State or Foreign
	267 34 4810	1 🎇 M 2 🗆 F	58	YRS.	MONTHS DAYS	HOURS MIN	OCT	ober 2, 1	932 ^{coun}	Florida
4	9a. FACILITY NAME (If not institution, give	e street and number)			96. CITY, TOWN	OR LOCATION OF	DEATH	9c. C	OUNTY OF I	DEATH
DINECTOR	5603 Decatur P	1			Hyat	tsville		P	rince	George's
	10a. STATE 10b. COUN			10c, CITY	TOWN OR LOCA	NTION	_			10d. INSIDE CITY
	Maryland Pr	ince Georg	e's	H	yattsvi	lle				LIMITS?
1	10e. STREET AND NUMBER				10	Of. ZIP CODE		10g.	CITIZEN OF	WHAT COUNTRY?
	5603 Decatur	Place	_			2078	1		USA	
DI LONEDAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT FORCES? 1	X YES 2	NO	If yes, s	CENDENT OF HIS pecify Cuban, Mei	tican, Puarto	N? (Specify Yea or No- Rican, alc.)	14. RAC Blac Spec	E — American Indian, ck, While, alc. city: Black
- 48	15. DECEDENT'S Et (Specify only highest gra		10000	(Give kind of w	JSUAL OCCUPAT	ION post of working	161	. KIND OF BUSINESS	/INDUSTRY	
COMPLETE	Elementary/Secondary (0-12)	College (1-4 or 5+)	indary	Operat	or		GOVT.		
	17. FATHER'S NAME (First, Middle, Last)					7	NAME (First,	Middle, Malden Surnam	10)	
		n Warren Ma	attox,	Sr.		Te	resa I	Pottsdamer	c	
	19a. INFORMANT'S NAME (Type/Print)							ber, City or Town, State	-	0501
	Mary Ella Matto)X						sville, 1	MD 20	0781
	20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Re 4 Donation 5 Qther (Specify)	amoval from Stata	other	place)		emetery, crematory	or	20c. LOCATION		
1	21. SIGNATURE OF FUNERAL SERVICE		Arl	ington		ery		ALTIN	guon,	Virginia
	· Hough	s. de	1		22. 10.000.	7474 ^J	Lando	Jenkins F ver Ra. L	unera andov	l Home er,MD 207
	shock, or heart failur	e. Liet only one caus	caused the se on each ii	deeth. Do n	ot enter the m	ode of dying, s	uch ss car	disc or respiretory	srrest,	Approximate Interval Betw
	shock, or heart failure immediate CAUSE (Final disease or condition resulting in death)	s	se on each ii	ma.	4 0}	ode of dying, a	,		srrest,	Interval Betv
NO.	shock, or heart failure immediate couse. Enter UNDERLYING	s	OR AS A CONS	SEQUENCE OF	×4 0}		,		arrest,	Interval Bety
CENTIFICATION	immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediata	s	OR AS A CONS	SEQUENCE OF	×4 0}		,		srrest,	Interval Betv
ar centification	shock, or heart failure immediate course. Enter UNDERLYING CAUSE (Disease or injury that initiated events	s. DUE TO (c. DUE TO (d. DUE TO ((OR AS A CONS	SEQUENCE OF	→ <i>○</i> ∫	The	41	24e. WAS AN AUTOP		Interval Bety Onset and D
MEDICAL	shock, or heart feilung immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death)	s. DUE TO (c. DUE TO (d. DUE TO ((OR AS A CONS	SEQUENCE OF	→ <i>○</i> ∫	The	41	yrs	SY 24	Interval Betwoen and D
MEDICAL	shock, or heart feilun iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificant conditions are sent to the condition are sent to the conditions are sent t	b. DUE TO d. DUE TO d. DUE TO d. DUE TO DUE	(OR AS A CONS	SEQUENCE OF	in the underlyle	ng cause given	In Part I.	24e. WAS AN AUTOP PERFORMED? 1 YES 2	SY 24	b. WERE AUTOPSY FINDI MAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
MEDICAL	shock, or heart feilung immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death)	s. DUE TO DUE TO d. DUE TO HOSPITAL:	(OR AS A CONS	SEQUENCE OF SEQUENCE OF the resulting in	in the underlyle	ng cause given	in Part I.	24a. WAS AN AUTOP PERFORMED? 1 YES 2	SY 24	b. WERE AUTOPSY FINDI MAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
MEDICAL	shock, or heart feilur IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediata couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificant conditi	b. DUE TO d. DUE TO d. HOSPITAL: 1 Inpetiant 2 28a. DATE OF	(OR AS A CONS (OR AS A CONS (OR AS A CONS death but no	SEQUENCE OF	28. F OTHER: 4 Nursing Ho OF 26c. In	ng cause given	in Part i.	24a. WAS AN AUTOP PERFORMED? 1 YES 2	SY 24	b. WERE AUTOPSY FINDI MAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
THISICIAN, MEDICAL	shock, or heart feilun iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificant conditions are searched as a sequential condition of the conditions are searched as a sequential condition of the condition of	B. DUE TO	(OR AS A CONS (OR AS A CONS (OR AS A CONS death but no	SEQUENCE OF SEQUENCE OF The resulting in	26. F OTHER: 4 Nursing Ho OF 26c. W	ng cause given	in Part i.	24a. WAS AN AUTOP PERFORMED? 1 YES 2 OC	SY 24	b. WERE AUTOPSY FINDI MAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
DI FILISICIAN, MEDICAL	shock, or heart feilun iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediata ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions are sequently in the initiated events resulting in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 6 Pending	B. DUE TO (DUE	(OR AS A CONS (OR AS A CONS (OR AS A CONS Death but no	SEQUENCE OF SEQUENCE OF At resulting in 3 DOA 26b. Time	26. F OTHER: 4 Nursing Ho OF 26c. W	PLACE OF DEATH	in Part I, (Check only of the 26d. DE 26f. LOC	24a. WAS AN AUTOP PERFORMED? 1 YES 2 OC	OCCURED	b. WERE AUTOPSY FIND MAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO
ELED DI THISICIAN. MEDICAL	shock, or heart feilun iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediata couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions in death and investigation investigation in death and in death and investigation in death and in dea	B. DUE TO (DUE	(OR AS A CONS (O	SEQUENCE OF SEQUENCE OF It resulting in 26b. Time Indian Additional form, of	26. F OTHER: 4 Nursing Ho COF MRY M 1 I	PLACE OF DEATH THE STREET OF THE TORK? YES 2 NO	in Part i. (Check only of the Call of the	24a. WAS AN AUTOP PERFORMED? 1 YES 2 CATION (Street and Nurr or Town, State)	OCCURED or Rural attend.	b. WERE AUTOPSY FIND AWAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO
E COMPLETED BY THIS SOLAN, MEDICAL	shock, or heart feilun iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediata couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions in death and investigation investigation in death and in death and investigation in death and in dea	B. DUE TO DUE	(OR AS A CONS (O	SEQUENCE OF SEQUENCE OF It resulting in 26b. Time Indian Additional form, of	26. F OTHER: 4 Nursing Ho COF MRY M 1 I	PLACE OF DEATH THE STREET OF THE TORK? YES 2 NO	in Part I. (Check only of the lime, date the lime, date.)	24a. WAS AN AUTOF PERFORMED? 1 YES 2 YES or (Specify) SCRIBE HOW INJURY CATION (Street and Nurr or Town, State) suse(a) and manner as a and place, and dua (OCCURED or Rural atated, to the cause	b. WERE AUTOPSY FINDI AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO
ELED DI THISICIAN. MEDICAL	shock, or heart feilun immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART H. Other significant conditions and the condition of the condit	B. DUE TO DUE DUE TO DU	(OR AS A CONS (OR AS A CONS (OR AS A CONS death but no) ER/Oulpatient INJURY ay, Year) F INJURY — AI atc. (Specify)	SEQUENCE OF SEQUEN	28. If OTHER: 4 Nursing Ho OF 28c. If W	PLACE OF DEATH THE 5 Realden JURY AT ORK? YES 2 NO Ica Ita and place, and death occured at	in Part I. (Check only of the lime, date the lime, date.)	24a. WAS AN AUTOF PERFORMED? 1 YES 2 YES or (Specify) SCRIBE HOW INJURY CATION (Street and Nurr or Town, State) suse(a) and manner as a and place, and dua (OCCURED or Rural atated, to the cause	b. WERE AUTOPSY FIND AMALABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR 1 - STATE REGISTRAR	STATE OF	MARYLAND / DEPAR CERTIF	TMENT OF H	EALTH AND I	MENTAL HYGIENE REG. NO.	91	2850
1. DECEDENT'S NAME (First, Middle, Lest) LEOLA		MORGAN			2. DATE OF GEATH MONTH DAY	YEAR 1001	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	SEPTEMBER 7. DATE OF BIRTH	28,1991	10:05A

		1. DECEDENT'S NAME (First,	t, Middle, Last) OLA		MORG	AN						DAY	YEAR	3. TIME OF DEATN
	U	4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yrs.		I se tamen a	una I		\rightarrow	SEPTEMBE	R 28,		
(P		267 42 168 9e. FACILITY NAME (If not in				5 YRS.		DAYS	HOURS 1	MIN.	7. DATE OF BIRTH (Month, Day, Year) August 2	4,191	6 F	PLACE (State or Foreign Lorida
7	CTOR	THE JOHNS	HOPKI		TAL		BALT			N OF DEA	NTN		TIMO	RE CITY
Sec. 8	DIREC	10e. STATE	10b. COUNTY	1		10c. CI1	Y, TOWN OR	LOCATIO	ON					10d. INSIDE CITY
emit. Pa		Maryland 10 o. STREET AND NUMBER		e George	S	I	anham		ZIP CODE					1 X YES 2 NO
an. ransit pe	NERAL	4547 Kenm							0706				USA	HAT COUNTRY?
215-0020 attending physician. ise as the burial-transit	BY FUNE	ti. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2 X	NO	111	es, spec	NDENT OF city Cuben, NO	NISPANII , Mexicen, Specify:	C ORIGIN? (Specify Y., Puerlo Ricen, etc.)	ee or No—	Black	- American Indian, White, etc.
2121 tal or atter for use a	TED	15, OEC (Specify only	EOENT'S EOUG y highest grade	CATION completed)	18e. C	ECEDENT'S	USUAL OCC	UPATION	t of working		16b. KIND OF B	USINESS/INC	DUSTRY	
AND 21 the hospital or detached for u	COMPLET	Elementary/Secondery (0 9th	l-12)	College (1-4 or 5	+)	omest	work done dur se retired.)	ing most	or worning			PVT.		
LAND the hospit e detached	8	17. FATHER'S NAME (First, M.	iddle, Last)						16. MOTHE	ER'S NAM	E (First, Middle, Meide	n Surneme)		
RYI ed by uid be	BE	Will Webs						\perp			ca Washin	_		
MA retain 5 sho	0	190. INFORMANT'S NAME (7) Patricia	Morga	n	1						oute Number, City or To anham, Ma			0706
ALTIMORE, I beath. Page 6 may be funeral director, page i		20e. METNOD OF DISPOSITI	(Specify)		20b. PLACI cemetery, c Sanf	ematory or o	of dispositi ther place) Lemor 1	al 1	Park		10-5 Sa	ocation — inford		orida
0 = 0		21. SIGNATURE OF FUNERAL	L SERVICE LIC	B	So.				andor		J.B.			uneral Home land 20785
24 hours aft filled in by on, or remo		23. PART LEnter the di ehock, or he iMMEDIATE CAUSE (Fin disease or condition	dort idilate. I	complications the List only one cau	ise on eech iir	ie.	not enter th	s mode	e of dyin	g, such	as cerdiec or reep	piratory arr	rest,	Approximete interval Between Onset and Death
withir withir crema		resulting in death)	→	OUE TO	(OR AS A CONS	Tho-	<i>)</i> F):							days
De cian	ATION	Sequentielly liet conditi if any, leading to immed cause. Enter UNDERLY	diate	DUE TO	(OR AS A CONSI	EOUENCE O	F):		·					weeks
P.O. En certifical anding phy Hygiene por other	CERTIFICATION	CAUSE (Disease or injust that initiated events resulting in death) LAST	Try S	DUE TO	(OR AS A CONSI	SOUENCE OF	F):							halls
		PART ii. Other algnification	nt condition	t contributing to	death but not	casuiting	n the unde	-lui		l. 0				
RECORDS requires that the den signed by the of Health and Me thouse any injury.	EDICAL						in the direc	riying	ceuse gi	ven in P	ert i. 24a. WAS AI PERFO 1 TYES	RMEO7		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
C 2 8 0 4	N.										_		1	t YES 2 NO
OF VITAL F PHYSICIAN: The law r his certificate has be with the State Dept. Ked, or Item 23 s	PHYSICIAN	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOODITAL				26. PLAC	CE OF DEA	ATN (Checi	k anly one)			
CIAN:	YSI	1 YES 2 NO		HOSPITAL:	ER/Outpetient	3 🗆 DOA	OTHER:	Nome	5 🗌 Resk	dence 6	Other (Specify)	_		
O E E E 5	ву Рн		Pending Investigation	28a. DATE OF (Month, Di	INJURY ny, Year)	26b. TIM INJ	URY	WORK	RY AT K? S 2 🔲		28d. OEŞCRIBE HOW	INJURY OCC	URED	
TISIC NTTEND CTOR: A after d 28 is	ETED		Could not be determined	28e. PLACE Of building.	F INJURY At h etc. (Specify)	ome, ferm, a	treet, factory	office		1	281. LOCATION (Street City or Town, State	and Number)	or Rural Ro	ute Number,
1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	COMPL	CERTIFIER 1 CERTIFIER 2 MEDIC	CAL EXAMINE	CIAN: To the best of R: On the basis of as	my knowledge, d	eath occurre	d at the time	, date er	nd place, a	ind due to	o the cause(s) end me me, date end piece, e	nner as stete	ed. e ceuse(s)	end manner es stated.
THE HOSP! THE FUNER filed within	ш	296. SIGHATURE AND TITLE		1	/)	\			29c. LICEN			_		Month, Day, Year)
PP	Q.	30. NAME AND AODRESS OF	PERSON WH	COMPLETED CALL	/ Ph.	().	Out-at		AJUIL	1775	7	19	1281	191
(15)		Scott P. Sc	hein		. Johi	103	1016WS	G	٥٥ لو	olfe s	of Balto	ND	212	05
		OCT O	T 91	32. REGISTRA	A DAVISON	- Hand	102							



	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		CENTIFIC	ATE OF DE		REG.	н		3. TIME OF DEATH
	THEODORE	ROOSEVEL	T	MUSE		Septembe	DAY	L991	10:05 A.M
	4. SOCIAL SECURITY NUMBER 577–05–4886	78 × 78		UNDER 1 YEAR F L		Month, Day, You larch 18	er)	Counti	IPLACE (State or Foreign
ton	90. FACILITY NAME (If not institution, give s Presidental Woods RESIDENCE OF DECEDENT	Value - Control	9	Adelphi		тн		inty of D	eath eorges
DIRECTOR	District of Col			own or Location ashingtor	1		W		10d. INSIDE CITY LIMITS? 1 XYES 2 NO
FUNERAL	100. STREET AND NUMBER 319 - 36th Stre	et, N. E.		10f. ZIP	20019				States
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEOENT EVER IN I FORCES? 1 1 TYPES IF YES, GIVE WAR OR DAT JULY 1942/Jan	2 NO	1 TYES 2 TY	NT OF HISPANIC Cuben, Mexican, NO Specify:			14. RACI Black Spec	E — American Indien, k, White, etc.
ETED	15. DECEDENT'S EDL (Specify only highest grade Elementary/Secondary (0-12)		(Give kind of wor	done during most of t	working	16b. KIND O	BUSINESS/IN	DUSTRY	
COMPL	5th grade 17. FATHER'S NAME (First, Middle, Last)		Securit		MOTHER'S NAME	-		vice	Administra
<u>м</u> ш	(unknown)				Emma			Mu	se
TO BI	19e. INFORMANT'S NAME (Type/Print)			DRESS (Street end No					
be not	Dorothy Mae Young	ger Muse (wife	319 –	36th Stre	et,N.E.				
must	20e. METHOD OF DISPOSITION 1 M Burlel 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State of ce	place and date of metary, crematory, or VI and Na	FOISPOSITION (Namother place) Lional Me	morial	Park I	aurel,	Mar	wn, State yland
examiner	21. SIGNATURE OF FUNERAL SERVICES	2 () 1	mon	22. NAME AND AS		Latne			1 Home .C. 20011
ry, or other traumatic event,	Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS A C	CONSEQUENCE OF):					-	
vs any inju	PART II. Other significant condition	d. na contributing to death bu Cleade	t not reaulting in	tha underlying ca	use given in P	PE	AS AN AUTOPSY REFORMED?	248	. WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ced, or Item 23 show PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL			26. PLACE	OF DEATH (Chec	k only one)	1		2
SICI/	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outper	tlent 3 DOA 4	THER: Nursing Home 5	☐ Residence 6	☐ Other (Specif))		
marked, or BY PHY	27. MANNER OF DEATH 1 Westural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	26b. TIME	F 28c, INJURY	AT :	26d. DESCRIBE I		CCURED	
28 Is TED	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY - building, atc. (Specif	— At home, farm, str y)	et, factory, office		261. LOCATION (S City or Town,	treet and Numb State)	er or Rural	Route Number,
IMPORTANT: If Item 28 Is O BE COMPLETED	one)	ER: On the basic of examination							s) end manner ee stated.
IMPORTAL TO BE C	29b. SIGNATURE AND TITLE OF CENTURE WHAT OF THE STATE OF	Lenka		1	OGG		171730		ber 24,1991
	Myron L. Lenk: 31. DATE FILED (Month, Day, Year)		Shorefi		Wheato	n, Mary	land 2	.0902	
	om 0 1 '91	Sulia David							

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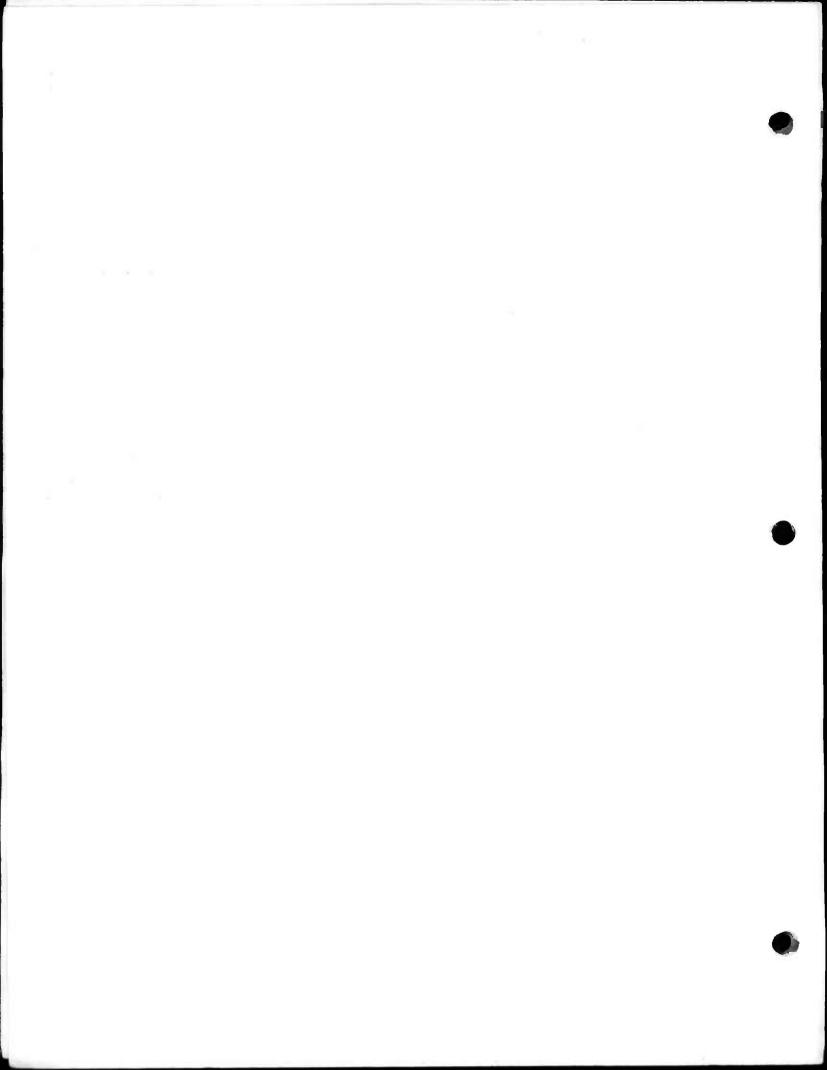
TO BE COMPLETED BY FUNERAL DIRECT

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR

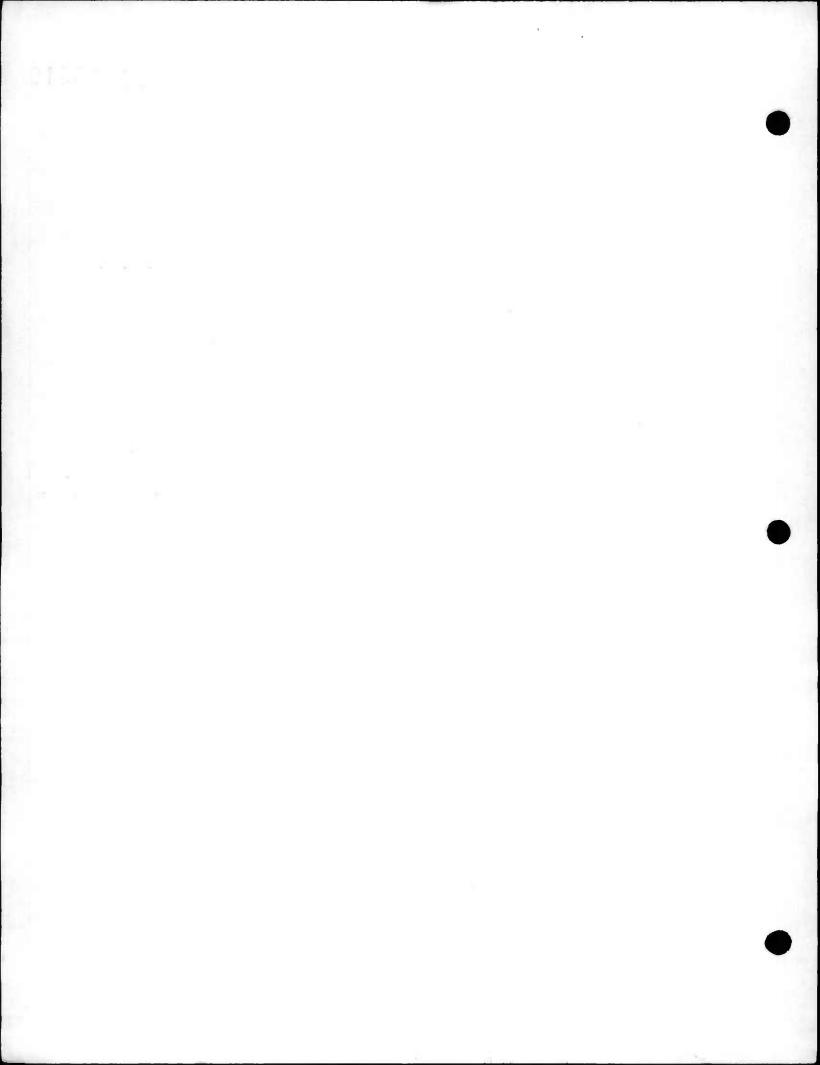
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. I	NO.	
1. DECEDENT'S NAME (First, Middle, Last)	Adam	Mar	ch		2. DATE OF DEATH	94-9	YEAR 3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 486–52–8366	5. SEX 6. AGE (UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH Month, Day, Year 1-20-51)	8. BIRTHPLACE (State or Foreign Country) Ill.
3a. FACILITY NAME (If not institution, give structure) 4807 Newman Road		91		R LOCATION OF DE		100	ry of DEATH ince George's
RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		10c CITY T	OWN OR LOCAT	ION			10d. INSIDE CITY
	nce George's		Temple				LIMITS?
10e. STREET AND NUMBER	ice deorge s	·····		. ZIP CODE		10g. CITIZ	EN OF WHAT COUNTRY?
4807 Newman Roa	ad			20748		τ	Inited States
11. MARITAL STATUS 1. Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 \(\subseteq \text{ YES} \) IF YES, GIVE WAR OR D	XX NO	If yes, sp		IIC ORIGIN? (Specify n, Puarto Rican, atc. /:	Yes or No	14. RACE — American Indian, Black, Whita, alc. Specify: White
15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	16a. DECEDENT'S US (Give kind of work life. Do NOT use n	UAL OCCUPATION done during mo	ON st of working	18b, KIND OF	BUSINESS/IND	USTRY
Elementary/Secondary (0-12)	College (1-4 or 5+)	Security			AD	T Secur	rity
17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Ma		
Stanley J. Mar	ch				ia Brown		
19a. INFORMANT'S NAME (Type/Print) Stanley J. Marc	h				Route Number, City or adTackso		F1. 32217
20a, METHOD OF DISPOSITION	201	. PLACE OF DISPOSITI					City or Town, State
XX Burlal 2 Cremation 3 Ramo	val from Stata	other place) Resurrect				Clintor	•
21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE -		22. NAME AI	ND ADDRESS OF FA	CILITY Lee F	uneral	Home, Inc.
Shannon	W. Sam	urs/	6633 Clint	Old Alex con,Md. 2	cander Fe 20735	erry Roa	3d
Sequentially list conditione, if eny, leeding to immediate csuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A	A CONSEQUENCE OF): A CONSEQUENCE OF):	dis	lare	quelt	aldy	Surjery
PART II. Other eignificent conditions	s contributing to deeth t	out not regulting in	the underlyin	g ceuee given in	PE	S AN AUTOPSY NFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	Te	26. P	LACE OF DEATH (C)	neck only one)		
1 ☑ YES 2 □ NO	1 Inpetient 2 ER/Out	patient 3 DOA 4	☐ Nursing Hon		6 Other (Specify)		
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26a, DATE OF INJURY (Month, Day, Year)	28b. TIME (IY W	JURY AT DRK? YES 2 NO	28d. DEŞCRIBE H	OW INJURY OCC	CURED
3 Suicide 6 Could not be detarmined	28e. PLACE OF INJUR building, atc. (Spe	Y — Al home, farm, stri colly)	et, factory, offic	ca .	26f. LOCATION (Si City or Town, S	reet and Number State)	or Rural Route Number,
(Oneck Only	CIAN: To the best of my know						ted. ne cause(s) and manner as stated.
28b. SIGNATURE AND TITLE OF PERTIFIED 10. NAME AND ADDRESS OF PERSON WHI	Mygy VI	AD EATH (ITEM 27) (7604, P	ninti -	29c, LICENSE NU	MBER 7.30	29d, DAT	E SIGNED (Month, Day, Year)
31. DATE FILED (Month) Day 1640) 4	32. REGISTRATES SIG	MD 500	9 Pa	ybusn (14. Cp	Spv.	mil 20748
00 0 3 91	guha David	son-Manage			- (



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THE HOSPITAL OR ALLENDING PHYSICIAN: THE JAW REQUIRES THAT THE DESCRIPTION OF EXECUTED WITHIN 24 THORS AND	INTHE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by t	i filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remov	WPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical
=	E	# file	AP

1. DECEDENT'S NAME (First, Middle, Las	U				2. DATE OF DEATH MONTH	DAY	YEAR	3. TIME OF DEATH
JOSEPH CHARLES					Septembe	r 27	1991	12:38 A
4. SOCIAL SECURITY NUMBER 579-24-5113	1 ₺ M 2 🗆 F	AGE (In yrs. lest birthday) 80 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Dey, Yeer) 03-07-19	11	Coun	HPLACE (State or Foreign my) VYOCK
Sa. FACILITY NAME (If not institution, give Malcolm Grow USA		Center		AFB, MD	EATH		nce	Georges
RESIDENCE OF DECEDENT 10a. STATE 10b. COUN			TY, TOWN OR LOCA					10d, INSIDE CITY LIMITS?
Maryland Prin	ice George'	s Car	mp Sprin					1 TYES XX NO
5515 Yorkshire I	rive		10	1. ZIP CODE	48		U. S	what country? . A.
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT IF FORCES? 1 VIEW WAR	ever in u.s. armed yes 2 no or dates & Korean	If yes, s		in, Puerto Rican, atc.)	Yes or No—		E — American Indian, k, White, etc. White
15. DECEDENT'S El (Specify only highest gra	DUCATION de complete d		USUAL OCCUPATI		16b. KIND OF	BUSINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 6+)	life. Do NOT u	work done during m see retired.)	ost or working	U.S.	Gover	nmen	t
12	4	Linoty	œ Machi	nist	Gov't.	Print	ing (Office
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Meld	ien Surname)		
Guisseppe Onofi	io Macchio			Anton	ia Laforg	ia		
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	G ADDRESS (Street	and Number or Rural	Route Number, City or	Town, State, 2	(ip Code)	
John M. Macchio		1201:	1 Whiteh	all Driv	e, Bowie,	Mary	land	20715
28e. METHOD OF DISPOSITION		20b. PLACE OF DISPO				LOCATION -		own, State
4 Donation 6 Other (Specify)	moval from State	Maryland V	Veterans	Cemeter	y Ch	elten	ham.	Maryland
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	7		ND ADDRESS OF FA	CILITY			
· Joseph !	Barton	nter	6633	Old Alex				me, Inc. linton, Mo
disease or condition reaulting in death)	DUE TO (C	yopathy RASA CONSEQUENCE O Obstructiv		nary Dis	ease			
Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (O	R AS A CONSEQUENCE O	OF):					
PART II. Other aignificant conditi	done contributing to d	eath but not resulting	in the underlying	ng cause given in	Part i. 24s. WAS	AN AUTOPS	y 24	b. WERE AUTOPSY FINDIN
					PER	FORMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26 5	LACE OF DEATH (C	heat anti-one)			
EXAMINER?	HOSPITAL:		OTHER:					
1 YES 2 NO 27. MANNER OF DEATH 1 Notural 5 Pending	28a. DATE OF IP (Month, Day)		ME OF 28c. IN	JURY AT ORK? YES 2 NO	6 Other (Specify) 28d. DE\$CRIBE HO	W INJURY O	CCURED	
2 Accident Investigation 3 Suicide 6 Could not I 4 Homicide determined	28a PLACE OF	INJURY At home, farm, c. (Specify)			261. LOCATION (Str. City or Town, St	eet and Numb wie)	per or Rural	Route Number,
ana)		y knowledge, death occur mination and/or investigat						(a) and manner as stated
	TER A . A	1011	+	29c. LICENSE NU	MBER			D (Month, Day, Year)
296. SIGNATURE AND TITLE OF CERTIF	Edwark	. Burkers				200	cpc 2	7, 1991
29b. SIGNATURE AND TITLE OF CERTIF 30. NAME AND ADDRESS OF PERSON EDWIN K. BURKET		OF DEATH (ITEM 27) (Typ , USAF, MC	Male		USAF Med	ical	Cent	



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VITAL RECORDS, P.O. BOX 68760,	JAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	rifficate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Press 1. 2, 3 months and March Union page 10 burial Union page 10 burial Committee or pressed to the committee of th
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1. DECEMENT'S NAME (First, Middle, Last) 2. DATE OF DEATH Edition Forraisery Montgomery 3. TIME OF DEATH Edith Lorrante 0351 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign HOURS 577-36-5880 1 M 2 F YRS. Washington. 9s. FACILITY NAME (If not institution, give street end number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH Frederick Memorial Hospital DIRECTOR Frederick Frederick RESIDENCE OF DECEDENT 10a. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY LIMITS? Maryland
100. STREET AND NUMBER Frederick 1 TES 2 NO Frederick FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 7701 A Old Receiver Road 21702 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yas or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puarto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married ВУ Specify: 3 Widowed 4 Divorced Caucasian COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5 +) 12th N/A Homemaker Home examiner must be notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Leonard Zirkle Rebecca Landstreet BE 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Richard S. Montgomery Same as 10 A-F 28 METHOD OF DISPOSITION
1 Burial 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION -- City or Town, Stata Resurrection Cemetery 9 28 91 Clinton, Mu.

22. NAME AND ADDRESS OF FACILITY

Lee Funeral Home, Inc. 4 Donation 5 Other (Specify) 21. SIGNATURE OF PUNERALI SERVICE LICENSEE 6633 Old Alexander Ferry Rd Clinton, Md 20785 the medical Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate intarval Batween IMMEDIATE CAUSE (Final **Onaet and Death** END STAGE disease or condition_ resulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF) PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury shows any Injury, or other that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO 1 YES 2 NO 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item HOSPITAL: OTHER: 1 YES 2 NO 4 Nursing Home 5 Residence 8 Other (Specify) marked, or 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 1 Natural FUNERAL DIRECTOR: After this ce within 72 hours after death with the 26b. TIME OF HOSPITAL OR ATTENDING PHYSIC 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 5 Pending Investigation 1 YES 2 NO BY Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 69 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be Item 28 4 Homicide determined 29a. CERTIFIER (Check only Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. TO THE HOSPITAL OF THE FUNERAL CO DE filed within 72 h 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 2194 2 30. MAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) CLILIO TAMEY OCT 0 3 9 32. REGISTRAR'S SIGNATURE Funda Pandale OCT

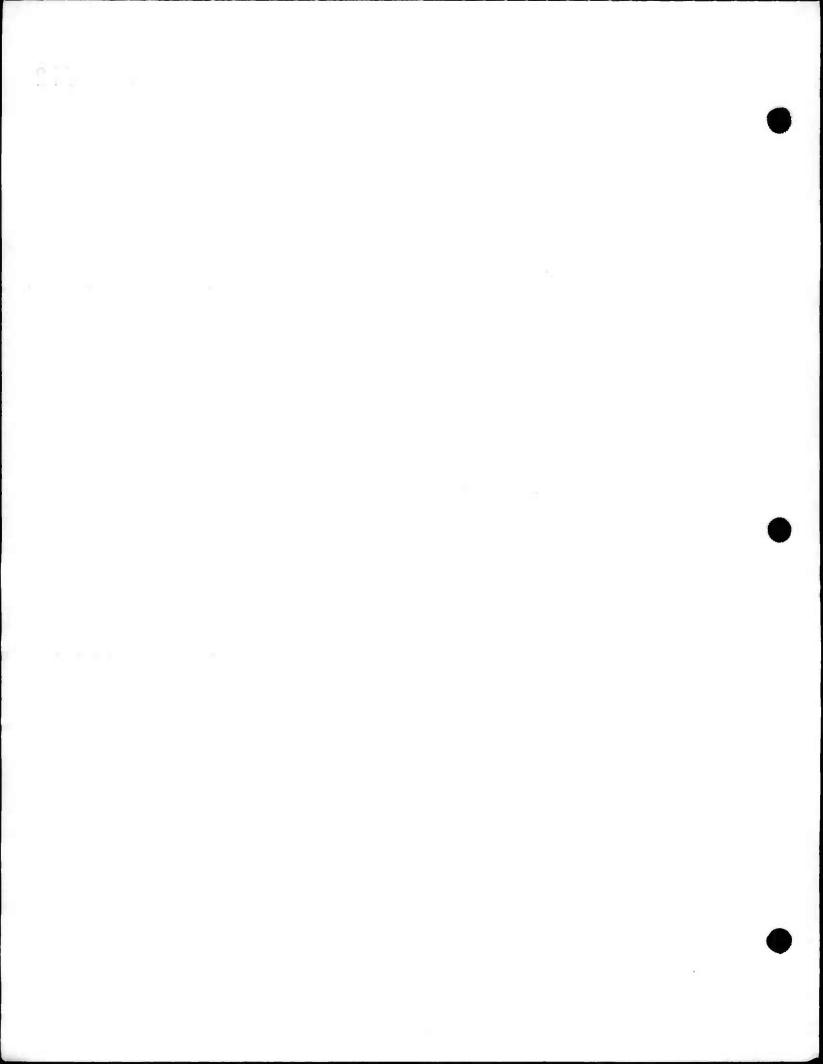
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ALOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 yours after death. Page 6 may be retained by the hosp	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached by be used to burish the standard of the funeral death with the State Dent of Heath and Mental Homens bring to burish, cremation, or removal.	many of market and an income and the market and the market and the market and available and the market and the

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND / D	DEPARTMENT OF H		IENTAL HYGIEN	E	1 28512
	1. DECEDENT'S NAME (First, Middle, Last)	h	7ABKOW	17 7	2. DATE OF OEATH MONTH DA	YY YEA	3. TIME OF OEATH
(P)	579-09-9787	SEX 6. AGE (in yrs. last to 78	YRS. MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 8-24-1913	3 w	IRTHPLACE (State or Foreign ountry) ash.,D.C.
2.3 HOT	9a. FACILITY NAME (# not institution, give street 411 Harding Drive RESIDENCE OF DECEDENT	ICK CAN C		Spring,		Mont	gomery
Physician. burlal-transit permit. Pages 1, 2, 3 FUNERAL DIRECTOR	Maryland Montg		10c. CITY, TOWN OR LOCA Silver Sp:				10d. INSIDE CITY LIMITS? YES 2 NO
ysician. nia-transit perm FUNERAL	100. STREET AND NUMBER 411 Harding Dri			1. ZIP CODE 20904		U.S	
fing physicis the burial-t BY FUI	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	P. WAS DECEDENT EVER IN U.S. ARMI FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	If yes, sp	CENDENT OF HISPANI Decity Cuban, Maxican S 2 No. Specify:		1	RACE — American Indian, Black, White, etc. Specify: W # 17E
To site death, Page 6 may be retained by the hospital or attending physician, in by the funeral director, page 5 should be detached for use as the burial-train nedical examiner must be notified at once. TO BE COMPLETED BY FUNE	15. DECEDENT'S EDUCAT (Specify only highest grade cor Elementary/Secondary (0-12) 11th	npleted) (Give	DENT'S USUAL OCCUPATE kind of work done during me to NOT use retired.) Homemaker		18b. KIND OF BUS	SINESS/INDUST	RY
ed by the hospital uld be detached it ed at once. BE COMPL	17. FATHER'S NAME (First, Middle, Last) Morris Y. Needle			Pesa	Needle		
ay be retained page 5 should be notified TO BE	19a. INFORMANT'S NAME (Type/Print) Morris Markowitz/		MAILING ADDRESS (Street 11 Harding				
je 6 may irector, pa must b	20a. METHOD OF DISPOSITION 1	I from State other place Georg	F DISPOSITION (Name of ce e) etown Medic			cation — city ashingt	or Town, State
ir death. Page 6 m he funeral director, ral. examiner musi	TO SIGNATURE OF FUNERAL SERVICE LICEN	Dendy 86	6 1661	Good Hope	Funeral Road,S.E	. Wash	Inc. n.,DC 20020
ted within 24 ms	23. PART I. Enter the diseases, of conshook or heart failure. Lis IMMEDIATE CAUSE (Final disease or condition resulting in death)	polications that caused the deep to only one cause of mech lins. DUE TO (OR AS A CONSEOU	in fare	7			Approximate Interval Between Onset and Death Impuliable
matin ION	Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A CONSEOL			ardiers.	scream	
s death certificate be a attending physician dental Hygiene prior jury, or other trau. CERTIFICAT	that initiated events resulting in death) LAST						
equires that the cen signed by the of Health and Me hows any Injur MEDICAL	PART II. Other significent conditions	contributing to deeth but not re	aulting in the underlyin	ng cause given in i	Pert I. 24e. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
4YSICIAN: The law ris certificate has be rith the State Dept. ed, or item 23 s PHYSICIAN:		IOSPITAL:	OTHER:	PLACE OF DEATH (Che			
NG PHYSICIA fter this certif eath with the marked, or BY PHY	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	INJURY W	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUR	ED
L OR ATTENDING P DIRECTOR: After to hours after death tem 28 Is mark THETED BY	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At hom building, atc. (Specify)	e, farm, atreet, factory, offi	ce	281. LOCATION (Street City or Town, State,	and Number or F }	tural Route Number,
HOSPITAL OR ATTEND FUNERAL DIRECTOR: within 72 hours after STANT: If Item 28 Is COMPLETED	one)	N: To the best of my knowledge, dast On the basis of examination and/or in					use(a) and manner as stated.
TO THE FUNEF De filed within IMPORTANT: TO BE CO	296. SIGNATURE AND TITLE OF CENTIFIER	's M	. '	29c. LICENSE NUM			GNED (Month, Day, Year) 21-9 (

PLETED CAUSE OF OEATH (ITEM 27) (Type, Print)
(ER M) PP30

32. REGISTRAR'S SIGNATURE

OEIGE

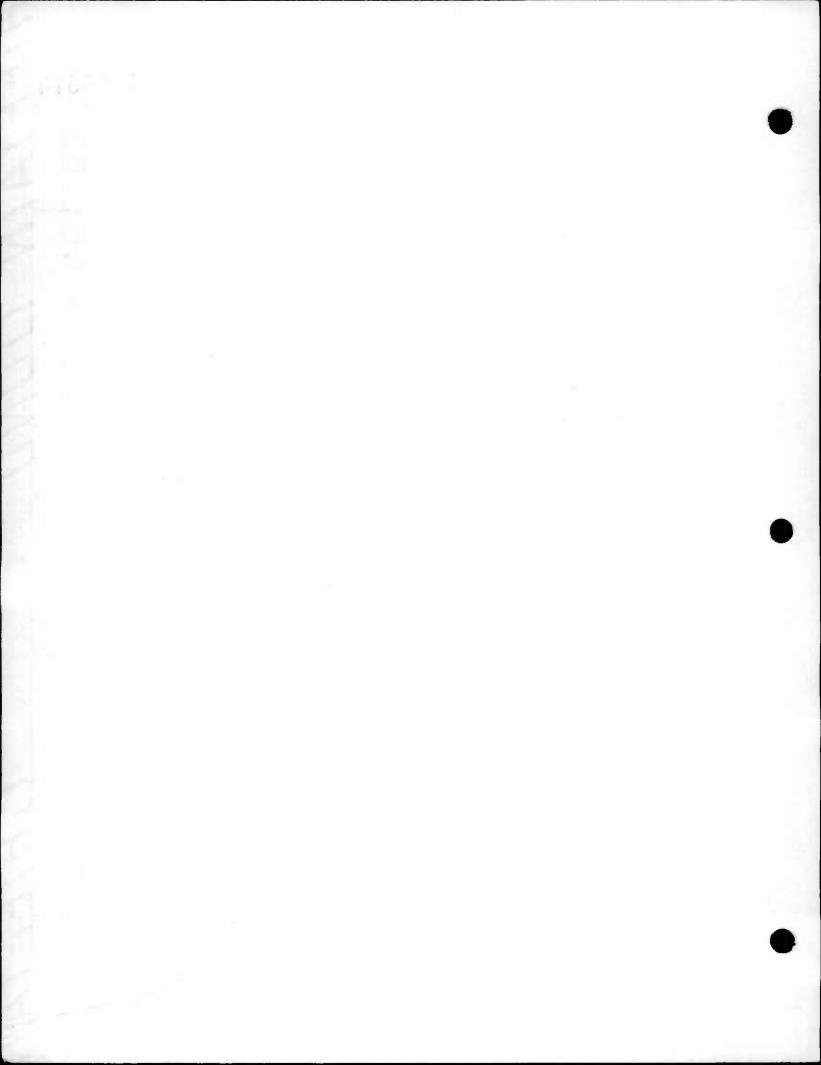


	1 - STATE REGISTRAR	STATE OF N	IARYLAND / DEP/ CERTI	ARTMENT OF FICATE OI		MENTAL HYGIE! REG. NO	-	28513
	1. DECEDENT'S NAME (First, Middle, La.	LeRoy	MTT T. T.D.	art 150		2. DATE OF DEATH MONTH	DAY Y	3. TIME OF DEATH
	A. SOCIAL SECURITY NUMBER	5. 8EX	6. AGE (In yrs. lest birthda			7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
1	577 58 4647	1 M 2 D F	82 YRS			128 6	79	Penn.
1 5	9a. FACILITY NAME (If not institution, gives 4432.	The same of the sa	1 APT 306		OR LOCATION OF DI		9c. COUNTY	TEO MEDLY
DIRECTOR	RESIDENCE OF DECEDENT			CITY, TOWN OR LOC			701000	10d. INSIDE CITY
DIR	MB MO	NT GOD		-	THESSI	+		LIMITS?
34	10e. STREET AND NUMBER		1		10f. ZIP CODE		10g. CITIZEI	OF WHAT COUNTRY?
FUNERAL	11. MARITAL STATUS	TINAL 12. WAS DECEDEN	T EVER IN U.S. ARMED	000	2086 ECENDENT OF HISPA	NIC ORIGIN? (Specify Y	ea or No — 14	U.S.A.
B	1 Never Married 2 Married 3 Widowed 4 Divorced		YES 2 NO	If yes,		in, Puerto Rican, atc.)		Specify: WHITE
ETED	1s. DECEOENT'S E (Specify only highest gr	DUCATION ade completed)	(Give kind	T'S USUAL OCCUPA of work done during in T use retired.)		16b. KIND OF B	USINESS/INDUS	TRY
	Elementary/Secondary (0-12)	College (1-4 or 5 +	Geolo			U	.S.Govt	•
COMPL	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Maide		
BE	Benjamin Mil	ler	10h MAII	INC ADDRESS (Street	at and Mumber or Pumi	Route Number, City or To		Meredith
10	ANN M. SLOANE		115	08 MAPLE	VIEW DR.	SILVER SP	RING, M	D. 20902
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremetion 3 R	emoval from State		ATE OF DISPOSITIO				y or Town, Stata
	4 . Donation 5 . Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	LICENSEE /	MOUNT		CEMETERY 1	0/ ₃ /91 valuty Jos Gat	ALEX.,	
	· //	1.						on, D.C. 2001
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO	(OR AS A CONSEQUENCE	E OF):	OVASCUL	m Ai	EU HS.	~ INB61
	PART II. Other aignificent condi	d.	double host mat an evilati			Data Las mais		T
: MEDICAL CE	MALL COLLET		10191 A	ig in the undarry	ing cause given in	PERF. 1 YES	AN AUTOPSY ORMEO? 2 NO	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICA			26	PLACE OF DEATH (C	back only one)		<u> </u>
SICI	EXAMINER?	HOSPITAL:	☐ ER/Outpatient 3 ☐ DO	OTHER:	ome 5 Residence			
PHYSICIAN:	27. MANNER OF DEATH	26a. DATE OF (Month, D	INJURY 26b.	TIME OF 28c.	INJURY AT WORK?	26d. DESCRIBE HOW	INJURY OCCU	REO
BY	1 Netural 6 Pending 2 Accident Investigati	on 10 1	91	A W 10	YES 2 NO	FOUND	IN	108
9	3 Suicide 6 Could not detarmine	building.	OF INJURY — At home, far , atc. (Specify)	to me	ffice	261. LOCATION (Street City or Town, State	and Number or	Rural Route Number,
COMPLETED	29a. CERTIFIER 1 CERTIFYING PI	IYSICIAN: To the best of	f my knowledge, death oc		ate and place, and du	e to the cause(a) and σ		
OM	Tonicon only		xamination and/or investig					
#	296. SIGNATURE AND TITLE OF CERT	IFIER /	2//	1	29c. LICENSE NU	MBER		SIGNED (Month, Day, Year)
TO BE	Hound	2/11	llen	Ma	DOY	099	10	HGNED (Month, Day, Year)
TO BE CO!	30. NAME AND ADDRESS OF PERSON 31. DATE FILED (Month, Day, Year)	WHO COMPLETED CAU	SE OF BEATH (TEM 27)	CORSIA	DOY	099	10	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1

Standing Charles

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the madical examiner must be notified at once.
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TEN	after after	28
A H	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	E
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SPIT	NER.	Ë
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土	五言	2
2	23	Ξ

			FICATE	OF DE	ATH	MENT	REG. NO.			
1. DECEDENT'S NAME (First, Middle, Las	st)			77.5		MON	E OF OEATH	Y	YEAR	3. TIME OF OEATH
NORWARD	Α.	MEADOR				OC.	Г. з,	19		7:10 A
4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. lest birthde	MONTHS	YEAR IF U	NDER 24 HRS.	7. DAT	E OF BIRTH nth, Day, Year)		6. BIRTH Count	IPLACE (State or Foreign
235-01-2180	1 💢 M 2 🗆 F	80 YRS				Ma		11	Wes	
9a. FACILITY NAME (If not institution, giv				TOWN OR LO		EATH		4	NTY OF D	
5013 Cushing Dr	ive		Ken	singto	on			Мо	ntgo	mery
10a. STATE 10b. COU	NTY	10c. C	CITY, TOWN OR	R LOCATION						10d. INSIDE CITY
Maryland Mon	tgomery	K	ensing	ton						LIMITS?
10a. STREET AND NUMBER	3 ,			101. ZIP (CODE			10g. CIT	IZEN OF V	WHAT COUNTRY?
5013 Cushing Dr	ive			208	395			Uni	ted	States
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT	EVER IN U.S. ARMED YES 2 (HO AR OR DATES	14	AS OECENDER yes, specify (Cuben, Mexica	an, Puert	ilN? (Specify Yes o Rican, etc.)			— American Indian, k, White, atc.
15. DECEDENT'S E		18a. DECEDENT	'S USUAL OC	CUPATION		1	Sb. KIND OF BU	UNESS/IN	DUSTRY	
(Specify only highest gri	College (1-4 or 5+)		of work done du T use retired.)	unng moet or w	orang	- 10				
	5+	Civil	Engin	neer		[Dept. o	f De	fens	е
17. FATHER'S NAME (First, Middle, Lest) William G.		Meador			azel	AME (Fire	, Middle, Maiden		stoc	k
19a. INFORMANT'S NAME (Type/Print)			NG ADDRESS	(Street and Nu	mber or Rural	Route Nu	mber, City or Tow			
Gloria B. Meado	r (Wife)		e as #							
20a. METHOD OF DISPOSITION 1 Burlal 2X Cremation 3 Re	emoval from State	20b. PLACE OF OISE other place)	POSITION (Name						City or To	wn, State
4 Donation 5 Other (Specify)	LICENSEE			IAME AND AD			1 211	ver	Shii	ig, MD
· ald	1 B.C.	M0082	Ra	pp Fur	neral	Ser	vices, lver Sp		MD	20910
Sequentiely list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. OUE TO	OR AS A CONSEQUENCE	: OF):							
m resulting in death) LAST				P						
PART II. Other algoriticant condit	HUDERT	onsiled.	ng in the und		se given in	Part i.	24a. WAS AN PERFOI 1 U YES 2	MED?	241	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other algorificant condit	HUDERT	onsiled.	ng in the und	derlying ceu	se given in	Part i.	PERFOR	MED?	24b	AMAILABLE PRIOR TO COMPLETION OF CAUSE
PART II. Other aignificant condit	TUBER	onsiled.	ng in the und	derlying ceu	se given in		PERFOI	MED?	24b	COMPLETION OF CAUSE OF DEATH?
PART II. Other algoriticant condit	HY DENT TUBLE	onsiled.	OTHER	derlying ceu	Se given in	heck only	PERFOR	MED?	246	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other algoriticant conditions of the part of	HOSPITAL: 1 Inpetient 2 28a. DATE OF	ER/Outpatient 3 DO	OTHER 4 Nursi	26. PLACE (1) (Ing Home 5)	Se given in	heck only	PERFOR	MED?		AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other algnificant condit	HOSPITAL: 1 Inpetient 2 Inpeti	ER/Outpatient 3 DO	OTHER	26. PLACE (ing Home 5)	DF DEATH (C)	heck only	PERFOI 1 YES 2 one)	MED?		AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other algnificant condit	HOSPITAL: 1 Inpetient 2 28e. DATE OF (Month, De be) 28e. PLACE Of building.	ER/Outpatient 3 DO	OTHER OT	26. PLACE (1: ing Home 5) 28c. INJURY / WORK? 1 YES	DF DEATH (C)	6 O1 28d. D	PERFOI 1 YES 2 one)	MED? X)(NO NJURY OF	CCURED	AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO
PART II. Other aignificant condit	HOSPITAL: 1 Inpatient 2 28a. DATE OF (Month, Date of Date	ER/Outpatient 3 DO/ INJURY 26b.	OTHER 4 Nursi	26. PLACE (1: ing Home 5) 28c. INJURY / WORK? 1 YES Dry, office	Se given in A A A A A A A A A A A A A A A A A A	heck only 6 O1 28d. D	PERFORM 1 YES 2 one) her (Specify) rescribe HOW in Town, State) CATION (Street by or Town, State)	MED? X)NO NJURY OF	CCURED or or Flural sted.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PART II. Other aignificant condit	HOSPITAL: HOSPITAL: 1 Inpatient 2 28a. DATE OF (Month, Date of the last of the best of the last of the best of the last of the best of the last of the	ER/Outpatient 3 DO/ INJURY 25b. F INJURY — At home, fan etc. (Specify)	OTHER 4 Nursi	26. PLACE (ing Home 5) 28c. (NJURY / WORKY 1 YES) 29c., office	Se given in A A A A A A A A A A A A A A A A A A	8 On 28d. D	PERFORM 1 YES 2 one) her (Specify) rescribe HOW in Town, State) CATION (Street by or Town, State)	NJURY Or	or or Rural	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,
PART II. Other algnificant condit	HOSPITAL: HOSPITAL: 1 Inpatient 2 28a. DATE OF (Month, Date of the best of the	ER/Outpatient 3 DOA ER/Outpatient 3 DOA INJURY 19, Your) The steel (Specify) OTHER A 4 Nursi	26. PLACE (ing Home 5) 28c. (NJURY / WORKY 1 YES) 29c., office	DF DEATH (C) Residence NO NO NO LICENSE NU	8 On 28d. D	PERFORM 1 YES 2 one) her (Specify) rescribe HOW in Town, State) CATION (Street by or Town, State)	NJURY Of	or or Rural sted,	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,	
PART II. Other aignificant condit	HOSPITAL: HOSPITAL: I Inpetient 2 28a. DATE OF (Month, De building, Investigation of the basis of extended to the part of	ER/Outpatient 3 □ DO/ INJURY □ 25b. F INJURY □ At home, far etc. (Specify) Try knowledge, death occumulation and/or investig	OTHER 4 Nursi	26. PLACE (12: Ing Home 5) 28c. (NJURY / WORK? 1 YES xry, office	DF DEATH (C) Residence T 2 NO	beck only 6 On 28d. D	PERFORM 1 YES 2 one) her (Specify) rescribe HOW in Town, State) CATION (Street by or Town, State)	NJURY ON THE PROPERTY OF THE P	er or Rural ated. the cause(AMALABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO Route Number, a) and manner as stated of (Month, Day, Year) 1 1991



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	SPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after	NERAL DIRECTOR: After this certificals has been signed by the attending physician and completely filled in by the
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_	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAI CERTIF	RTMENT OF	HEALTH AND F DEATH	MENTA	L HYGIEN		912	85
	1. DECEDENT'S NAME (First, Middle, Last)	CHARLE	ES D.	McCRO		2. DATE	OF DEATH			OF DEATN
	Charles	Lough	s Mc	Cros	SIN .	JC		- 9	YEAR	00 N
	4. SOCIAL SECURITY NUMBER	7-17	(In yrs. last birthday)	IF UNDER 1 YEAR			OF BIRTN		8. BIRTHPLACE (St Country)	ate or Forei
	579-12-7770		31 YRS.			JULY	1, 1	910	MARYLAND	
	99. FACILITY NAME (If not institution, give st 15301 WALLBROOK C				OR LOCATION OF	DEATH			TY OF DEATN ONTGOMER	Y
RECTOR	10e. STATE 10b. COUNTY		10c. CI	TY, TOWN OR LOC	CATION				10d. INSI	DE CITY
AL DIRI	MARYLAND MON 100. STREET AND NUMBER	TGOMERY		SILVER S	SPRING 101. ZIP CODE			10a CITIZ		2 NO
8	15301 WALLBROOK C	15301 WALLEDOOK COURT #1 F								ALFAT?
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER II		13. WAS D	ECENDENT OF HISP	ANIC ORIGIN	1? (Specify Yes	or No 1	USA 14. RACE — Americ Black, White, at	en Indien
BY	1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D			specify Cuben, Mexi ES 2 NO Spec		Alcan, etc.)		Black, White, at Specify:	c.
ED	15. DECEDENT'S EDUC	ATION	104 DECEDENTS	Hellar coordina	****				WHITE	
ETE	(Specify only highest grade Elementary/Secondary (0-12)	completed)	18e. DECEDENT'S (Give kind of life. Do NOT u	work done during i	TION most of working	16b	. KIND OF BU	SINESS/INDU	STRY	
P	12	College (1-4 or 5+)	BROKER	,			COM	ampiion	TON	
COMPL	17. FATHER'S NAME (First, Middle, Last)		DRORER		18. MOTNER'S N	AME (First, I		STRUCT	LON	
ш	CHARLES McC	ROSSIN			SUS		LOW			
0 8	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Stree	t and Number or Rura				Code)	209
-	CATHERINE E. McCR	OSSIN (WIFE)			OK COURT					VT.AN
	20e. METNOD OF DISPOSITION 1X Buriel 2 Cremetion 3 Remo	val trom State	PLACE AND DATE	OF DISPOSITION /		DAT			ty or Town, State	L LIZZEN.
	4 Donetion 8 Other (Specify)	JDA	RNESTOWN	PRESBY	TERIAN C	H.10/	7 DARI	NESTOW	N. MARY	LAND
	21. SIGNATURE OF FUNERAL SERVICE LICE	INSEE		22. NAME	AND ADDRESS OF F	ACILITY				
	FRANCIS J. COLLINS FUNERAL HOME, INC. 500 UNIVERSITY BLVD., W. SIL.SPR., MD.20901 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate									
CERTIFICATION	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST		CONSEQUENCE O		revio	scle	1031	-		rval Bet et and I
	PART II. Other aignificant conditions	contributing to death b	ut not resulting	in the underlyi	ng cause givan i	Part I.	24a. WAS AN		24b. WERE AUT	
IN: MEDICAL						_	1 YES 2		AVAILABLE COMPLETH OF DEATH!	ON OF CAL
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. I	PLACE OF DEATH (C	hack only on	9)			
IYS	1 YES 2 NO	1 Inpetient 2 I ER/Outp	etient 3 🗆 DOA		me 5 Offsidence	8 🗆 Other	(Specify)			
	27. MANNER OF DEATH 1 Netural 5 Pending	(Month, Day, Year)	28b. TIM	URY W	JURY AT ORK?	28d. DES	CRIBE NOW I	UNY OCCU	RED	
B	2 Accident Investigation	00- PLACE OF HISTORY			YES 2 NO					
TED	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, atc. (Spec	— At nome, term, (itreet, factory, offi	ice	28t, LOCA	ATION (Street a or Town, Steta)	nd Number or	Rural Route Numbe	ν,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PNYSIC 2 MEDICAL EXAMINER	AN: To the best of my knowl	edge, death occurre	ed at the time, dat	te end place, and du	e to the cau	se(s) end man	ner es stated	ceuse(s) end menn	er es stat
	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU				BIGNED (Month, Day	
BE C	Cof Con	en al			D08	LHE	, [110.	-2 -0 :	
٤	30. NAME AND ADDRESS OF PERSON WNO	COMPLETED CAUSE OF DEA	ATN (ITEM 27) (Type,	Print)		- 4		.0	7	
	edbar las	ber -8-	2180	5000	EA VIZ	2 -	H35	022	and -	-
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	TURE		- ,				9	-
	OCT 07 1991 S	ilia Davidson-R	- Complete							

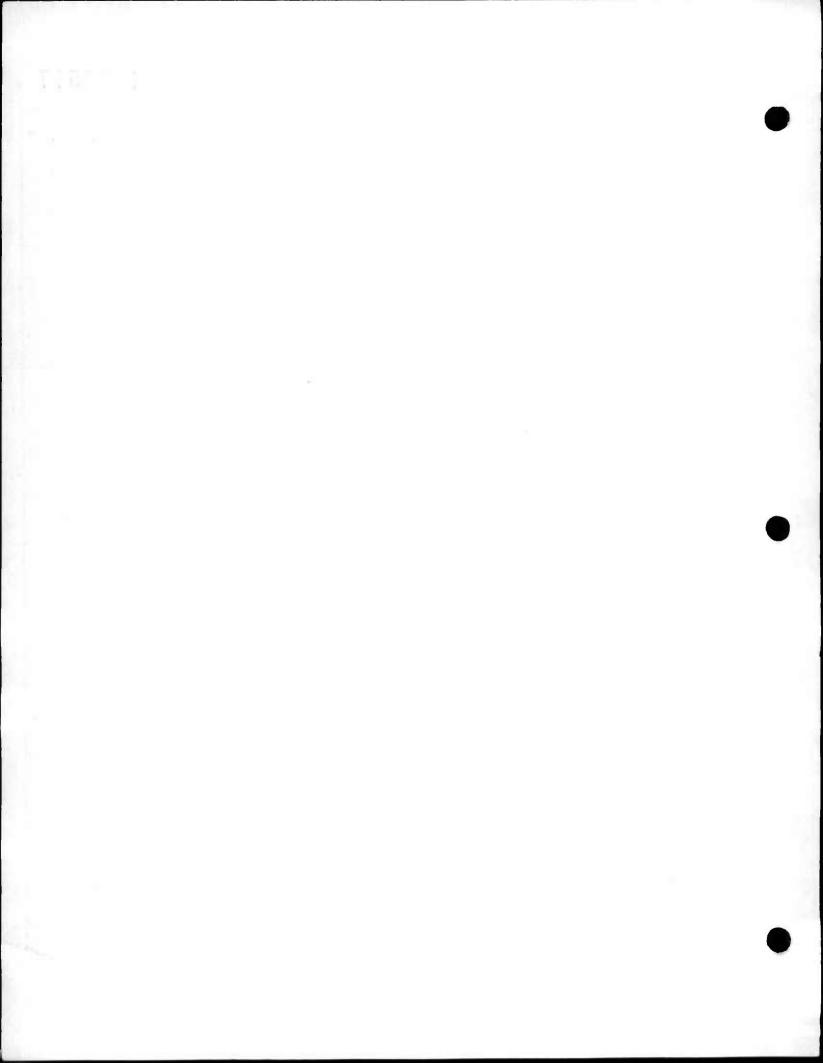
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	1. DECEDENT'S NAME (First, Middle, Last				OF DEATH	2. DAT	REG. N		VE45	3. TIME OF DEATH
		LOUISE PADG		AN		σči	E. 2,	T991	YEAR	950 K
9	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE	(In yrs. lest birtnday)	MONTHS D		III. (Mor	th, Day, Year)		8. BIRTH Country	PLACE (State or Fore
1	218-20-0540 9a. FACILITY NAME (If not institution, give	22	90 YRS.				. 8,1			yland
OR	HERMAN WILSON HE		CILITY		WN OR LOCATION (THERSBUR			9c. COUN	TGOM	
띮	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT			Y, TOWN OR L	OCATION	/			-/	/
- DIRECTOR	Maryland Mon	ntgomery		ithers						10d. INSIDE CITY LIMITS? 1 YES 2 X N
FUNERAL					10f. ZIP CODE			10g. CITIZ	EN OF W	HAT COUNTRY?
JNE	19000 Stedwick I	Drive 12. WAS DECEDENT EVER I	NII C ADMED		207				U.S	
	1 Never Married 2 Married	FORCES? 1 YES	2 V NO] If ye	DECENDENT OF HI a, specify Cuben, M	axican, Puerto	N? (Specify Y Rican, atc.)	ee or No-	14. RACE Bleck	- American Indian While, atc.
ВУ	3 A Widowed 4 Divorced	IF TES, GIVE WAR OR D	AIES	1	YES 2 X NO S	Specify:		D.5	Specif	White
ED	15. DECEDENT'S EDI (Specify only highest grad	UCATION de completed)	18a. DECEDENT'S	USUAL OCCU	PATION ng most of working	16	b. KIND OF B	USINESS/INDU	JSTRY	
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	se retired.)	ny most or wonang					
MP	12		Homema	ker				Home		
	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER	S NAME (First,	Middle, Malde	n Surname)		
BE	Henry Turner Pa	adgett				ter I				
5		(=)	1		reet and Number or R					
	Leila P. Moran	(Daughter)			ick Driv					
	tt Burial 2 Cremellon 3 Ren	moval from Stata cen	PLACE AND DATE	ther plecel		DAT		OCATION - C		,
	21. SIGNATURE OF FUNERAL SERVICE LI	JCENSEE K	ock Cree		tery ME AND ADDRESS O	10-	5 Wa	shingt	on,	D.C.
	>n	nc. N	I.W.							
	mehre	M. h	lan	5130	Wiscons	in Ave	., Wa	sh. D.	C. 2	20016
	23. PART i. Enter the diseases, or ahock, or heart failure.	compilcations that cause Liat only one cause on e	the desth. Do i ach ilne.	not enter the	mode of dying,	such as car	diac or rea	olratory stre	st,	Approximat
	IMMEDIATE CAUSE (Final	100 1	1 1	^	ħ.					Onset and
	disease or condition resulting in death) s. Mctobolic Acidosis DUE TO (OR AS A CONSEQUENCE OF):									24 h
_		1 1		F):						1
RTIFICATION	Sequentially list conditions, if any, leading to immediate	b. Unem	CONSEQUENCE OF	F):						1 We
CAT	cause. Enter UNDERLYING			,						
Ĕ	CAUSE (Disease or injury c. DUE TO (OR AS A CONSEQUENCE OF):									
CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PERFORME										
CAL CE	PART II. Other significant condition	na contributing to death b	ut not resulting	in the under	lying cause giver	n in Part I	24a, WAS AI	VAUTOPEV	2/15	WERE AUTOPSY FIN
S	ASHD, OS	teoarthrit	12				PERFO	RMED?		AVAILABLE PRIOR TO
MEDI							1 TYES	2 NO NO		OF DEATH?
ä									1	1 TYES 2 KNO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			2	6. PLACE OF DEATH	Check only o	ne)			
ड ड	1 VES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outp	atlant 3 DOA	OTHER:	Home 5 - Resider					
E	27. MANNER OF DEATH	27. MANNER OF DEATH 1 Netural 5 Pending 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? WORK? 1 VES 2 NO.						28d. DESCRIBE HOW INJURY OCCURED		
BY	1 Natural 5 Pending 2 Accident Investigation									
	3 Suicida 8 Could not be detarmined detarmined						28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			oute Number,
<u> </u>	29a, CERTIFIER									
29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the beal of my knowledge, death occurred at the lime, data and place, and due to the cause(s) and mennar as stated									d.	
M M	2 MEDICAL EXAMINE	ER: On the basis of examination	and/or Investigatio	n, in my opinio	on, death occured at	The time, date	end place, e	nd due to the	cause(s)	and menner as star
								_		
BE COMPLETED	29b. SIGNATURE AND TITLE OF CENTRE	7100 -		_	29c. LICENSE	NUMBER		29d. DATE	SIGNED (Month, Day, Year)
	29b. SIGNATURE AND TITLE OF CERTIFIED	CAMPS	5 m	D	672	31		29d. DATE	SIGNED (Month, Day, Year)
8	29b. SIGNATURE AND TITLE OF CERTIFICATION OF THE STATE OF	HO COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type,	Out	672	31 e, Jr.		> 10	0-2	2-91
8	29b. SIGNATURE AND TITLE OF CERTIFICATION OF THE STATE OF	CAMPS	207	Out	672	31 e, Jr.		29d. DATE	0-2	2-91

01211 10

	7	سؤب	-
YLAND 21215-0020	by the hospital or attending physician.	be detached for use as the burial-transit permit. Pages 1, 2, 3	at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 thanks be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	VIMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR		9-1111	I I WALL OI	DEATH	REG. NO).		
	1. DECEDENT'S NAME (First, Middle, Last)				-	2. DATE OF DEATH		3. TIME OF DEATH	
1 3	Catharine	G.	MARSDEN	1			DAY	YEAR	44
1	4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (In yrs. last birthde)) IF UNDER 1 YEAR	IF UNDER 24 HRS.	OCTOBER (1 111:24 P. B. BIRTHPLACE (State or Forek	
	215 20 5702	1 🗆 M 2 😡 F	wee	MONTHS DAVE	HOURS MIN.	(Month, Day, Year)		Country)	gn
	215-38-5793 9a. FACILITY NAME (If not institution, give	Δ	84 THS.					KANSAS	
160					OR LOCATION OF O	EATH		TY OF DEATH	
2	DOCTORS COMMUNIT	Y HOSPITAL		LANHAM			PRIN	CE GEORGE'S	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	TV .	10-0	ITY, TOWN OR LOC					
프			100.0					10d. INSIDE CITY LIMITS?	
	TO STORY WE WIND THE STORY OF T								0
₹		Of. ZIP CODE		10g. CITIZ	EN OF WHAT COUNTRY?				
FUNERAL	23-P RIDGE RO.	AD			20770			USA	
5	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YE	IN U.S. ARMEO	13. WAS DE	CENOENT OF HISPAN	NIC ORIGIN? (Specify Y	s or No-	14. RACE — American Indien, Black, White, alc.	
ВУ	1 Never Merried 2 Married	IF YES, GIVE WAR OR		If yea, a	pecify Cuban, Mexice S 2X NO Specifi	n, Puerto Rican, etc.)			
	3X Widowed 4 Divorced							Specify: WHITE	
ED	15. DECEDENT'S EDU (Specify only highest grade	JCATION e completed)	18a. DECEDENT	S USUAL OCCUPAT	ION	16b. KIND OF BU	SINESS/INOL	JSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	Hite. Do NOT	of work done during n use retired.)	iosi or working				
로		4	CLERIC	AT.		DEPT C	F ACR	ICULTURE	
COMPLET	17. FATHER'S NAME (First, Middle, Last)		,		18. MOTHER'S NA	ME (First, Middle, Maide		TCOLIURE	
	LYNN	GLOVER			CATHAR			ATZTINAAN	
BE	19a. INFORMANT'S NAME (Type/Print)	GHOVER	10h MAII IA	IC ADDRESS (See at		Route Number, City or To		AKEMAN	
2	JOSEPH T. MARSDE	AT (CON							
	20a. METHOD OF DISPOSITION	(20:				ALDORF, MA			
	120 Buriel 2 Cremetion 3 Ren	noval from State	Ob. PLACE ANO DAT emetery, cremetory or	other plecel	leme of	DATE 20c. L	OCATION — C	City or Town, Slate	
	4 Donation 5 Other (Specify)		RESURRÉC	TION CE	METERY	CLI	NTON,	MARYLAND	
	21. SIGNATURE OF FUNERAL SERVICE LI	7		FRANC	ND ADDRESS OF FA	LLINS FUNE	DAT U	OME INC	
	- himstynny	Ku dill		500 T	MINEDCITY	THU CHILL	CT.	L. SP., MD 20	
	23. PARY I. Enter the diseases of	complications that caus	ad the death. De	300 0	MI VERSII.	L DLVD., W	• , 51	L. SP., MD ZC	_
	shock, or hear vellura.	List only one ceuee on	eech line.	not enter this m	ode or dying, suc	n ss cardlec or reep	iratory srre	Approximete Interval Betw	
	IMMEDIATE CAUSE (Finel disesse or condition	0 / .	0 4	- /	. 1			Onset and Da	
	resulting in death)	· Carolio-		alory ,	Meso				
ľ			A CONSEQUENCE	OF):					
Z	Sequentially liet conditions,	· Aceite		colie	acialo	n			
CERTIFICATION	If sny, lesding to immediate	DUE TO (OR AS	A CONSEQUENCE	OF):	1-7	200			
2	cause. Enter UNDERLYING CAUSE (Disesse or Injury	a Mam	Up Cal	20/10-	morastano	alalia	419		- 1
는	that initieted events	DUE TO (OR AS	A CONSEQUENCE	OF):					100
E	resulting in desth) LAST	resulting in desth) LAST							
								,	
. 11	PART II Other elgolficent condition	u.							
NA.	PART II. Other significent condition	is contributing to deeth	but not resulting	in the underlying	g ceuse given in			24b. WERE AUTOPSY FINDIN	INGS
DICAL	PART II. Other significent condition	ns contributing to deeth	but not resulting	in the underlying	g ceuse given in	PERFO	RMEO?	AVAILABLE PRIOR TO COMPLETION OF CAUS	
MEDICAL	PART II. Other significent condition	ns contributing to deeth	but not resulting	in the underlyin	ng ceuse given in		RMEO?	AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?	
Σ	PART II. Other significent condition	ns contributing to deeth	but not resulting	in the underlylr	g ceuse given in	PERFO	RMEO?	AVAILABLE PRIOR TO COMPLETION OF CAUS	
Σ	25. WAS CASE REFERRED TO MEDICAL	ns contributing to deeth	but not resulting			PERFO 1	RMEO?	AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?	
Σ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	LACE OF DEATH (Che	PERFO 1 YES	RMEO?	AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?	
Σ	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Ou	utpatient 3 □ DOA	26. F OTHER: 4 Nursing Hos	LACE OF DEATH (Che	PERFO 1 VES	RMEO?	AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO	
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OBATH	HOSPITAL:	utpatient 3 DOA	26, P OTHER: 4 Nursing Hoi WE OF 28c, IN JURY W	LACE OF DEATH (Che	PERFO 1 YES	RMEO?	AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO	
Σ	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Natural 5 Pending Investigation	HOSPITAL: 1 Inputlent 2 ER/Ou 28s. OATE OF INJURY (Month, Day, Year)	ripatient 3 DOA	26, P OTHER: 4 Nursing Hoi ME OF	LACE OF DEATH (Che 5 Residence JURY AT JURY 2 NO	PERFO 1 VES	RMEO?	AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO	
BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpatient 2 ER/Ou 28e. OATE OF INJURY	utpatient 3 DOA 20b. Ti	26, P OTHER: 4 Nursing Hoi ME OF	LACE OF DEATH (Che 5 Residence JURY AT JURY 2 NO	PERFO 1 YES 1 YES 20ck only one) 6 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street	RMEO? INJURY OCCU	AWAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO	
BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Natural 5 Pending Investigation	HOSPITAL: 1 Inpatient 2 ER/Ou 26e. OATE OF INJUR (Month, Day, Year) 26e. PLACE OF INJUR	utpatient 3 DOA 20b. Ti	26, P OTHER: 4 Nursing Hoi ME OF	LACE OF DEATH (Che 5 Residence JURY AT JURY 2 NO	PERFO 1 YES pck only one) 6 Other (Specify) 28d. DESCRIBE HOW	RMEO? INJURY OCCU	AWAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO	
BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be dalarmined	HOSPITAL: 1 Inpatient 2 ER/Ou 28s. OATE OF INJURY (Month, Day, Year) 26s. PLACE OF INJUR building, etc. (Sp	utpatient 3 DOA 20b. Ti In TY — At home, farm,	28. F OTHER: 4 Nursing Hoi ME OF 28c, IN JURY M 1	LACE OF DEATH (Chene 5 Residence JURY AT DRK? YES 2 NO	PERFO 1 YES 1 Other (Specify) 28d. DESCRIBE HOW 26f. LOCATION (Street Cify or Town, State	RMEO? Z NO INJURY OCCU	AWAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO UREO	
BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpatient 2 ER/Ou 28s. OATE OF INJURY (Month, Day, Year) 28s. PLACE OF INJUR building, etc. (Sp	ritpatient 3 DOA 29b. Ti In TY — At home, farm, ecity)	26, P OTHER: 4 Nursing Hol ME OF 28c, IN, JURY M 1 . atreet, fectory, officered at the time, date	LACE OF DEATH (Che 5 Residence JURY AT JRK? YES 2 NO	PERFO 1 YES 20ck only one) 6 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State) to the cause(a) and ma	NJURY OCCU	AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO UREO W. Rural Floute Number,	SE
COMPLETED BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpatient 2 ER/Ou 28a. OATE OF INJUR (Month, Day, Year) 26a. PLACE OF INJUR building, etc. (Sp	ritpatient 3 DOA 29b. Ti In TY — At home, farm, ecity)	26, P OTHER: 4 Nursing Hol ME OF 28c, IN, JURY M 1 . atreet, fectory, officered at the time, date	LACE OF DEATH (Che 5 Residence JURY AT JRK? YES 2 NO	PERFO 1 YES 20ck only one) 6 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State) to the cause(a) and ma	NJURY OCCU	AWAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO UREO	SE
E COMPLETED BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpatient 2 ER/Ou 28a. OATE OF INJUR (Month, Day, Year) 28a. PLACE OF INJUR building, etc. (Sp	ritpatient 3 DOA 29b. Ti In TY — At home, farm, ecity)	26, P OTHER: 4 Nursing Hol ME OF 28c, IN, JURY M 1 . atreet, fectory, officered at the time, date	LACE OF DEATH (Che 5 Residence JURY AT JRK? YES 2 NO	PERFO 1 YES 1 YES 20ck only one) 6 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street Cify or Town, State to the cause(a) and ma	NJURY OCCU	AWAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO JREO W Rural Route Number, d. cause(a) and manner as stated SIGNED (Month, Dey, Year)	SE
O BE COMPLETED BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpatient 2 ER/Ou 28s. OATE OF INJURY (Month, Day, Year) 28s. PLACE OF INJURY building, etc. (Sp ICIAN: To the best of my kno R: On the best of axaminati	itpatient 3 DOA 26b. Ti 1 37 — At home, farm, ec/ly) wiedge, death occur ion and/or investigat	26. F OTHER: 4 Nursing Hor ME OF JURY M 1 . street, fectory, offli	LACE OF DEATH (Chene 5 Residence JURY AT DRK? YES 2 NO	PERFO 1 YES 1 YES 20ck only one) 6 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street Cify or Town, State to the cause(a) and ma	NJURY OCCU	AWAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO JREO W. Rural Route Number, d. cause(a) and manner as stated	SE
O BE COMPLETED BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpatient 2 ER/Ou 28s. OATE OF INJURY (Month, Day, Year) 28s. PLACE OF INJURY building, etc. (Sp ICIAN: To the best of my kno R: On the best of axaminati	itpatient 3 DOA 26b. Ti 1 37 — At home, farm, ec/ly) wiedge, death occur ion and/or investigat	26. F OTHER: 4 Nursing Hor ME OF JURY M 1 . street, fectory, offli	LACE OF DEATH (Chene 5 Residence JURY AT DRK? YES 2 NO	PERFO 1 YES 1 YES 20ck only one) 6 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street Cify or Town, State to the cause(a) and ma	NJURY OCCU	AWAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO JREO W Rural Route Number, d. cause(a) and manner as stated SIGNED (Month, Dey, Year)	SE
TO BE COMPLETED BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpatient 2 ER/Ou 28s. OATE OF INJURY (Month, Day, Year) 28s. PLACE OF INJURY building, etc. (Sp ICIAN: To the best of my kno R: On the best of axaminati	itpatient 3 DOA 26b. Ti 1 37 — At home, farm, ec/ly) wiedge, death occur ion and/or investigat	26. F OTHER: 4 Nursing Hor ME OF JURY M 1 . street, fectory, offli	LACE OF DEATH (Chene 5 Residence JURY AT DRK? YES 2 NO	PERFO 1 YES 1 YES 20ck only one) 6 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street Cify or Town, State to the cause(a) and ma	NJURY OCCU	AWAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO JREO W Rural Route Number, d. cause(a) and manner as stated SIGNED (Month, Dey, Year)	SE
TO BE COMPLETED BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpatient 2 ER/Ou 28s. OATE OF INJURY (Month, Day, Year) 28s. PLACE OF INJURY building, etc. (Sp ICIAN: To the best of my kno R: On the best of axaminati	utpatient 3 DOA 28b. Ti 1 28b. Ti 1 RY — At home, farm, ectly) wiedge, death occur ion and/or investigat	26. F OTHER: 4 Nursing Hor ME OF JURY M 1 . street, fectory, offli	LACE OF DEATH (Chene 5 Residence JURY AT DRK? YES 2 NO	PERFO 1 YES 1 YES 20ck only one) 6 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street Cify or Town, State to the cause(a) and ma	NJURY OCCU	AWAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO JREO W Rural Route Number, d. cause(a) and manner as stated SIGNED (Month, Dey, Year)	SE



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	Pages	

BALTIMORE, MARYLAND 21203-3146

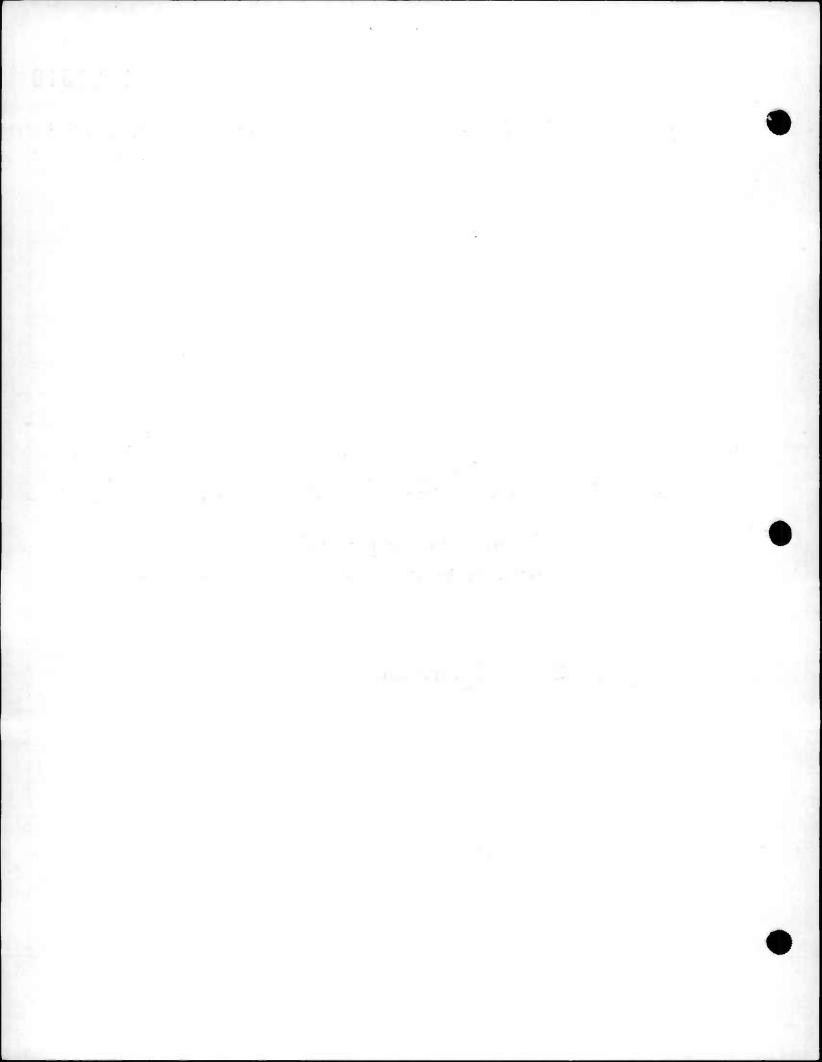
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25-mous after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	REGISTRAR		TICALE	JE DEATH	REG. NO),					
	1. DECEDENT'S NAME (First, Middle, LastFrancis	K. N	ock		2. DATE OF DEATH	AY	YEAR 3. TIME OF DEATN				
	4. SOCIAL SECURITY NUMBER 5. SEX	-	or things a ve		UCF	1	7				
		6. AGE (In yrs. last birthday)	MONTHS DA		7. DATE OF BIRTH (Month, Day, Year) 11-19-19	11.	BIRTHPLACE (State or Foreign Country)				
	225-03-3887 ¹№ № 2 □ F	73 YRS.				116	Virginia				
	9a. FACILITY NAME (If not institution, give street and number)		9b. CITY, TO	WN OR LOCATION OF D	EATH 9c. COUN		NTY OF DEATH				
OR	Charlotte Hall Vetera	ns Home	Cha:	clotte H	all	St.	. Mary's				
5	RESIDENCE OF DECEDENT										
DIRECTOR	10e. STATE 10b. COUNTY		TY, TOWN OR L	DCATION			10d. INSIDE CITY LIMITS?				
	Maryland Prince George Laurel 10										
A	10e. STREET AND NUMBER			10f. ZIP CODE			IZEN OF WHAT COUNTRY?				
FUNERAL	8421 Oak Stream Drive			20708		U.S	S.A.				
5	FOROSON	ENT EVER IN U.S. ARMED 1 X YES 2 NO		3. WAS DECENDENT OF HISPANIC ORIGIN		e or No	14. RACE - American Indian, Black, White, etc.				
	IF YES GIVE		1 TYES 2 TO NO Specify: Specify:								
ВУ	3X Widowed 4 □ Divorced W	WII		Λ			White				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16e. DECEDENT'	S USUAL OCCU	PATION g most of working	16b. KIND OF BU	ISINESS/INI	DUSTRY				
Щ	Elamentary/Secondary (0-12) College (1-4 or	5+}									
M	12	Post	al Cle	erk	U.S.	Post	tal Service				
Ö	17. FATNER'S NAME (First, Middle, Last)			16. MOTHER'S N	AME (First, Middle, Maider	Surname)					
BE (Estille Nock			Josi	e Roberts	3					
	19a. INFORMANT'S NAME (Type/Print)	19b. MAILIN	O ADDRESS (St	reet and Number or Rura	Route Number, City or Tox	vn, State, Zip	p Code)				
5	Steve L. Nock	6401	Explo	orers Rd	Charlott	esv	ille, VA 2290 1				
	20s. METHOD OF DISPOSITION 1	20b. PLACE OF OISPO		of cemetery, cremetory or			City or Town, State				
	1 → Burial 2 □ Cremation 3 □ Removal from State 4 □ Donetion 5 □ Other (Specify)	Forest	Lawn (Cemetery	Nor	foll	k, Virginia				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	1		E AND ADDRESS OF F			,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	M. + 5	10 70			Brown Fur						
	Hangen ale	hr-14	84	54 Tidew	ater Dr.	Nort	folk, VA 23518				
	23. PART i. Enter the diseases, or complications to shock, or heart failure. List only one c	hat causad the death. DD euaa Dn eech iine,	not antar the	mode of dying, su	ch as cardiec or reap	oiratory ar	reat, Approximate interval Batween				
	IMMEDIATE CAUSE (Final										
	disease or condition resulting in death) a. Cardiopul menary Arrest DUE TO (OR &S A CONSEQUENCE OF):										
					2 1						
N	Sequentially list conditions . Athe	samuelle les modelles C. Atheroscieratic condioussauler disease									
E	oue to (or as a consequence of): If any, leading to immediate										
0	CAUSE (Disease or Injury										
CERTIFICATION	that initiated events resulting in death) LAST	TO (OR AS A CONSEQUENCE	OF):								
ER	d.										
	PART ii. Other significant conditions contributing	to death but not resulting	in the unda	lving cause given in	Part I. 24s. WAS A	N AUTOPSY	24b. WERE AUTOPSY FINDINGS				
EDICAL	Organic Brain	Syndron				RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE				
0	Organic Stant	2910101	11 00		1 YES	1 TYES 2 NO OF DE					
Σ							1 TYES 2 NO				
PHYSICIAN:											
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		OTHER:	6. PLACE OF DEATN (C	check only one)						
YSI		ER/Outpetient 3 DOA	4 - Nursing	Nome 5 - Residence							
H	27. MANNER OF DEATN 26e. DATE (Month		IME OF 28 NJURY	:. INJURY AT WORK?	26d. DESCRIBE NOW	INJURY OC	CURED				
BY	1 Natural 5 Pending 2 Accident investigation		M 1	YES 2 NO							
ED E	3 Suicide 6 Could not be 4 Homicide determined	OF INJURY At home, forming, etc. (Specify)	RY — At home, ferm, street, factory, office		261. LOCATION (Street and Number City or Town, State)		or or Rural Route Number,				
H											
S LE	29a. CERTIFIER 1 CERTIFYINO PNYSICIAN: To the best	of my knowledge, death occu	rred at the time	data and place, and de	se to the cause(a) and m	anner as ste	ated.				
COMPLET	one) 2 MEDICAL EXAMINER: On the basis o										
	29b. SIGNATURE AND TITLE OF CERTIFIER	1		29c, LICENSE N		,					
BE	/// 1 M/0,001				675 N	29d. DA	TE SIGNED (Month, Day, Year)				
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED C	ALICE OF DEATH ATTEN AT	no (Pelest)	1/2	-/)/						
	TALLA- IL I A	COLOR DEATH (ITEM 27) (Ty)	טט, רדותו)								
	31. DATE FILED (Month, Doy, Your) 32. REGIST O 9 91 Audi	PAR'S SIGNATURE	У								
	OCT 0 9 91	TAN S SIGNATURE	.02								
	ור עוטע	THE PERSON IN TH									



3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign Country) Missouri

7. DATE OF BIRTH
(Month, Day, Year)
Oct. 20, 1942

10:15 P.M

Donna

210-34-0902

4. SOCIAL SECURITY NUMBER

Rae

5. SEX

1 🗆 M 2 💢 🗶

IF UNDER 1 YEAR IF UNDER 24 HRS.

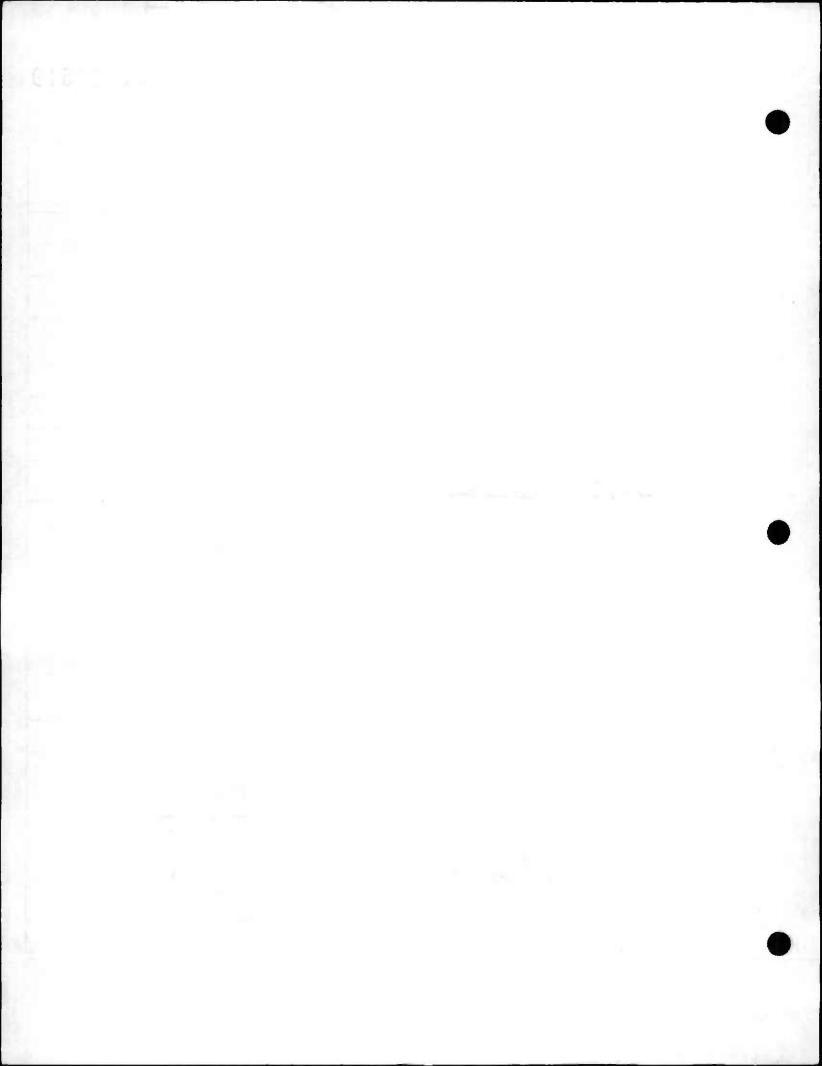
Olson

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6. AGE (In yrs. lest birthday)

BALTIMORE, MARYLAND 21215-0020	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
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ISION OF VITAL	TENDING PHYSICIAN: The la
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OR ATTENDING PHYSICIAN: The la

CTOR	Potomac Valley		Rockville Montgomer							
DIREC	10e. STATE 10b. COUR Maryland Mont	10c. CIT	CITY, TOWN OR LOCATION Bethesda						INSIDE CITY LIMITS? YES XX NO	
. 1	10a. STREET AND NUMBER 6001 Landon Lar	ne		-	101. ZIP CODE 20817	- 1		10g. CITIZEN	S.A.	
BY FUNERAL	11. MARITAL STATUS 12 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 TYES IF YES, GIVE WAR OR DATE	2 XX	lf y	S DECENDENT OF HISPA es, specify Cuben, Maxic YES 2 NO Spec	an, Puarto	N? (Specify Yes Rican, etc.)	or No— 14	RACE — Black, Wi Specify:	American Indian, life, etc.
ETED	15. DECEDENT'S E (Specify only highest gra	DUCATION 1 ade completed)	6a. DECEDENT'S (Give kind of life. Do NOT us	work done dur	UPATION ing most of working	16	b. KIND OF BUS	INESS/INDUS	TRY	
COMPLE	Elementary/Secondary (0-12)	College (1-4 or 5+) 5+		tor			Medic	al res	earc	h
ı	17. FATHER'S NAME (First, Middle, Lest) Roy	₩.	01	son	18. MOTHER'S N Ann	AME (First,		Sumame) abeth	()'Donnel
2	Ann E. Olson				Street and Number or Rura n Lane, Be			n, State, Zip Co 2081	_	
	20e, METHOD OF DISPOSITION 1X PBurlel 2	emovel from State 20b. F	PLACE AND DAT		Cemetery	10/7	79 S	CATION — CITY Llver		State 19, MD
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	M005	22. NA RO Be AV	me and adoress of F bert A. Pu thesda-Che enue, Beth	mphr Vy C esda	ey Fundhase, Mary	ral H	ome 7557 2081	Wiscons 1-3501
AL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions are supported to the conditions of	DUE TO (OR AS A COUNTY OF AS A COUNT	CONSEQUENCE O	PF):	erlying cause given i	n Part I.	24e. WAS AN		AM	RE AUTOPSY FINDIR IILABLE PRIOR TO
T. MEDICAL							1 TYES 2	XI,NO	OF	MPLETION OF CAUSI DEATH?
PH TSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 ☐ YES 2 X NO	HOSPITAL:		OTHER:	26. PLACE OF DEATH (C			3.7		
- 11	27. MANNER OF DEATH 1 ☑ Netural 5 ☐ Pending	1 Inpatient 2 ER/Outpet 28e. DATE OF INJURY (Month, Day, Year)	28b. TIR	ME OF 2 JURY	eg Home 5 Residence 8c. INJURY AT WORK? 1 YES 2 NO	_	ter (Specify)	NJURY OCCU	RED	
ם ם	2 Accident Investigation 3 Suicide 8 Could not be determined 8 Could not be determined Investigation									
- 1		IVEICIAN. To the heat of my knowled	doe, death occur	red at the tim	e, data and place, and d	us to the c	ause(a) and ma	nner as stated	4	
7	one)	INER: On the basis of examination				ne time, da	te and place, ar	d due to the	cause(s) ar	d manner aa stated
TO BE COMPLETED	(Check only	NINER: On the basis of examination	and/or investigati	on, in my opi		UMBER	te and place, er	29d. DATE S	BIGNED (M	d manner as states



BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	led in by the funeral director, page 5 should be detached for use as the burial-transit permit, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

_	1 - STATE COMMAND A DEPARTMENT OF HEALTH AND MENIAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.
	DOPOTHY EILEN PINION 2. DATE OF DEATH TOS AM
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthdey) 7. UNDER 1 YEAR F UNDER 124 HRS. 7. DATE OF BIRTH (Month, Day, Year) Country) 8. BIRTHPLACE (State or Foreign Country) MD.
DIRECTOR	SO, FACILITY NAME (If not institution, give street and number) SO, CITY, TOWN OR LOCATION OF DEATH SO, COUNTY OF DEATH NOTFORD NOTFORD SO, COUNTY OF DEATH NOTFORD
EC	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY
	MD Harford Havre de Grace 1½ yes 2 □ NO
FUNERAL	104. STREET AND NUMBER 107. ZIP CODE 109. CITIZEN OF WHAT COUNTRY?
SNS	108 George Ct. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yea or No.— 14. RACE — American Indian,
B	1 Never Merried 2 Merried 3 X Wildowed 4 Divorced FORCES? 1 YES 2 X NO IF YES, GIVE WAR OR DATES If yes, specify Cuban, Mexican, Puerio Rican, etc.) 1 YES 2 X NO Specify: Black, White, etc. Specify: Black
ETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working
FE	Elementary/Secondary (0-12) College (1-4 or 5+) 7 College (1-4 or 5+) domestric
COMPL	17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname)
BE	Raymond Pinion Lillie Bowser
٤	190. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1242 Rattery Dr. Havre de Grace MD 21079
	20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of
	4 Donation 5 Prother (Specify) Aberdeen MD
	21. SIGNATURE OF UNERAL STRONG LICENSEE 22. NAME AND ADDRESS OF FACILITY Arnold W. Beard Funeral Service D. O. Boy 199 House de Cure MD
	P.O. Box 188 Havre de Grace, MD 23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrant, Approximate
	ahock, or heert failure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition reculting in deeth) OUE TO (OR AS A CONSEQUENCE OP): Approximata Intervei Batween Onset and Daath Onset and Daath
CERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE. Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):
	PART II. Other algnificent conditione contributing to deeth but not reculting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS
DICAL	PERFORMED? AMILABLE PRIDE TO COMPLETION DE CAUSE
ME	DF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one)
IYSI	EXAMINER? 1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA OTHER: 4 Nursing Home 5 Residence 8 Other (Specify)
BY PI	1 Netural 5 Pending (Month, Day, Year) 255. Time OF NJURY AT WORK? 2 Accident Investigation (Month, Day, Year) 255. Time OF NJURY AT 255. WORK? 1 YES 2 NO
ETED	3 Suicide 6 Could not be determined 26e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number. City or Town, State)
COMPLETED	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: In the masks of symmetries and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.
8	29c. LICENSE NUMBER 29d. DATE SIGNED (Mogth, Day, Year)
2	38. NAME AND ADDRESS OF PERSON WIND COMPLETED CAUSE OF DEATH (ITEM 27/19/04. 15/04) LINDA THE AND ADDRESS OF PERSON WIND COMPLETED CAUSE OF DEATH (ITEM 27/19/04. 15/04) LINDA THE AND ADDRESS OF PERSON WIND COMPLETED CAUSE OF DEATH (ITEM 27/19/04. 15/04)
	OCT 08'91 Golden Davidson Andrew 32. REGISTRAR'S SIGNATURE Golden Davidson Andrew 32. REGISTRAR'S SIGNATURE
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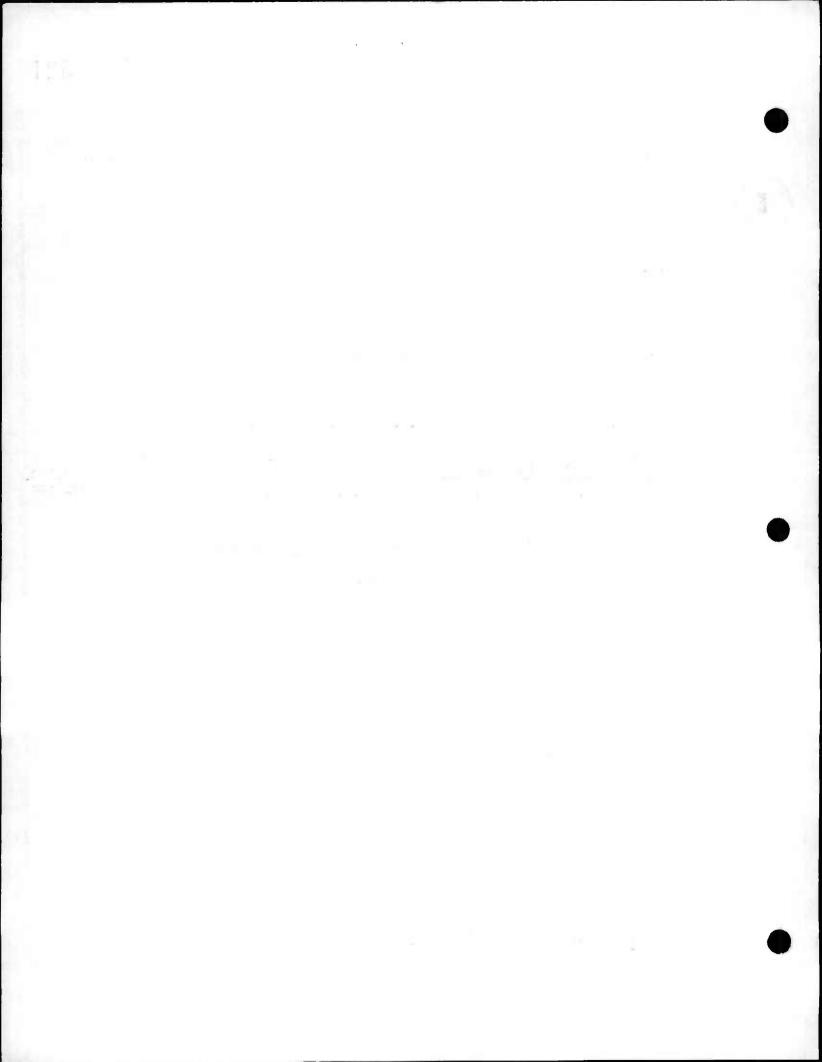
TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR				CERTIF	ICALL	- U -	DEA	I H	A	EG. NO.				
1. DECEDENT'S NAME (First,	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH SONTH DAY YEAR 3. TIME OF DEATH					
Judith		<u>nn </u>		Pier	ce				Octo	91 1450 "				
4. SOCIAL SECURITY NUMBER	ER	5. SEX	6. AGE (In yrs	. last birthday)					7. DATE OF BIRTH			8. BIRTHPLACE (State or Foreign		
220-38-4580		t 🗆 M 2 💢 F	51	YRS.	MONTHS	MONTHS DAYS HOURS MIN. (Month, Day, Year) 4-27-1940						MARYLAND		
9a. FACILITY NAME (If not ins					9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH									
Calvert M	lemor	ial Hos	pital		Pi	rino	ce F	red	erick		Cal	vert		
RESIDENCE OF DEC	EDENT								02101		Cal	VELC		
	10b. COUNTY				Y, TOWN (TION					10d. INSIDE CITY LIMITS?		
MARYLAND	CH/	ARLES		BI	ENED:	ICI						t YES 2 NO		
10e. STREET AND NUMBER	_					101	ZIP COD	-		1	0g. CITIZEN O	F WHAT COUNTRY?		
P.O. BOX 3	8						206	12			US	A		
11. MARITAL STATUS 1 Never Merried 2 X		12. WAS DECEDEN FORCES? 1	T EVER IN U.S.	ARMED	t3.	WAS DEC	ENDENT C	OF HISPAN	IC ORIGIN? (Sp	ecify Yes or	No- 14. R	ACE — American Indian,		
3 Widowed 4 Divort	C.CC.C.	IF YES, GIVE W		23.10		YES	2 NO	Specify	n, Puerto Rican	, etc.)		lack, White, etc.		
												WHITE		
(Specify only	DENT'S EDUC highest grade	completed)	16a.	Give kind of v	work done i			ng	16b. KIN	OF BUSIN	ESS/INDUSTRY	1		
Elementary/Secondary (0-12TH GRADE	12)	College (t-4 or 5 +)	life. Do NOT us		-D					/ 6			
				HUMI	EMAKI	-K				N,	/A			
17. FATHER'S NAME (First, Mid		FTN							ME (First, Middle		mame)	·		
EVERETT LERO		IIN							DALE R					
19e. INFORMANT'S NAME (Typ				19b, MAILING	ADDRESS	(Street e	nd Number	or Rural R	loute Number, Ci	ity or Town, S	State, Zip Code)			
RAYMOND E. P		-		P.0.	BOX	38,	BEN	EDIC.	T, MARY	YLAND	20612			
20e. METHOD OF DISPOSITION 1 D Buriel 2 N Cremetion	ON 3 □ Reme	ovel from State	20b. PLA	CE AND DATE	OF DISPOS	ITION (Na	me of				ION — City or			
A C Deputter & C Other !!	O		_ I "HUN"	TT"CRE					10-6	WALD	ORF, M	MARYLAND		
21. SIGNATURE OF SUNERAL	MARIA	ENSITE OF THE	1		22.	NAME A	D ADDRE	SS OF FAC	THE	LHIMT	T FUNC	RAL HOME, INC.		
21. SIGNATURE OF FUNERAL MICHAEL	W.	MUCHCUTE	MOOG	157		^	DAY	156	THE	HUNI	I FUNE	RAL HUME, INC.		
MICHAEL	N. DL	AUVEN DUTA	PINOUS	_								D 20604-0156		
23. PART i. Enter the disehock, or her iMMEDIATE CAUSE (Fina disease or condition resulting in deeth)	i i	n. RECU	RRFA (OR AS A CON	SEQUENCE OF	BD	041	NAI	5	EPS1	1		Approximete Intervel Between Onset and Desth		
Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injurthat initieted events resulting in death) LAST	ig y	OUE TO DUE TO												
PART II. Other significan	t condition	s contributing to	deeth but no	ot resulting i	n the un	derivino	Couse o	oiven in I	Part I. 24s.	WAS AN AUT	mpsy 2	4b. WERE AUTOPSY FINDINGS		
feut	FR	EAR	FAIL	, Re	A	NE.	411		_ 10	YES 2 X	D?	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?		
25. WAS CASE REFERRED TO	MEDICAL					26 84	ACE OF D	EATH #04	ah aabi aasi					
EXAMINER?		HOSPITAL:	5010	• 🗆	OTHER	:			ck only one)					
27. MANNER OF DEATH		1 September 2 D				_		sidence 8	Other (Spe					
1 Netural 5 P	ending	(Month, De		28b. TIME INJ		28c. INJI	RK?		28d. DEŞCRIBI	E HOW INJU	RY OCCURED			
2 Accident In	vestigation				M		E\$ 2 _	NO						
	ould not be starmined	28e. PLACE Of building,	INJURY — At rtc. (Specify)	home, term, a	treet, fecto	ery, offica	1		281. LOCATION City or Tow	OCATION (Street and Number or Rural Route Number, lty or Town, State)				
29a. CERTIFIER (Check only	YING PHYSIC	CIAN: To the best of	my knowladga.	death occurre	d at the H	ne, date	end place	and due	to the causalch	and manner	as stated			
one) 2 MEDIC	AL EXAMINER	R: On the basis of ex	emination end/	or investigation	n, In my or	olnion, di	ath occur	ed at the t	ime, data and n	olece, and de	us to the cause	e(s) end manner es stated.		
29b, SIGNATURE AND TITLE O			1	10 6411	, ,	-								
	L	06-	//	1			29c, LICE	NSE NUM	BER	29	d. DATE SIGNI	ED (Month, Day, Year)		
30 NAME AND ADDRESS CO.	V 6	Mugo	1	113			7	2	6350		101	4/91		
30. NAME AND ADDRESS OF F	H -	METER CAUS	E OF DEATH (I	TEM 27) (Type,		2011	CE	FK	E) ED	104	· Asi	20678		
31. DATE FILED (Month, Day, Ye	ar)	32. REGISTRAF	S SIGNATURE	70.	00			,	7		11 12)	/-		
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TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete	be filed within 72 hours after death with the State Oept. of Health and Mental Hygiene prior to burial, creminant or mines	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical
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	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPART	MENT OF HEA	LTH AND ME	NTAL HYGIE					
	1. OECEDENT'S NAME (First, Middle, Last) WILLIAM	J.	ON PALME PALMER	R, SR.	2.	DATE OF DEATH		3. TIME OF DEATH 5:55 P M			
	4. SOCIAL SECURITY NUMBER 078-12-2380 9e. FACILITY NAME (If not institution, give str	1 XX M 2 □ F 7	/ YRS.	MONTHS DAYS HO	DURS MIN.	DATE OF BIRTH (Month, Day, Year) 1-20-191	4	8. BIRTHPLACE (State or Foreign Country) NEW YORK			
CTOR	THE JOHNS HOPK			BALTIMO		· · · · · · · · · · · · · · · · · · ·		NTY OF DEATH ALTIMROE			
DIRECTOR	MARYLAND 10b. COUNTY CHARL 10c. STREET AND NUMBER	ES		ARLOTTE H	IALL			10d. INSIDE CITY LIMITS? 1 YES 2 X NO			
FUNERAL	RT. 1, BOX 423			10f. ZIP	0622			10g. CITIZEN OF WHAT COUNTRY?			
В	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT, EVER IN FORCES? 1 X YES IF YES, GIVE WAR OR DATE WW2	2 NO	13. WAS DECEND If yes, specify 1 — YES 2	ENT OF HISPANIC C Cuben, Mexican, Pr NO Specify:	ORIGIN? (Specify Yours Ricen, etc.)	ne or No—	14. RACE — American Indian, Black, White, etc. Specify WHITE			
COMPLETED	15, DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12) 12TH GRADE	ATION completed) Cottege (1-4 or 5+)	18e. OECEDENT'S U (Give kind of wo life. Do NOT use MAIL C	ISUAL OCCUPATION ork done during most of retired.)	working	US POS					
BE CO	17. FATHER'S NAME (First, Middle, Last) CHARLES WILLIAM P	ALMER				T CECEL	IA JOH				
70	BERNICE L. PALMER		RT. 1	BOX 423	, CHARLO	Number, City or To	wn, State, Zip C	20622			
	20e, METHOD OF DISPOSITION 1 A Buriel 2 Cremation 3 Ramon 4 Donesion 5 Other (Specify)	/al from State		DISPOSITION (Name of Notice CEMETER	Y 1	0-8 BR	ENTWOO	ty or Town, State D, MARYLAND			
	Toolson was	NKENSHIP, MO	0857	P.O. BO	DDRESS OF FACILITY	THE HUN	TT FUN	ERAL HOME, INC. AND 20604-0156			
CERTIFICATION	23. PART I. Enter the diseases, or conshock, or heart fellure. Limited in the condition of the condition of the condition of the conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	brain Ste Due to (or as a co	M Into	t anter tha moda o	of dying, such se	cardiac or rasp	olretory arres	Approximata interval Between Onset and Dasth 24 hours			
MEDICAL	PART II. Other significant conditions Pancreatic nec	pplasm, rece	not resulting in 2ut pauc	the undarlying cau	tomy	I. 24s. WAS AF PERFO 1 TYES	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
PHYSICIAN:		HOSPITAL:		OTHER:	OF DEATH (Check or						
ву рну	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. OATE OF INJURY (Month, Day, Year)	28b. TIME		AT 28d	Other (Specify) DESCRIBE HOW	INJURY OCCU	RED			
	3 Suicide 6 Could not be determined	26e. PLACE OF INJURY — building, etc. (Specify	At home, farm, atro	set, factory, office	261.	LOCATION (Street City or Town, Stete	end Number or	Rural Route Number,			
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	AN: To the best of my knowled On the best of axamination a	ige, death occurred	at the time, data end p	piece, end due to th	e ceuse(s) end me	nner es atated.	:ause(e) end menner ee atated.			
TO BE C	296 MANATURE AND TITLE OF SERTIFIER	Tilliam.	M) H (ITEM 27) (Type, P)	29c.	LICENSE NUMBER	(Himor	29d. DATE S	19NED (Month, Day, Year) 1-4-9/			
	31. DATE FILEO (Month, Day, Year) OCT 0 9 '91	32. REGISTRAR'S SIGNAT	URE			, ,,,,,,	1	VYAUS			



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	PITAL (ERAL C	in 72 h	11 11 11
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or atten-	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1 - STATE REGISTRAR	STATE OF MARYLAND	DEPARTM	ENT OF HE	ALTH AND	MENTAL HYGIEN	E	21 20023			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF OEATH			
	Angus Jo	hn Park				MONTH DA		1 0809 M			
		5. SEX 8. AGE (In yrs. In			F UNDER 24 HRS.	7. DATE OF BIRTH	0.	BIRTHPLACE (State or Foreign			
	218-48-7759	1 XM 2 □ F 47	YRS, MONT	THS DAYS H	OURS MIN.	(Month, Day, Year) 09-03-4		Maryland			
	9a. FACILITY NAME (If not institution, give street			CITY, TOWN OR	LOCATION OF DI			Y OF DEATH			
OR	Carroll County	General Hosp	ital	Westmi	nster		Car	roll			
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY						- Juli				
E .		-11 C		WN OR LOCATION				10d. INSIDE CITY LIMITS?			
	10e, STREET AND NUMBER	oll County	Fin	ksburg				1 TYES ZY NO			
RA	1814 Doe Drive			10f. Z	P CODE		10g. CITIZEI	N OF WHAT COUNTRY?			
FUNERAL		2. WAS DECEDENT EVER IN U.S. AI			21048			S.A.			
	1 Never Married 2 Married	FORCES? 1 TYES 2 X	NO I	If yes, speci	y Cuban, Maxica	NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	or No- 14	. RACE — American Indien, Black, White, etc.			
BY	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR OATES		1 🗌 YES 2	NO Specify	y:		Specify: White			
ED	15. DECEDENT'S EDUCAT		ECEOENT'S USUA	AL OCCUPATION		18b. KIND OF BUS	SINESS/INDUS				
Ē	(Specify only highest grade col		Give kind of work d DO NOT use netire	lone during most o rad.)	f working						
AP.		5 Lieutenant				Polic	re Dei	partment			
COMPLET	17. FATHER'S NAME (First, Middle, Last)		. MOTHER'S NA	ME (First, Middle, Malden		parement					
BE (Thomas Abraha	am Park			Edna	Elizabet	h Ti	urnbull			
TO E	19a. INFORMANT'S NAME (Type/Print)	19	b. MAILING ADO	RESS (Street and		Route Number, City or Town		ide)			
F	Mrs. Carol A. Pa		1814 D	oe Dri	ve Fi	nksburg,	MD 21	1048			
	20a. METHOD OF DISPOSITION XIXBurial 2 Cremation 3 Ramova	20b. PLACE	AND DATE OF DIS	SPOSITION (Name	of	DATE 200 LO		y or Town, State			
	4 ☐ Donation 5 ☐ Other (Specify)	Calv	ary Chu	irch Cen	etery	10/12 Fi	nksbur	g, MD			
	21. SIGNATURE OF FUNERAL SERVICE LICEN			22. NAME ANO	ADDRESS OF FA	CILITY					
	Druan X.	Huight				1 Home (P. D 21784 (3					
	23. PART I. Enter the diseases, or con	plications that caused the de	eath. Do not er	nter the mode	of dving, suci	h as cardiac or reani	ratory arrest	t, Approximata			
	shock, or heart fallure. Lis	t only one cause on each line	в.			. To delian of foup.	outory arrow	interval Between			
	discose or condition	AMVOTRODI	1.00	1 15	50.120.	Onset and Death					
	a	ANYOTROP+	OUENCE OF):	LATILI	CAC	SCLERC	2/2	IYEAR			
Z								İ			
TIO	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):										
Co	cause. Enter UNDERLYING CAUSE (Disease or injury										
E	that initiated events DUE TO (OR AS A CONSEQUENCE OF): reaulting in death) LAST										
CERTIFICATION	d										
CAL	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY FINDINGS										
2	PERFORMED? ANA										
						1 TES 2	M-NO	DF DEATH?			
5								1 YES 2 NO			
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL			26. PLACE	OF DEATH (Che	ock only one)					
Sign		OSPITAL: Inpatient 2 ER/Outpatient 3		HER: Nursing Home	Residence	8 Other (Specify)					
ξI	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJURY		28d. OESCRIBE HOW IN	JURY OCCUR	ED			
BY	1 Natural 5 Pending 2 Accident Investigation	(MONII, Day, real)	INJURY	WORKT	2 NO						
	3 Suicide 8 Could not be	28a. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, street,	fectory, office		281. LOCATION (Street and Number or Rural Route Number,					
COMPLETED	4 Homicide datarminad	The state (opposity)				City or Town, State)					
3	29a. CERTIFIER 1 CERTIFYING PHYSICIAL	N: To the best of my knowledge, de	ath occurred at ti	he time, data and	place, and due	to the cause(s) and men	per se stated				
8	one) 2 MEDICAL EXAMINER: C	On the besis of examination and/or	Investigation, in n	my opinion, death	occured at the	time, data and place, and	due to the ca	suse(a) and menner as stated.			
	296. SIGNATURE AND TITLE OF CENTIFIER	77			c. LICENSE NUM						
B	Viveant On!	here !	2 m			63	MATE SI	GNED (Month, Day, Year)			
٩	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETEO CAUSE OF DEATH (ITE				2 57	, , ,	17171			
		FIOCCO JR		- , i.		ISTER N	0 7	1150			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE			. , , , , , ,	- CELE , Y	LV O	-1157			
	001 10,81	Julia Davidson-V	jundabl					540			

A M

3. TIME OF DEATH

10:45

BIRTHPLACE (State or Foreign Country)
 Maryland

1991

9c. COUNTY OF DEATH

Montgomery

1916

7. DATE OF BIRTH (Month, Day, Year) Sept 22,

1. DECEDENT'S NAME (First, Middle, Last)

FRANK ABRAHAMS

RESIDENCE OF DECEDENT

9a. FACILITY NAME (If not institution, give street and number)

Rockville Nursing Home

4. SOCIAL SECURITY NUMBER

154-18-6228

PARKER.

1X M 2 F

5. SEX

JR.

75

8. AGE (in yrs. last birthday)

YRS.

IF UNDER 1 YEAR IF UNDER 24 HRS.
MONTHS DAYS HOURS MIN.

Rockville

9b. CITY, TOWN OR LOCATION OF DEATH

INECTOR

	5
	24
6,	within
1314	executed within 24
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D. BO	certificate
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S	the
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ECO	requires
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A	The
DIVISION OF VITAL RECORDS, P.O. BOX 13146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execu
/ISION	ATTENDING
\leq	OR
۰	HOSPITAL
	THE
	2

DIREC	10s. STATE 10b. COUNTY					10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?							
ā	Maryland	Monto	gomery		Bethe	sda				1	YES 2 NO		
A	10s. STREET AND NUMBE	R		10f. ZIP CODE							AT COUNTRY?		
FUNERAL	5906 Overl	ea Roac	1				20816		United Stat				
2	11. MARITAL STATUS 1 Never Married 2	X Marriad	12. WAS DECEDENT EV FORCES? 1 X				CENDENT OF HISPAN ecify Cuban, Mexica			14. RACE - Black,	– American Indian, White, atc.		
B	3 Widowed 4 Di		IF YES, GIVE WAR		NWII	1 🗌 YES	2 NO Specify	<i>r</i> :		Specify:	White		
		ECEDENT'S EDU		impleted) (Give			DN pat of working	16b. KII	ID OF BUSINESS/INC	USTRY			
PLET	Elementary/Secondary	(0-12)	College (1-4 or 5+) 5+		. Do NOT use rell esident			Rese	arch Analys	is Adr	ninistration		
COMPL	17. FATHER'S NAME (First,	Middle, Last)		1 . 2 .	00100110		18. MOTHER'S NA		le, Malden Surname)	20 101			
H H	Frank Abr		Parker, Sr.				Anna	Sha	arretts				
2	19a. INFORMANT'S NAME		(): 6-)	19			and Number or Rural i	Poute Number,	City or Town, State, Zip	Code)			
- 1	Grace M. P		(Wife)		Same a				I and the second		Talle.		
	20a, METHOD OF DISPOS 1 Burial 2 Crema	tion 3 🗆 Rem	oval from State	rban Cr		metery, crematory or		Silver					
H	4 ☐ Donation 5 ☐ Oth 21. SIGNATURE OF FUNE		ENSEE	/	I Dail CI	22. NAME A	ND ADDRESS OF FA	CILITY		2ht Ti	ig, MD	1	
	•	11	RPIN	MO	2027				ces, P.A.	1.45	00040		
\dashv	23. PART I. Enter the	deeree or	complications that or	_	0827				er Spring		20910		
	shock, or	heart failure.	List only one cause			mer are in	na or dying, auc	ii es ceidiec	or respiratory an	out,	Interval Between Onset and Death		
	IMMEDIATE CAUSE (I disease or condition	Final	PNET	JMO!	NIA						1 WEEK		
	resulting in death)			DUE TO (OR AS A CONSEQUENCE OF):									
Z	Sequentially list con-	Hitlane	b										
CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING												
5	CAUSE (Disease or in that initiated events		cDUE TO (OR	AS A CONSE	QUENCE OF):						<u> </u>		
ERTIFI	reaulting in death) L/	LST	d										
L CE	PART II. Other signifi	cant condition	ns contributing to dea	eth but not	resulting in th	e underlylr	g cause given in	Part I. 24	a. WAS AN AUTOPSY	24b. \	WERE AUTOPSY FINDINGS		
MEDICAL	DEM	TENT	(A					1	PERFORMED? YES 2 NO		AWAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?		
Æ										I .	1 TYES 2 K NO		
								_ '(es; Cranial Onl	y			
PHYSICIAN:	25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:		- m	28. P	LACE OF DEATH (C	eck only one)				-	
YSI	1 TYES 2 NO		1 Inpatient 2 ER		DOA 4	Nursing Hor		e 6 ☐ Other (Specify)					
	27. MANNER OF DEATH 1 Natural 5	Pending	(Month, Day, 1		26b. TIME OF	W	JURY AT ORK?	26d, DEŞCR	IBE HOW INJURY OC	CURED			
D BY	2 Accident 3 Suicide	Could not be	28e. PLACE OF IN	" 1 1 1E3 2 NO						or Rural Ro	oute Number,		
H	4 Homicide	determined	building, etc.	. (Specify)				Gity or 1	own, State)				
COMPLE	29a. CERTIFIER (Check only	ERTIFYING PHYS	ICIAN: To the best of my	knowledge, de	eath occurred at	the time, dat	a and place, and due	to the cause(a) and manner as sta	led.			
Š	one) 2 🗌 M	EDICAL EXAMINE	ER: On the basis of axam	ination and/or	investigation, in	my opinion,	death occured at the	time, data an	d placa, and dua to t	ne cause(a)	and manner as stated.		
BE	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Year) D29730 10-1-91 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM'27) (Typos, Print) MICHAEL ANCHORS M. 9711 MEDICAL CENTER DR ROCKULUE MS											•	
٤	30. NAME AND ADDRESS	^ ^	CHORS	M) 9	27) (Type, Prin	DICA	cer	TEN [1º20c	KVIL	20450 LE MA		
	31. DATE FILED (Month, D	my, Your)	32 REGISTRAR'S	SIGNATURE -							- 43		
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		797	Julia Davi	asserta	donor								

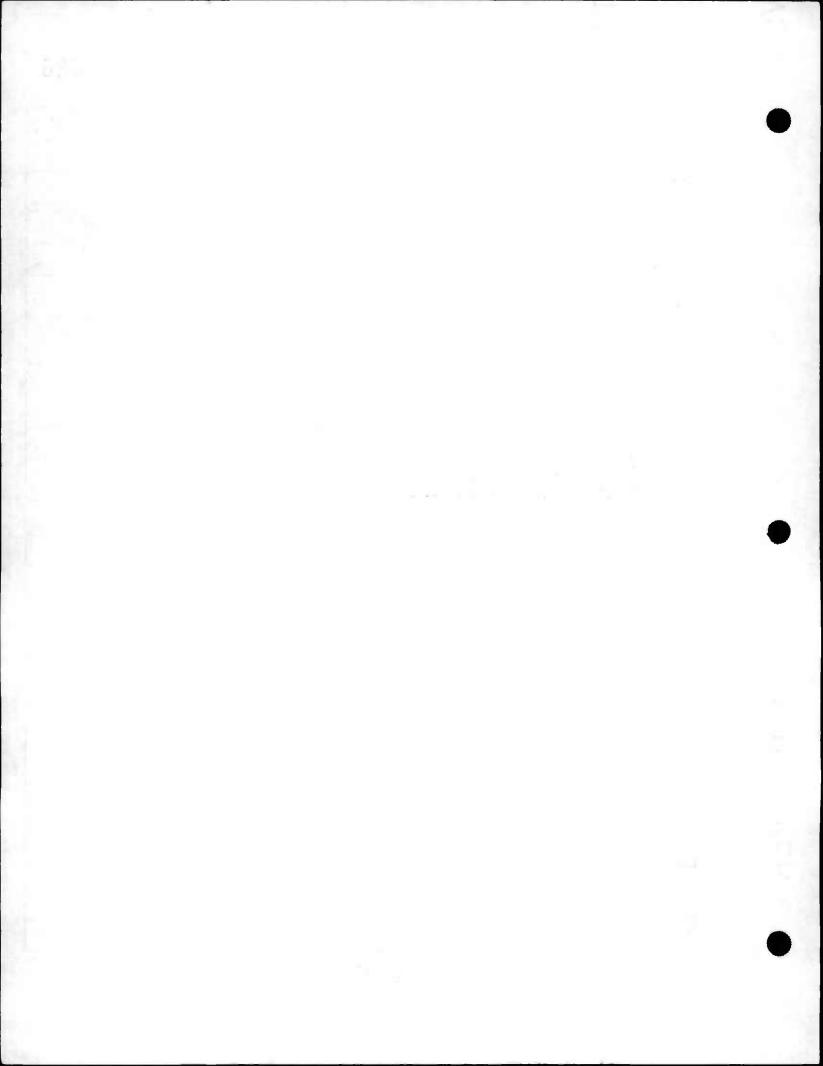
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DIVISION OF VITAL	214141
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	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPAR	TMENT OF	HEALTH AND I	REG. NO		28525				
	1. DECEDENT'S NAME (First, Middle, Lost) 4. SOCIAL SECURITY NUMBER 466025196	1A POF 6. SEX 1 M 2 DF 6	Trs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	2. DATE OF DEATH DO SEPTEM OU 7. DATE OF BIRTH (Month, Day, Year) 8 0 4 4	8. Bit					
DIRECTOR	90. FACILITY NAME (if not institution, give st Western Maryland Cent RESIDENCE OF DECEDENT	ter-1500 PA Ave		Hagersto		EATH	se county o	ton				
1	106. STATE 106. COUNTY TIANY TAND HOWAT 106. STREET AND NUMBER			Y, TOWN OR LOCA			10g. CITIZEN C	10d. INSIGE CITY LIMITS? 1 YES 2 ()() F WHAT COUNTRY?				
BY FUNERAL	10214 Tarpley Co	12. WAS DECEDENT EVER IN U. FORCES? 1 YES IF YES, GIVE WAR OR OATE	2 NO	If yes, s	21042 ECENDENT OF HISPAI specify Cuben, Mexice S 2 NO Specific	NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	6	ACE — American Indian, lack, White, etc.				
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementery/Secondery (0-12)		Give kind of life. Do NOT		nost of working	State o		Y				
TO BE CO	17. FATHER'S NAME (First, Middle, Last) Sardari Lal Bhatio 190. INFORMANT'S NAME (Type/Print) Sabrina Stough	<u> </u>			Shelia t end Number or Rural	AME (First, Middle, Malden Bhatia Route Number, City or Tow licott Cit	vn, State, Zip Code	21042				
	20s, METHOD OF DISPOSITION 1 A Burlel 2 Cremetion 3 Rem 4 Donation 6 Other (Specify) 21, SIGNATURE OF FUNERAL SERVICE LIC	oval from State Gat	LACE OF DISPO	eaven Co	emetery, cremetory or	20c. LC S i 1	ocation - city of	r Town, State				
	22. NAME AND ADDRESS OF FACILITY Fleck Funeral Home, Inc. 7601 Sandy Spring Rd. Laurel M.D. 20707 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such sa cardiac or reapiratory strest, shock, or heart failure. List only one cause on each line. MANIFORM TO REPORT CAUSE (Final)											
			Fails	Failub NSEQUENCE OF:								
CERTIFICATION	A second to the control of											
MEDICAL	PART II. Other significant condition	s contributing to death but	not resulting	in the underly	ing cause given in	Part I. 24a. WAS AI PERFO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	lent 3 🗆 DOA	OTHER:	PLACE OF DEATH (C							
BY	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	26e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY —		M 1	NJURY AT WORK? YES 2 NO	26d. DESCRIBE HOW 281. LOCATION (Street						
O BE COMPLETED	4 Homicide determined 29e. CERTIFIER (Check only 1 CERTIFYING PHYS	building, etc. (Specify ICIAN: To the best of my knowled ER: On the basic of examination of	fge, death occu	rred at the time, d	ate end piece, end du	City or Town, State	enner ee stated.					
TO BE CO	296. SIGNATURE AND TITUE OF CERTIFIE	uncula	m.	10,	29c. LICENSE NU			NEO (Month, Day, Year)				
)	31. OATE FILED (WARNIT), Day, Year)	32. REGISTRAR'S SIGNAT		2.00								

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	notified
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	must
	New 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
етома	dical
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ation.	the
State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	event.
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ealth	20
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bept.	23 8
State C	Item

	FOR STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIEN		
		Mae PRoB	ST		1 -	MAY 9/E	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 216-16-6182 9a. FACILITY NAME (If not institution, give so	1 M 2 F	73 YRS. MOI	UNDER 1 YEAR IF UNDER 24 HRS. ITHS DAYS HOURS MIN. CITY, TOWN OR LOCATION OF	Month, Pay, Hurs	0	IRTHPLACE (State or Foreign ountry) Chester, PA OF DEATH
5	WASH, AD, HOSP	Nsg, Hom	ve !	Takoma P	K	PG	
UNECION	10e. STATE 10b. COUNTY	PE	10c. CITY, TO	own or Location			10d. INSIDE CITY LIMITS? 15 YES 2 NO
	10e. STREET AND NUMBER	-	1 1	101. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
UNERAL	5803 31st Avenue			20782		U.S.A.	
	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 XNO	13. WAS DECENDENT OF HISP If yes, specify Cuban, Max 1 YES 2 NO Spe	ican, Puarto Rican, atc.)	100	RACE — American Indian, Black, White, etc. Specify: White
COMPLEIED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		18a. DECEDENT'S USL (Give kind of work life. Do NOT use re	IAL OCCUPATION done during most of working lired.)	16b, KIND OF BU	JSINESS/INDUSTI	
7	6		Telephon	e Operator	Univer	sity of	Maryland
3	17. FATHER'S NAME (First, Middle, Last)				NAME (First, Middle, Maide	n Sumame)	
2	Richard H. Anderso	n	195. MAILING AD	Minni PRESS (Street and Number or Rur	e Ankeny	wn State Zin Code	
2	Dorothy M. Nensche	1		st Avenue, Hy			
	20s. METHOD OF DUPOSITION 1 Å Burtel 2 ☐ Gremation 3 ☐ Remy	200 State	b. PLACE AND DATE OF	DISPOSITION (Name	DATE 20c. L	OCATION — City	or Town, State
	4 ☐ Donation 5 ☐ Other (Specify)	ENGE	t. Lincoln	Cemetery 1	FACILITY		
	· Mark 19	TSvoka	u.	Francis Gasc 4739 Baltimo	h's Sons Fu		
N	IMMEDIATE CAUSE (Final	a. CARDIAC DUE TO (OR AS A A TABRE S	ARRYTIA CONSEQUENCE OF):	,			Approximate interval Between Onset and Death M/W
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that inlitated events resulting in death) LAST	c	A CONSEQUENCE OF):				
ايُ	PART II. Other aignificant condition	a contributing to death t	but not resulting in t	he underlying cause given		N AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDIC.	CNF CVA DM				1 [] YES	V226	COMPLETION OF CAUSE OF DEATH? 1 YES 2 J.NÓ
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF DEATH	(Check only one)		
PHTSICIAN:	YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Out	patient 3 DOA 4	THER: Nursing Home 5 - Resident	ce 6 Other (Specify)		
10	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME O	F 28c. INJURY AT WORK? M 1 YES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCURE	ED .
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spe	Y — Al home, farm, streedly)	ot, factory, office	28f. LOCATION (Stree City or Town, Stat		tural Route Number,
COMPLETED	onel only			t the time, data and place, and on my opinion, death occured at			use(a) and manner as stated,
O BE C	29b. SIGNATURE AND TITLE OF CERTIFIED	Lacking	mo Dept	Med 29c. LICENSE D 19	NUMBER	29d. DATE SK	GNED (Month, Day, Year)
	R. F. LARKIN		e LAUREL	BE45 Ville	5 Hosp	E.D.	,
	OCT 0 4 91	32. REGISTRAR'S SIGN	NATURE				
	0		1	-)			DHMH-16 Rev 1/8

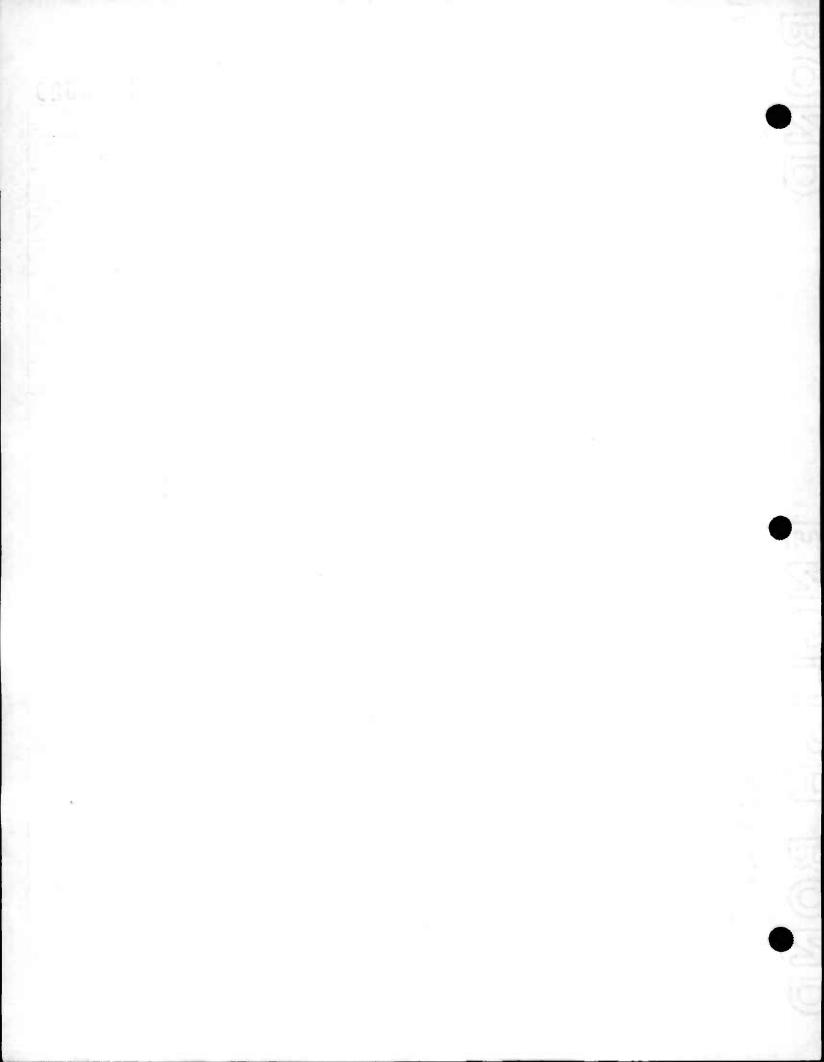


	1 - STATE REGISTRAR		CERTIF	ICATE OF	HEALTH AND F DEATH	MENTAL HYGIEI REG. NO		
	Patricia	J.	Pu	Hnz		2. DATE OF DEATH MONTH	. 199	3. TIME OF DEATH 1 6:50 A M
	4. SOCIAL SECURITY NUMBER 236-28-2319	5. SEX 8. AG	E (In yrs. lest birthday) VRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year)		. BIRTHPLACE (State or Foreign Country)
	90. FACILITY NAME (If not inatitution, give	street and number)	88 YRS.	9b. CITY, TOWN	OR LOCATION OF		1903 9c. COUNT	W. VA.
ECTOR	HOLY CROSS I	HOSPITAL		SILV	ER SPRI	NG	MON	TGOMERY
E S	10e. STATE 10b. COUN		10c. CIT	Y, TOWN OR LOCA	ATION			10d. INSIDE CITY
L DIR	MD. MON	TGOMERY			SPRING	7		1X YES 2 NO
ERA		WEST HWY		11	of. ZIP CODE		1.1	N OF WHAT COUNTRY?
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YE	IN U.S. ARMED	13. WAS DE	20910 ECENDENT OF HISPA	NIC ORIGIN? (Specify Ye	0 Or No - 14	S.A. BACE — American Indian,
ВУГ	1 Never Merried 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES		S 2X NO Specific	en, Puerto Ricen, etc.) lly:		Black, White, etc. Specify:
ETED	15. DECEDENT'S EC (Specify only highest gra			USUAL OCCUPAT		18b. KIND OF BU	JSINESS/INDUS	WHI TE
LET	Elementery/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	en accord	nost of working			
COMPL	17. FATNER'S NAME (First, Middle, Last)		NUR	SE	10 MOTHER ON	AME (First, Middle, Malder	NURSI	NG
BE C		NWOM			IO. MOTHER S N	UNKNOWN	i Sumame)	
TO B	19e. INFORMANT'S NAME (Type/Print)					Route Number, City or Tox	vn, Stete, Zip Co	ode)
	MARY BAIN 200. METHOD OF DISPOSITION		2615		RIDGE			, MD.20902
	1 Burlal 2 Cremation 3 Ra 4 Donetion 5 Other (Specify)	moval from State	Ob. PLACE AND DATE emetery, cremetory or c	ther place!				y or Town, State RDALE, MD.
	21. SIGNATURE OF FUNERAL SERVICE I	ICENSEE	<u></u>		AND ADDRESS OF F	ACILITY		SPRING, MD.
= 1	21216	Kambersa	M0009	1 W. W	. CHAMB	ERS CO.	INC.	20910
	23. PART i. Enter the diseases, or shock, or heart feliure IMMEDIATE CAUSE (Finei disease or condition resulting in death)	SEPT	eech line.	CK			olratory srres	Approximate interval Between Ong And Piets 24 MAS
CERTIFICATION	Sequentielly list conditions, if any, leeding to immediate ceuse. Entar UNDERLYING CAUSE (Disease or Injury thet initiated events resulting in deeth) LAST	c	A CONSEQUENCE OF	F):	lis		24 hrs	
SICAL (PART II. Other significant condition	ons contributing to death	but not resulting	In the underlylr	ng ceuse given in	PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE
ME						1 YES :	ZNO	DF DEATN? 1 YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	PLACE OF DEATH (C)	neck only one)		
PHYS	1 VES NO	HOSPITAL: 1 Inpetient 2 ER/Ou 28e. DATE OF INJURY		4 - Nursing Nor		8 Other (Specify)		
ВУ Р	1 Netural 5 Pending	(Month, Day, Year)	IN.J	URY W	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUR	RED
	2 Accident Investigation 3 Suicide 8 Could not be determined	28e PLACE OF IN HIS	RY — Al home, term, secify)			281. LOCATION (Street City or Town, State	end Number or	Rural Route Number,
COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PNY:	SICIAN: To the best of my kno	wiedge, death occurr	ed at the time, date	e end place, end due	o to the cause(s) end me	nner as stated.	euse(s) end manner ee stated.
CO =	296 SIGNATURE AND TITLE OF CERTIFIE			n, m ny opinion, t	29c, LICENSE NU			euse(s) end manner ee stated. IGNED (Month, Day, Year)
TO BE	Arenh	MA			034	1032	▶ 10	1/91
-	// JEANNE	P. ASHER	3720	FARRI	AGUT	AVE KE	NSIN	GTON MD 2089
	OCT 03 91	P2. REGISTRAR'S SIG	Handall.					

1 - STATE REGISTRAR		STATE OF MA					EALTH A			IYGIENE REG. NO.	9	1	2852		
1. OECEOENT'S NAME (First	ALT HUNDERS	PARIS					36	2	DATE OF	DEATH 30°	91	EAR	ME OF OEATH		
4. SOCIAL SECURITY NUMBER	BER 5	S. SEX 6	S. AGE (In yrs. las		IF UNDER 1	-	IF UNDER 24	HRS. 7	7. DATE OF (Month, D	BIRTH sv, Year)	8.		E (State or Forei		
413-26-29	714	□ M 2 💢 F	76	YRS.					JULY	8,1	915	TE			
9a. FACILITY NAME (# not in			osnita	1	9b. CITY,		LOCATION LEY	OF DEAT	'H		MOn	tgor			
RESIDENCE OF DEC	CEDENT	erar in	JSPICA	-											
Montgome RESIDENCE OF DEC	10b. COUNTY	OMERY			Y, TOWN OF			ATC.					INSIDE CITY		
10e. STREET AND NUMBER		OMERY		1	2TPA	¥	SPRII	NG			10g. CITIZEN		YES 2 N		
10s. STREET AND NUMBER 13110 11. MARITAL STATUS	HOLDRI	DGE RD	_					2090	06		υ	.s.2	١.		
11. MARITAL STATUS 1 Never Married 2 🔀 3 Widowed 4 Divo	Married	2. WAS DECEDENT I FORCES? 1 [IF YES, GIVE WAF	YES 2 N	RMEO NO	16	yes, spec	NDENT OF I	Mexican,			or No 14.	Black, Wit Specify:	merican Indian Ita, etc.		
Manaki an	CEDENT'S EDUCAT		(G	live kind of	USUAL OC	CUPATION uring most	N t of working		18b. KI	ND OF BUS	INESS/INDUS				
Elementary/Secondary (0-12)	College (1-4 or 5+)	25,40	DO NOT U		7 TO				70.000	1101				
17. FATHER'S NAME (First, A	Aiddle, Last)	4		HOUS	SEWII	: E	16. MOTHER	R'S NAME	E (First, Midd	AT	HOM Sumama)	lEi			
CHESSLE	Y TIM	OTHY C	CRUZE					LINN		CARO		RUI	E		
19a, INFORMANT'S NAME (Type/Print)		19	b, MAILING	ADDRESS	(Street an	d Number or	Rural Ros			, State, Zip Co				
DEMETRI					AME	AS	ITE	EM	#10						
20a. METHOD OF DISPOSIT 1	ion on 3 🗆 Removi	il from State	of cemetary.				(Name		10/3	20c. LOC	CATION — City	er Town,			
Sequentially list conditions of the cause. Enter UNDERLY CAUSE (Disease or Injusted events resulting in death) LAS	ring c.	OR AS A CONSE	FIVE HEART FAILURE & ARRHYTHM DISSEOUENCE OF: CARDIOMYOPATHY ARTERIOSCLERO DISSEOUENCE OF: DISSEOUENCE OF:						EROS	IS None					
PART II. Other significance of Componessian Partimose	PART II. Other significent conditions contributing to death but of landwish and CVA, Compression Freezences Canal						not resulting in the underlying couse given in or leo por or is once ous to. Pulsa Disa					PERFORMED? 1 YES 230 NO AMALABLE COMPLETE OF DEATH! 1 YES			
25. WAS CASE REFERRED TEXAMINER? 1 1 YES 2 TO NO	1	HOSPITAL:	ED/Outpation 1	4 🗆 DO4	OTHER	1:	ACE OF DEA								
27. MANNER OF OEATH					4 Num	ing nome	5 🗆 Rosk	_		феспу)					
	1 Netural 5 Pending Investigation 2 Accident S Could not be S Could not be S Could not be INJURY At home, farm, street, factory,								zea. DESCr	IBE HOW II	NJURY OCCUP	RED			
2 Accident 3 Suicide 8	Investigation	28s. PLACE OF	(, Year)	IN	JURY		RK? ES 2 🗌	NO	28f, LOCATI		NJURY OCCUP		Number,		
AM 2 Accident 3 Suicide 8 Homicide 4 Homicide 29a. CERTIFIER (Check only one) 2 Met 29b. SIGNATURE AND TITL	Investigation Could not be determined ATTIFYING PHYSICIA DICAL EXAMINER:	28a. PLACE OF building, et	(v, Year) INJURY — At he te. (Specify) my knowledge, desimination and/or	ome, farm,	Street, factored at the ti	Wolf 1 V	RK? ES 2	NO	28f. LOCATI City or the cause me, data an	ON (Street a Town, State)	and Number or ther as stated. d dus to the c	Rural Route			
2 Accident 3 Suicide 8 4 Homicide 29a. CERTIFIER (Check only one) 2 MEE	Investigation Could not be determined ATTIFYING PHYSICIA DICAL EXAMINER:	(Month, Day, 28a. PLACE OF building, et	injury — At he (Specify) my knowledge, de amination and/or E STOTY (ITE	in in investigation of the second of the sec	Street, factored at the ti	Wolf 1 V	and place, a	no ind dua to dat the the services NUMBER NUMBER SERVICES	28f. LOCATI City or the cause me, data an	ON (Street a flown, State)	and Number or sener as stated. d due to the c	Rural Route	I manner aa at		

Ţ NAME OF THE OWNER OWNER OF THE OWNER OWN

	On a times.	EDT WY	D A VINTER				2. OO					
4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	0.1991	3:00 BIRTHPLACE (State or Fo					
578-03-2717	1 X 3,M 2 □ F	96 YRS.	MONTHS DAYS	HOURS MIN.	July 7,18		Country) Virginia					
9a. FACILITY NAME (If not institution, give s	street and number)		96. CITY, TOWN	OR LOCATION OF D			Y OF DEATH					
TARA RETIREMEN	NT CENTER		DAIS	Y		HO	WARD					
TARA RETIREMEN RESIDENCE OF DECEDENT 100. STATE 100. COUNTY	Y	10c. CI	TY, TOWN OR LOC	ATION			10d. INSIDE CITY					
<u> </u>			WASHI	NGTON, D	.C.		1 K YES 2					
100. STREET AND NUMBER				IOF. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?					
T 100. STREET AND NUMBER 1350 NICHOLSON S 11. MARITAL STATUS 1 Never Married 2 Married				20011			U.S.A.					
3 XWidowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 Y YES IF YES, GIVE WAR OR D	2 NO	If yes,		NIC ORIGIN? (Specify an, Puerto Rican, atc.)	Yea or No- 14	RACE — American India Black, White, atc. Specify: White					
15. DECEDENT'S EDU (Specify only highest grade	CATION s completed) College (1-4 or 5+)					Packing						
17. FATHER'S NAME (First, Middle, Last) WILLIAM FRANCIS	PAYNE			10000	AME (First, Middle, Maid A VIRGINIA	en Surneme)						
194 INFORMANT'S NAME (Topo/Print)		19b. MAILIN	G ADDRESS (Street		Route Number, City or 1							
Mary Louise Wall					mascus, MI							
20e. METHOD OF DISPOSITION Disposition 3 Grammation 3 Gr	noval from State	b. PLACE AND DA f cemetary, cremator	ry or other place)				y or Town, State					
4 ☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
michael	Joseph Gawler's Sons, Inc. N.W. 5130 Wisconsin Ave., Wash. D.C. 20016 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or reepiratory arreat, shock, or heart failure. List only one cause on each line. Approximate interval Betw.											
disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c	A CONSEQUENCE		Cerci								
resulting in death) LAST						PERFORMED? AMAILA COMPI OF DE						
PART II. Other eignificant condition	ns contributing to death	but not resulting	In the underly	ing cause given i	PERF	ORMED?	AVAILABLE PRIOF COMPLETION OF OF DEATH?					
PART II. Other eignificant condition		but not resulting	28.	Ing cause given in	PERF	ORMED?	24b. WERE AUTOPSY F AMAILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2					
PART II. Other eignificant condition	HOSPITAL: 1 inpatient 2 ER/Ou	tpetient 3 □ DOA	28. OTHER: 4 Nursing H	PLACE OF DEATH (C	PERF 1 YES	FORMED?	AMALABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2					
PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Yes 2 No 27. MANNER OF DEATH 1. Natural 5 Pending	HOSPITAL:	tpertient 3 DOA	OTHER: 4 Nursing H	PLACE OF DEATH (Come 5 Reeldence	PERF 1 YES	FORMED?	AMALABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2					
PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be determined	HOSPITAL: 1 Inpatient 2 ER/Ou 28e. DATE OF INJURY (Month, Day, Year)	tpetient 3 DOA 28b. Ti	26. OTHER: 45 Nursing H ME OF 28c. NURY M 1	PLACE OF DEATH (Come 5 Residence NJURY AT WORK7 YES 2 NO	PERF 1 YES theck only one) 8 Other (Specify) 28d. DESCRIBE HOT	PORMED? 2 X NO W INJURY OCCU	AMALABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2					
PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be determined	HOSPITAL: 1 Inpatient 2 ER/Ou 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJUR	tipertient 3 DOA 28b. Ti it 1Y — At home, farm wiedge, death occu	OTHER: 4 Nursing H ME OF JURY M 1 [, street, factory, of	PLACE OF DEATH (Come 5 Reeldence NJURY AT WORK? YES 2 NO Tice	PERF 1 YES theck only one) 8 Other (Specify) 28d, DESCRIBE HO 28f, LOCATION (Streetly or Town, Streetly or Town, Str	W INJURY OCCU	AMALABLE PRIOR COMPLETION OF COMPLETION OF OF DEATH? 1 YES 2					
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PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINI 29b. SIGNATURE AND TITLE OF CERTIFIER	HOSPITAL: 1 Inpatient 2 ER/Ou 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJUR building, etc. (Sp BICIAN: To the best of my kno ER: On the basic of examinations ER HO COMPLETED CAUSE OF D	tpertient 3 DOA 28b. Til RY — At home, farm ecily) wiedge, death occu ton end/or investigat	28. 4 Nursing H ME OF NJURY M 1 [, street, factory, of the time, d tion, in my opinior	PLACE OF DEATH (Come 5 Residence NUMBY AT WORK? YES 2 NO These sets and place, and due, death occured at the 29c. LICENSE NO	PERF 1 YES theck only one) 8 Other (Specify) 28d. DESCRIBE HOTH 28f. LOCATION (Sire City or Town, Steets to the cause(e) end is the time, date end place,	W INJURY OCCU et end Number or tel) manner as stated and due to the	AMALABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2 RED RED RED Aural Route Number, cause(e) end manner ee					

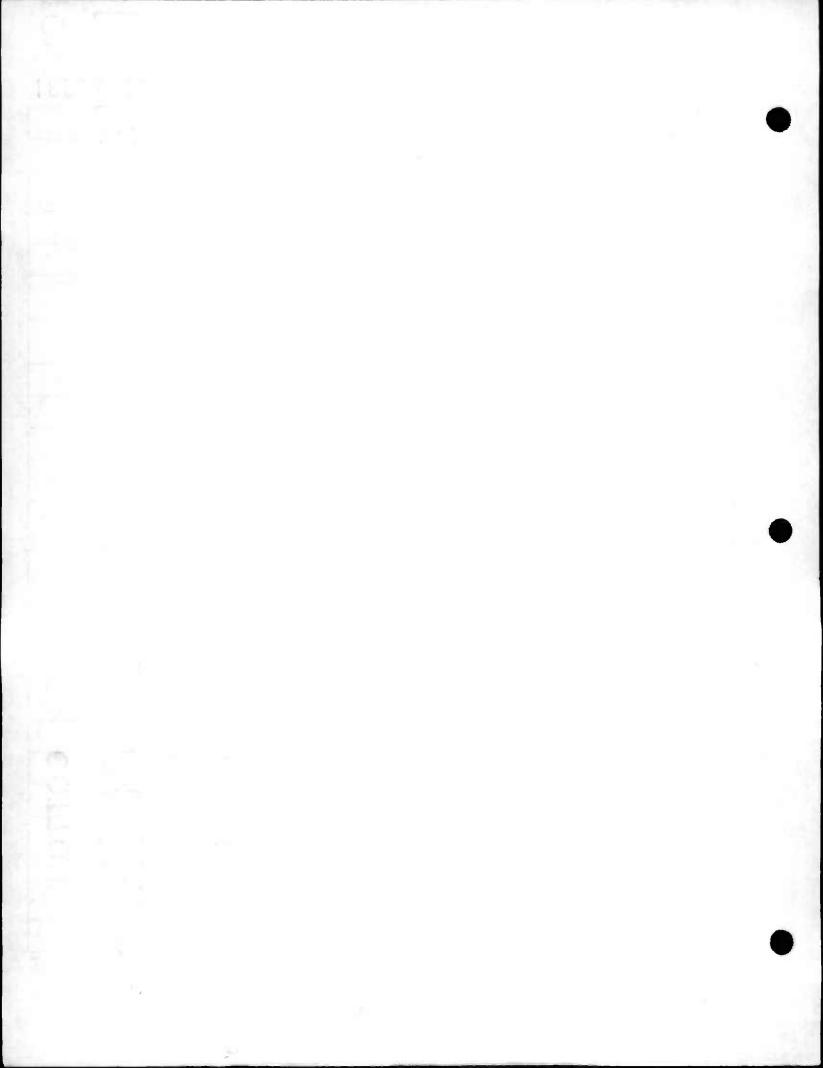


OCT 07 *91

	1. DECEDENT'S NAME (First, Middle, Las	et)	CERTIFI	CATE OF	DEATH	2. DATE OF	REG. NO.	91	3. TIME OF DEATN		
1	Esther F.	Perry				OCT.	1,0AY	1991	5:38 P		
	4. SOCIAL SECURITY NUMBER 213-88-8623	1 □ M 2 12 1	76 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, L June	Pay, Year)	Cour	NPLACE (State or Foreign		
TOR	90. FACILITY NAME (If not institution, gived Doctor's Hospit			Lanha	OR LOCATION OF	DEATH		Prince	e Georges		
DIRECTO	10e. STATE 10b. COUN	ince Georges	1 23 4 1	TOWN OR LOCAT	TION			_	10d. INSIDE CITY LIMITS? 1XXYES 2 NO		
RAL	100. STREET AND NUMBER	D3		101	. ZIP CODE		10g.		WHAT COUNTRY?		
FUNER	7 G Crescent	12. WAS DECEDENT EVI	ER IN U.S. ARMED	13. WAS DEC	20770 ENDENT OF HISP	ANIC OBIGINS	Specify Vec or No	-	ted States		
B	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES, GIVE WAR O	ES 2-140	It yee, sp	ecify Cuben, Mexic 2 COO Spec	can, Puerto Alc	en, etc.)		CE — American Indien, ck, White, etc. city:		
LETED	15. DECEDENT'S EL (Specify only highest gra Elementary/Secondary (0-12)			ork done during mo retired.)	ON ist of working	16b. Ki	ND OF BUSINESS	INDUSTRY	111111111111111111111111111111111111111		
12 years 17. FATHER'S NAME (First, Middle, Lest) HOrace Kent Ful 19. INFORMANT'S NAME (Type/Print) Olden Dumont Per			Homemak	er							
		ler					me, Meiden Sumer ret Banl				
TO B	19e. INFORMANT'S NAME (Type/Print)	**	19b. MAILING A	ADDRESS (Street e	and Number or Rura						
T ag	Olden Dumont Per			same as	#10						
	20a_METHOD OF DISPOSITION 21_ABuriel 2 Cremation 3 Re	moval from State	20b. PLACE AND DATE OF cometery, cremetory or other	DISPOSITION (Na	ome of	DATE	20c. LOCATION	City or T	own, State		
E 40	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Donald V. Borrowardt Flineral Home P. A. 23. NAME AND ADDRESS OF FACILITY Donald V. Borrowardt Flineral Home P. A.										
No.	Donald V. Borgwardt Funeral Home, P.A. 4400 Powder Mill Rd. Beltsville, Md. 2070										
	IMMEDIATE CAUSE (Finsi disease or condition	A cut	n esch line.	ot enter the mo	de of dying, au	ch ae cerdise	or respiratory	erreet,	Approximate intervel Between		
RTIFICATION	IMMEDIATE CAUSE (Finsi	a. Acute DUE TO (OR A DUE TO (OR A	AS A CONSEQUENCE OF:	hocy to	de of dying, au	ch ae cerdise	or respiratory	erreet,			
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Acute DUE TO (OR A DUE TO (OR A C. DUE TO (OR A d.	AS A CONSEQUENCE OF:	hozy to	de of dying, au	ch ae cerdise	cor respiratory	errest,	Approximate intervel Betwee Onset and Des Dx 125/8		
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BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditione, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions are sufficient conditions. In the conditions of the conditi	a. ACUTA DUE TO (OR A DUE TO (OR A C. DUE TO (OR A d. D	AS A CONSEQUENCE OF: AS A CONSEQUENCE OF:	the underlying 26. PL THER: Nursing Norm OF RY M at the time, date In my opinion, de	de of dying, au C L C C C C C C C C C C C C C C C C C	n Part I. 24 heck only one) S Other (S) 28d. DESCRI 28t. LOCATIC City or R a to the cause(e time, date enc	e. WAS AN AUTOPPERFORMED? YES 22 NO Decrity) BE HOW INJURY ON (Street and Num own, Stele)	SY 246 OCCURED ober or Rural attated.	Approximate intervel Betwee Onset and Des On		
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31. DATE FILEO (Month, Del, Year)
OCT 02 '91

		erry				09-	129-8	3. TIME OF DEATH				
1	4. SOCIAL SECURITY NUMBER 116-05-8402	5. SEX	6. AGE (In yrs. last bythday)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or For				
1	9a. FACILITY NAME (If not institution, giv	e street and number)		9b. CITY, TOWN	OR LOCATION OF E	IMARCH 29.	9c. COUNTY					
Ton	WASHINGTON ADVEN	TIST HOSP	ITAL	TAKO	MA PARK		MON	TGOMERY				
DIRECTOR	10a. STATE 10b. COU	NTY	10c. CI	ITY, TOWN OR LOCA	TION			10d. INSIDE CITY				
	MARYLAND MON	TGOMERY		ROCKV	ILLE M. ZIP CODE			1 TES 2				
ERAL	13305 KEATING ST	יים בי בי			2085	2	US.	N OF WHAT COUNTRY?				
BY FUNER	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDEN	T EVER IN U.S. ARMEO YES 2 NO WAR OR DATES	If yes, s	CENOENT OF HISPA	ANIC ORIGIN? (Specify Yearn, Puerto Ricer, etc.)	na or No— 14	I. RACE — American India Black, Whita, etc. Specify: WHTTF				
0	15. DECEDENT'S E (Specify only highest gr	DUCATION ade completed)	16a. DECEDENT	'S USUAL OCCUPAT	ION	16b. KIND OF BU						
LET	Elementary/Secondary (0-12)	College (1-4 or 5	·) Ife. Do NOT	use retired.)	or or or order							
COMPL	12 17. FATHER'S NAME (First, Middle, Last)		HO	MEMAKER	16. MOTHER'S N	IAME (First, Middle, Malde,	n Sumame)					
TO BE	RALPH CIMINO					NIA MARASC						
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	O ADDRESS (Street	and Number or Rura	I Route Number, City or To	wn, State, Zip Co	ode)				
	D. MICHAEL PERRY			5 KEATIN				LAND 20853				
	20b. PLACE AND DATE OF DISPOSITION (Name of cometary, crematory of other place) 20b. PLACE AND DATE OF DISPOSITION (Name of cometary, crematory of other place) 20c. LOCATION — City of Town, Stefa of cometary, crematory of other place) CATE OF HEAVEN CEMETERY 10/03 SILVER SPRING, MARYLA 21. SIGNATURE OF FUNERAL BETWICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
	23. PART I. Enter the disease's shock, or heart failur IMMEDIATE CAUSE (Final disease or condition resulting in death)	RAL HO	SIL.SPR.,MD.20901 atory srrest, Approximate Interval Betwoonset and De 30 Milli									
TIFICATION		Proh	able S	epsis	5	C ()		491				
RTIF	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	. Pug	OR AS A CONSEQUENCE	ulmor	nary (Cembali	SM	30 n				
MEDICAL CERTIFIC	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events	c. PUS DUE TO	OR AS A CONSEQUENCE	OF):	/	in Part I. 24a. WAS A PERFC	N AUTOPSY ORMED? 2 21 NO	AMAILABLE PRIOR COMPLETION OF O DF DEATH?				
AN: MEDICAL CERTIFIC	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	c. PUS DUE TO d. lone contributing to Pus HOSPITAL:	OR AS A CONSEQUENCE	g In the underlying Contract of the Contract o	ng ceuse given i	PERFC	ORMED?	AVAILABLE PRIOR COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETE COM				
IYSICIAN: MEDICAL CERTIFIC	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other significant condit White conditions are conditionally co	DUE TO d. lons contributing to Para HOSPITAL: 1 Dinpattent 2 (Month, E	death but not resulting GER/Outpatient 3 DOA INJURY 28b. Till I	g in the underlying the state of the state o	PLACE OF DEATH (Come 5 Residence (JURY AT ORK?)	PERF(1 YES Check only one) e 6 Other (Specify) 28d. DESCRIBE HOW	PRIMED? 2 1 NO 1 NO 1 NJURY OCCU	AMAILABLE PRIOR COMPLETION OF (OP DEATH) 1 YES 2				
ETED BY PHYSICIAN: MEDICAL CERTIFIC	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condit	DUE TO d. lons contributing to Para HOSPITAL: 1 Dinpatient 2 (Month, E on 26s. PLACE of building,	death but not resulting	g in the underlying the state of the state o	PLACE OF DEATH (Come 5 Residence (JURY AT ORK?)	PERFC 1 YES Check only one) 6 Cother (Specify)	PRIMED? 2 12 NO 7 INJURY OCCU	1 YES 2 I				
D BY PHYSICIAN: MEDICAL CERTIFIC	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the condition of the condition of the condition of the condition of the condition of the cause of	DUE TO d. Ions contributing to Paul HOSPITAL: 1 Dinputent 2 26a. DATE Of (Month), E be 26a. PLACE of building, I	(OR AS A CONSEQUENCE death but not resulting SUMMA ER/Outpatient 3 DOA INJURY 26b. Till OF INJURY At home, farm	g In the underlying 26,1 OTHER: 4 Nursing Ho IME OF NJURY M 1 1	PLACE OF DEATH (Come 5 Grasidence Inc.) TORKY YES 2 NO lice	PERFC 1 YES Check only one) 6 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Stree-City or Rown, State) us to the cause(s) and m	PRIMED? 2 1 NO 1 NJURY OCCU At and Number or	AMALABLE PRIOR COMPLETION OF DE DEATH? 1 YES 2				

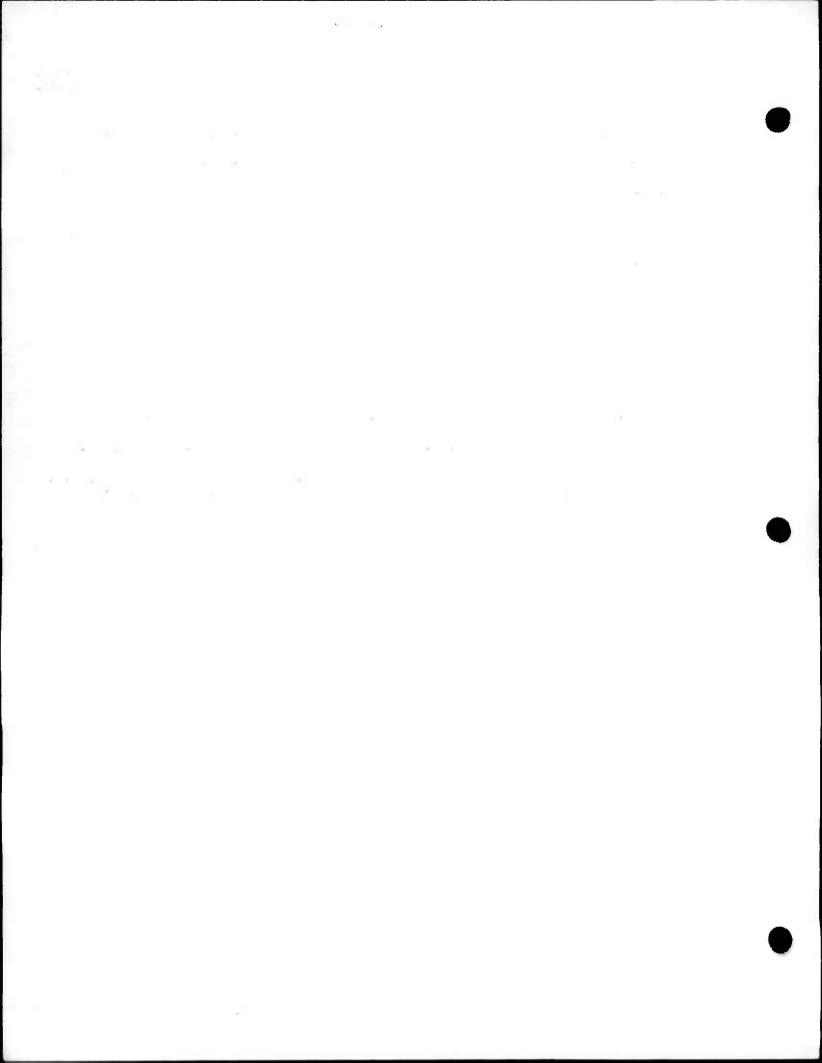


40, BALLIMORE, MARTLAND ZIZUS-3140	ed within 24-mours after death. Page 6 may be retained by the hospital or attending physician.	ompletely filled in by the funeral director, page 5 should be detached for use as the burial-transit p. I, cremation, or removal.	event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOA 13146,	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. I be filled within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

												0.1	00000
	1 - FOR STATE REGISTRAR		STATE OF N					EALTH DEAT		MENTAL HYGIEN REG. NO.		91	28532
	1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE OF DEATH	6	1466	3. TIME OF DEATH
	NORMA (nmn)	ROWETT							oct. 1,19	91	YEAR	9:00 PM M
	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. last	t hirthday)	IF UNGER	1 VEAD	IF UNDER	24 HDS	7. OATE OF BIRTH	71.	A BIRTI	HPLACE (State or Foreign
	100		1 M 2 TF	68	YRS.	MONTHS	DAYS	HOURS	MIN.	Aug. 27,1	022	Count	ry)
	1140-16-219	, ,		00	THS.						923	Con	necticut
3	9a. FACILITY NAME (If not ins							R LOCATIO	ON OF DE	ATH		UNTY OF D	
8	3907 E. Bak	er Ave	nue			Ab:	ingd	on			Ha	rfor	d
5	RESIDENCE OF DEC	EDENT											
#	10a. STATE	10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	ION					10d. INSIDE CITY LIMITS?
6	Maryland	Har	ford		Ab	ingdo	on						1 YES 2 NO
-	10e. STREET AND NUMBER							ZIP CODE			10a. CI	TIZEN OF	WHAT COUNTRY?
FUNERAL DIRECTOR	3907 E. Bak	er Ave	nue					21009	9			JSA	
3	11. MARITAL STATUS			T EVER IN U.S. ARI						IIC ORIGIN? (Specify Yes	or No-	14. RAC	E - American Indian, ck, White, etc.
	1 Never Married 2 3		FORCES? 1	YES 2 N	Ю			ecify Cubar 212 NO		n, Puerto Ricen, etc.)		Spec	
BY	3 Widowed 4 Divon	ced	100, 0.110 1	THE OWNER OF THE OWNER				I JO NO	opacing	,·		Whi	
Ω	15, OECE	DENT'S EDUCA	ATION	16a, OE	CEDENT'S	USUAL O	CCUPATIO	ON		16b, KIND OF BU	SINESS/II		
E		highest grade o		(GI	ive kind of			st of workin	g	.1301.33126 -0.00.0			
ž	Elementary/Secondary (0- 12	12)	College (1-4 or 5	.)	cret					Adve	rtis	sing	
Z													
COMPLETED	17. FATHER'S NAME (First, Mic John (nm							ME (First, Middle, Malden					
BE	OOTHI (IIIII				R	ose	Fuc	TI					
	19e. INFORMANT'S NAME (Ty	. MAILING	ADDRES	S (Street a	nd Number	or Rural i	Route Number, City or Tow	n, State, 2	Zio Code)				
임	Harry R. R						e, Abingdo			1009			
	20a. METHOO OF OISPOSITIO												
	1 - Buriel 2 Cremetion	n 3 🗆 Remov	ral from State	Rother A								- City or T	
	4 Donation 5 Other	•			• 1.6						. u	ieste	r, Pa.
	21. SIGNATURE OF FUNERAL	SERVICE LICE	NSEE					ID ADDRES				-	
	2000	0 6	1/1 . 1.		11	7	HOWA	rd K	. MC	Comas III	Fune	eral	Home, P.A.
	100000	X- 66	100	Mas	Howard K. McComas III Fur 1317 Cokesbury Road, ABir death. Do not enter the mode of dying, such as cerdiec or respiratory								Ma. 21009
	23. PART I. Enter the dis	seasss, or co	emplications the	t caused the deuse on aech lina	eth. Do	not entai	r tha mo	de of dyl	ing, suc	h ss cerdlec or resp	Intarval Between		
	IMMEDIATE CAUSE (Fine		iat only one cat	ise on gech lina	l.		1.					4	Onset and Death
	disease or condition	uii	MET	M574.	TIC		BL	MAS	1	CANO	FI	7	144R
	resulting in desth)	•	DUE TO	OR AS A CONSEC						0)110	<i>~</i>		1-11-
			502.10	(On AS A CONSEC	DOENCE C	,, ,.							,
질	Sequentially list condition	one b											
Ĕ	If sny, leeding to immed	llata	DUE TO	(OR AS A CONSEC	DUENCE C	PF):							
CERTIFICATION	Cause. Enter UNDERLYII CAUSE (Disease or Injur												
드	that initiated events	"	DUE TO	(OR AS A CONSEC	DUENCE C	F):							
듄	resulting in death) LAST	T .											
ᄬ		-										116410	
ابا	PART II. Other significes	nt conditions	contributing to	deeth but not r	resulting	In the u	nderlyln	g cause g	given in	Part I. 24s. WAS AN		Y 34	b. WERE AUTOPSY FINDINGS
EDICAL										PERFO 1 YES	. /		AVAILABLE PRIOR TO COMPLETION OF CAUSE
유										' ' ' '	M. HO	- 1	OF DEATH?
Ξ										— 1			1 YES 2 NO
Ϊż													
SICIAN	25. WAS CASE REFERRED TO							ACE OF D	EATH	neck only one)			
<u> </u>	EXAMINER?		HOSPITAL:	ER/Outpetient 3	. □ DOA	OTHE	R:	. s 16	addanca	8 Other (Specify)			
≿	27. MANNER OF DEATH		28a, DATE OF		28b. TII	1		URY AT	PRICEITCE	28d. DESCRIBE HOW	IN HIRV C	VCC118ED	
PHY	1/	Pending	(Month, L			JURY	WC	PRK?	_	200. DESCRIBE HOW	MJUNT	ACONED.	
B		Investigation						YES 2	NO				
ED		Could not be	28a, PLACE (building	OF INJURY — At he atc. (Specify)	me, farm,	atreet, fac	tory, offic	•		28f. LOCATION (Street City or Town, State	and Numb	ber or Rural	Route Number,
	4 Homicide	datermined											
"	29a. CERTIFIER	TEVINO BUTTO	IAM. To the	Lance Inches of the Control	est.				2000		Line Co.	SUP-	<u> </u>
COMPLET	(Check only									a to the cause(a) and me			
0	2 MEOI	CAL EXAMINER	: On the basis of e	nation and/or	investigati	ion, in my	opinion, c	leath occur	red at the	time, data and place, a	nd due to	the cause	(a) and manner as stated.
u l	196. SIGNATURE AND TITLE	OF CERTIFIER	A	X .A	2			29c. LICI	ENSE NU	MBER	29d. D	ATE SIGNE	D/(Month, Day, Year)
9	111	7/10	Va	YU	1			T	121	771	•	10	12/91
12	30. NAME AND ADDRESS OF	S DEBSON WHO	COMP ETEC CAL	SE OF DEATH "TO	1 19 E-	n Delecti 4	RA		21	AN	<u> </u>	/ -/	-//

32. REGISTRAR'S SIGNATURE Fundall

mi)



BALTIMORE, MARYLAND 21215-0020

31. DATE FILED (Month, Day, Year)
OCT 02 '91

Chih

Jui

MU

32 REGISTRAR'S SIGNATURE. Guha Davidson-Randale

223

West

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

HSU

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - SIAIE	STATE OF MARYLAND		OF HEALTH AND			1 28533		
	1. DECEDENT'S NAME (First, Middle, Lest)	Henry	Ri	P.V	2. DATE OF DEATH MONTH		ar /4/0 M		
)	233-07-6359	SEX 6. AGE (In yrs. la	YRS. MONTHS	2 1 YEAR OF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Sept. 3,1	908 No	Country) Orth Carolina		
TOR	9a. FACILITY NAME (If not institution, give street Union Hospital of (RESIDENCE OF DECEDENT	EATH	9c. COUNTY OF DEATH Cecil						
DIRECTOR	Maryland (Cecil	10d. INSIDE CITY LIMITS? 1 ☐ YES 2XX NO						
FUNERAL	63 Tulip Poplar La			101. ZIP CODE 215	918		OF WHAT COUNTRY?		
B	11. MARITAL STATUS 1 Never Married 2 Married XXX Widowed 4 Divorced	. WAS DECEDENT EVER IN U.S. AI FORCES? 1 TYES 2 THE YES, GIVE WAR OR DATES	NO	WAS DECENDENT OF HISPAI If yes, specify Cuban, Maxics 1 ☐ YES 2 ☐ NO Specif	in, Puarto Rican, atc.)	na or No 14.	RACE — American Indian, Black, Whita, atc. Specify: White		
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade com Elamentary/Secondary (0-12) Six Years	college (1-4 or 5+)	e. Do NOT use retired.)	during most of working	16b. KIND OF BU	siness/indust	RY		
BE CON	17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) John Henry Riley Elizabeth Cravin								
2	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Thomas A. Riley, Sr. 63 Tulip Poplar Lane, Conowingo, MD 21918								
	20a. METHOD OF DISPOSITION W Burial 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	from State of cemetar	e and date of dist y, crematory or other ington Ce		1	ocation - chy			
	21. SIGNATURE OF FUNERAL SERVICE LICENS Manual M. Par		22]	NAME AND ADDRESS OF FA Lee A. Patte: Perryville. I	rson & Son	Funera			
	23. PART I. Enter the diseases, or come shock, or heart failure. Lief IMMEDIATE CAUSE (Final disease or condition resulting in death)	pilications that caused the dit only one cause on each lin	esth. Do not ente	r the mode of dying, aud			, Approximate Interval Between Onset and Death		
N	DUE TO (OR AS A CONSEQUENCE OF): CVA., QQ U.L. MEVD. ASCVD.								
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
CERTI	resulting in death) LAST								
PHYSICIAN: MEDICAL	PART ii. Other significant conditions o	contributing to death but not	reaulting in the u	inderlying cause given in	Part I. 24a. WAS A PERFC	DRMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO		
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 00A 4 Nursing Home 5 Residence 6 Other (Specify)								
	27. MANNER OF DEATH 1 Netural 6 Pending		DESCRIBE HOW INJURY OCCURED						
ETED BY	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At I building, etc. (Specify)	home, farm, street, fa	ctory, office	26f. LOCATION (Stree City or Town, Stat		Rural Route Number,		
COMPLETED	const. Orley	N: To the best of my knowledge, on the basis of examination and/o					ause(s) and menner as stated.		
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	- MD		DO TE		29d. DATE 3	IGNED (Month, Day, Year)		

mail st.

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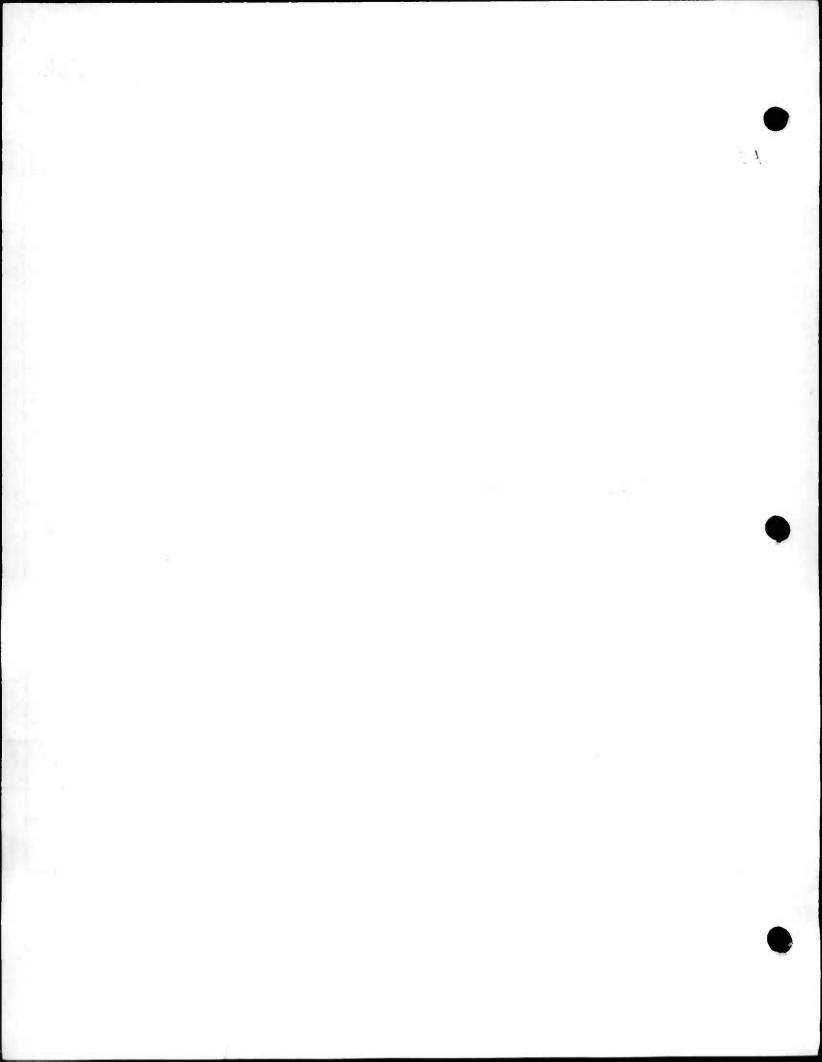
DHMH-16 Rav 1/89

31. DATE FILED-(Month, Day, Year)
OCT 0 4 91

	1. DECEDENT'S NAME (First, Middle, Last)				ICATE				2. DATE	REG. NO.		3	TIME OF OEATH	
	TERRANCE AN	THONV		ROBIN	COM	, S1	r.		MONTH 09	DA		YEAR	9•38 P	
	4. SOCIAL SECURITY NUMBER 219 82 1294	5. SEX	6. AGE (In yrs.		IF UNDER	YEAR DAYS	IF UNDER	24 HRS.	7. DATE (8. BIRTHPL Country)	ACE (State or Foreign	
9s. FACILITY NAME (if not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATN							rly,Md.							
1	2400 beaver roa	d		LANDOVER PRINCE GEORGE										
	10e. STATE 10b. COUNTY 10c. C					COFTOR 10d. INSIDE CITY								
- 30	10e. STREET AND NUMBER	ic iii aiiac	- 1	1 010	or coll	101	ZIP CODE	F			10a CIT		YES 2 NO	
	1976 Cambridge Di	cive				1						TED S		
	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 X Divorced 12. WAS OECEDENT EVER IN FORCES? 1 X YES IF YES, GIVE WAR OR DA				13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No— 14. F. II yee, specify Cuban, Maxican, Puarto Rican, etc.)						14. RACE — Black, V	American Indian, /hite, atc.		
		1										Bla	ck	
	(specify only highest grade completed) Elementary/Secondery (0-12) College (1-4 or 5+)			(Give kind of ville. Do NOT us	work done du se retired.)	iring mos		g		KIND OF BUS				
	12 17. FATNER'S NAME (First, Middle, Last)			ruck d	TIVE							ompan	У	
	ALBERT ROBINSON	I TR								iddle, Maiden	Sumame)			
	19e. INFORMANT'S NAME (Type/Print)	, ok.	T	19b, MAILING	ADDRESS	(Stanct a)				LDING				
	DELORES MASSEY	(MOTHER)										4.0	
	20a. METNOD OF DISPOSITION 1 Surial 2 Cremetton 3 Rem 4 Donation 5 Other (Specify)		20b. PLA	CE AND DATE OF STREET OF STREET	OF DISPOSIT	ION /Na	me of	Сарт	DATE 10/					
	21. SIGNATURE OF FUNERAL SERVICE LICENSES M859													
	23. PART I. Enter the diseases, prahock, or heart failure. IMMEDIATE CAUSE (Final disease proposition resulting in death)	a	t caused the	In	Dt anter t	ha mod	da of dyl	ng, auch	a a cardi	ac or raapi	ratory ari	rest,	Approximate interval Betwee Onset and Day	
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):													
	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY FIN AWAILABLE PRIOR TO OF DEATH? 1 VES 2 NO 24b. WERE AUTOPSY FIN AWAILABLE PRIOR TO OF DEATH? 1 VES 2 NO							ALABLE PRIOR TO MPLETION OF CAUSE						
	25. WAS CASE REFERRED TO MEDICAL					26. PL/	ACE OF DE	ATN (Che	ck only one)				
	EXAMINER? 1 X YES 2 NO	HOSPITAL:	ER/Outpatient	3 DOA	OTHER:					(Specify) WC	מ אמו	T A CIT		
27. MANNER OF DEATN 28s. DATE OF INJURY 28b. TIME C							JRY AT			RIBE NOW IN				
	Natural 5 Pending 09/30/01 0.307 M 157 ES 2 NO C.1.													
	3 Suicide a Could not be 4 Homicide determined determined determined determined													
	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, date end place, end due to the cause(e) and menner as stated. 2 MEDICAL EXAMINER: On the best of axamination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) and menner as stated.													
	(Check only one) 2 MEDICAL EXAMINE	R: On the beals of a	camination and/	or Investigation	n, in my opi	nion, de	ath occur	d at the t	lime, date e	nd piece, end	due la th	e ceusele) en	d menner es stated	

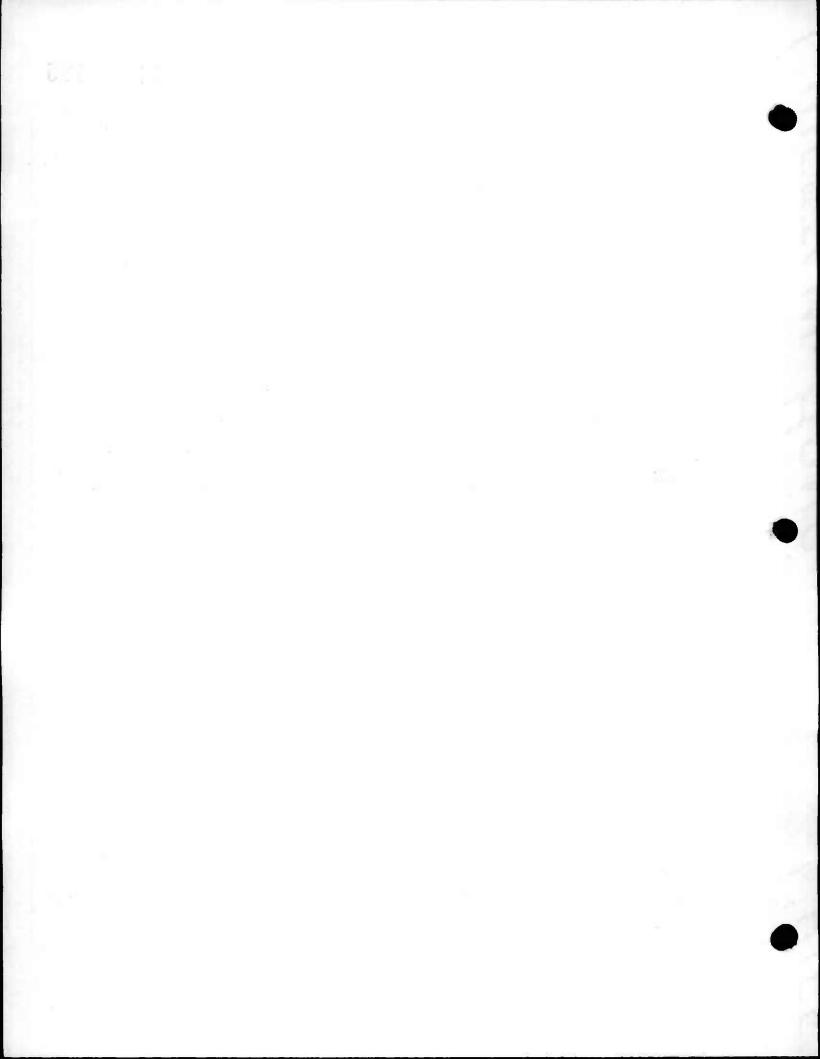
111 PENN STREET, BALTIMORE, MARYLAND 21201
32. RECISTRAR'S SIGNATURE
Julia Davidson-Randale

DNMH-18 Rev 1/89



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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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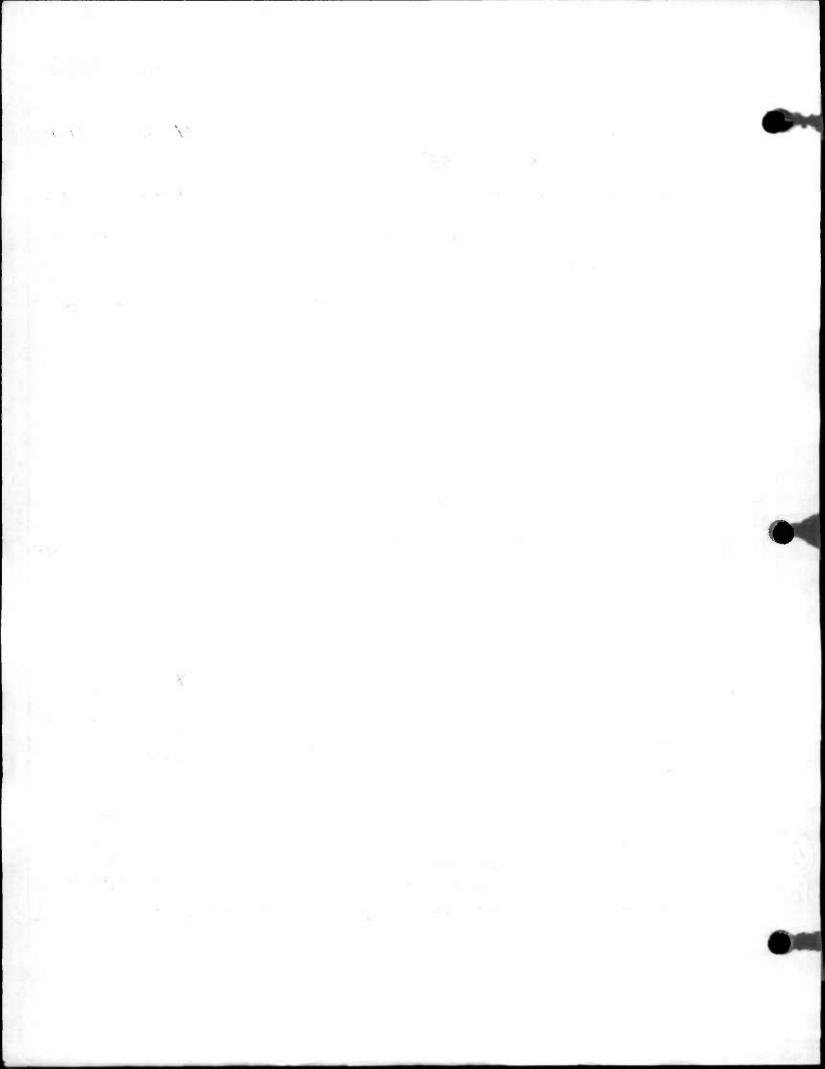
	1 - STATE REGISTRAR		CER	TIFICATE				WENTAL I	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF	DEATN			3. TIME OF DEAT	Н
	LESTER R.	RACKEY						монтн 10	0	1	91	11:15	Дм
)	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birt	thday) IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF	BIRTN	_	a. BIRTI	HPLACE (State or For	
	579-12-9178	1 💢 M 2 🗌 F	89 1	YRS. MONTHS	DAYS	HOURS	MIN.	June		902	Count	m hington,	n c
	9e. FACILITY NAME (If not institution, give si	reet and number)		9b. CITY	, TOWN	OR LOCATIO	ON OF DE		20,1		INTY OF D		D.C
FUNERAL DIRECTOR	PRINCE GEORGE'S HOSPITAL CENTER CHEVERLY PRINCE GEORGE'S												
ñ	10a. STATE 10b. COUNTY	,	10	c. CITY, TOWN	R LOCA	TION						10d. INSIDE CITY	
5	Maryland Prince	e Georges		Capital	Hei	ghts						LIMITS?	NO
4	10e. STREET AND NUMBER				-	. ZIP CODI	E			10g. CI	IZEN OF	WHAT COUNTRY?	
E	505 Suffolk Ave.						20	753		U	.S.A		
3	11. MARITAL STATUS	12. WAS DECEDENT E	VER IN U.S. ARMED				F NISPAN	IIC ORIGIN? (S			14. RAC	E - American India	ın,
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 X 1F YES, GIVE WAR 1942 — 1				ecify Cube		n, Puerto Rice	n, etc.)		Spec	white, etc.	
<u>a</u>	15. DECEDENT'S EDU	CATION	16a. DECED	ENT'S USUAL O				16b. Kill	ND OF BUS	SINESS/IN	DUSTRY		
	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5 +)	(Gilve k	ind of work done NOT use retired.)	during mo	ost of worldn	g						
7	8	Conlege (1-3 b) 5 +/	carpe	enter				C	onst	ruct	ion		
COMPLETED	17. FATNER'S NAME (First, Middle, Last)		T Gaz pe			18. MOTI	IER'S NA	ME (First, Midd			1011		_
Ö	Maurice Rackey						Anni						
BE	19e. INFORMANT'S NAME (Type/Print)		19b. M	AILING ADDRESS	S (Street)	_				n State 7	in Codel		
9	Elizabeth Potter										p 0000)		
	20a. METNOD OF DISPOSITION		20b. PLACE OF	13 Hoo				OII, MD			City or T	own, State	
	1 💢 Buriat 2 🗆 Cremation 3 🗆 Rem-	oval from State	other place)					E /01					
	CI. SIGNATURE OF FUNERAL SERVICE LIK	ENSEÉ)	Kf. Barn	abas Co		ery ND ADDRE							
	7	1										tland Rd	
	Dreya	16 (le	ebach	Ro	ober	t E.	Wil	helm,I	nc.	Suit	land	, MD. 20	746
NC	shock, or them shifure. IMMEDIATE CAUSE (Finsi disease or condition resulting in death) Sequentially list conditions,	e. COMG DUE TO 10 REN	R AS A CONSEQUE	NCE OF): INSI	フ F	FI	410	= MC	4-	- O	er01		
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	· QEr	R AS A CONSEQUE	NSD:			070		- A	CV	TE		
빙													
MEDICAL	PART II. Other significant condition		eath but not resu		nderfyin	g cause (given in		PERFOI	RMED?	24	b. WERE AUTOPSY FI AMAILABLE PRIOR COMPLETION OF C OF DEATH? 1 YES 2 1	TO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOOGITAL				LACE OF D	EATH (Ch	eck only one)					
Si	1 YES NO	HOSPITAL:	ER/Outpatient 3 🗆	DOA 4 Nu		ne 5 🗆 Re	esidence	a 🗆 Other (S	(pecify)				
Ĭ	27. MANNER OF DEATN	26e. DATE OF IN (Month, Day,		Bb. TIME OF	28c. IN.	JURY AT		28d. DESCR	IBE NOW	NJURY O	CCURED		
BY	1 Natural 5 Pending 2 Accident Investigation	10/1	91	11 15th		YES 2	NO						
	3 Suicide 6 Could not be	28e. PLACE OF	NJURY - At home,	farm, street, fac	tory, offic	ce					er or Rural	Route Number,	
里	4 Nomicide determined	building, et	c. (Specify)					City or 1	Town, State,)			
COMPLETED	29e. CERTIFIER 1 CERTIFYING PNYSIONE) 2 MEDICAL EXAMINE	ICIAN: To the best of m										(a) and manner as a	inted.
ш	29b. SIGNATURE AND TITLE OF CERTIFIE	R	6 /	1		29c. LtC	ENSE NUI	MBER	r	29d. D/	TE SIGNE	D (Month, Day, Year)	
00	How	M.	ment	to Mi		D	27	366	7		101	1/91	
7	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE	OF DEATH (ITEM 2	(Type, Print)	1	Ci	2110	2 ge 1	74	٤.	MD	2074	D
	31. DATE (CT 0"2"91	Filma Jaw	HIGHATU/Fand	200				-					-



i.

STATE O	F MARYLAND / DEPARTMENT			MENTAL	HYGIENE
	CERTIFICATE	OF DEAT	TH		REG. NO.
	0			2. DATE O	F DEATH

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		MENT OF HE		MENTAL HYGIEN				
- 1	1. DECEDENT'S NAME (First, Middle, Last)	Lloyd Eveene Roose				2. DATE OF DEATH DO	3. TIME OF OEATH			
	307 32 4506	4506 12M 2 F 58 YRS. MONTHS DAYS HOURS MIN. (Month, Day, Yes					32 1	BIRTHPLACE (State or Foreign Country) ndiana		
TOR		130001						Prince Georges		
DIRECTOR		e Georg		TOWN OR LOCATION	ON			10d. INSIDE CITY LIMITS? 1 VES 2 NO		
VERAL	1903 ALTHEA LANE 20716							d States		
BY FUNERAL	11. MARITAL STATUS 12 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	WAS DECEDENT EVER IN FORCES? 1 ∑ YES IF YES, GIVE WAR OR DI 1951-1971	2 NO		cify Cuben, Mexice	IC ORIGIN? (Specify Year, Puerto Rican, etc.)	or No- 14.	14. RACE — American Indian, Black, White, etc. Specify:		
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade com Elementary/Secondary (0-12) C		Give kind of wor life. Do NOT use I	rk done during mos retired.)	t of working	SFC (SINESS/INOUST	RY		
BE COM	17. FATHER'S NAME (First, Middle, Lest) Norman Roose				Grace A		n Sumame)			
2	Pat A. Roose					e Maryland				
	20e. METNOD OF DISPOSITION 1 So Burlel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) Arlington National Cemetery 20b. PLACE AND DATE OF DISPOSITION (Name place) Arlington National Cemetery Arlington Virginia									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Beall-Evans Funeral Home, P.A. 16000 Annapolis Rd. Bowie Maryland 20715									
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac Dr respiratory errest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):									
	PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Pert I. 24s. WAS AN AUTOPSY ENDINGS									
MEDICAL	1 YES							AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO		
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:									
BY PHYSICIAN: MEDI		OSPITAL: Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 26e. DATE OF INJURY AT WORK? 1 YES 2 NO NO NO NO NO NO NO						ED		
							ot and Number or Rural Routa Number, te)			
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) and menner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated.									
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER Pure la survey de la company de l	Deputy M	miner		DO 1	ABER 352	29d. DATE SI	GNED (Month, Day, Year) -25-G1		
	30. NAME AND ADDRESS OF PERSON, WHO CO	MD 4203	Weensh	ury Rd	Hyat	352 Isville M	0 200	31		
	SEP 30 (Moorin, Day, Year) Grun	32. REGISTRAR'S SIGN	IATURE							



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a	306	ı
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending	ECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the sear death with the State Death of Health and Mental Hydiene prior to burds in removal.	
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LEN	OR:	5
A	5	9

	1. DECEDENT'S NAME (First, Middle, Last)			ERTIFIC				2. DATE OF DEATH	Y 10	/EAR	TIME OF DEATH				
	MARIA RODOV		6. AGE (In yrs. la					SEPT. 30			:00 P.				
1	215-33-8286	1 M 2 TF	6. AGE (M 9/8. A		ONTHS D	AYS HOURS	MIN.	(Month, Day, Year)		Country)					
	9a. FACILITY NAME (If not institution, give		- 04		b. CITY. TO	WN OR LOCAT	ION OF DEA	7/18/27	9c, COUNT		City,Ru				
E	11700 Old Columbi		1705	1.0		r Spri			141 100 100	gome					
ECTOR	RESIDENCE OF DECEDENT		1705						TIOIT						
Œ	Montre 106. COUNT				TOWN OR L						LIMITS?				
LDI	Maryland Montg	omery		Silve	er sp	101. ZIP COL	ne .		10a CITIZE		YES 2 NO				
RAL	11700 Old Columb	ia Pika	#1705			20903			U.S.S		COUNTRY				
FUNER	11. MARITAL STATUS	12 WAS DECEDENT	EVED IN II S	RMED	13, WAS			C ORIGIN? (Specify Yes		. RACE —	American Indian,				
BY	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 [IF YES, GIVE WA	YES 2XX	Mо	If yo		en, Mexican	, Puerto Ricen, etc.)		Specify: Vhite	nille, atc.				
9	15. DECEDENT'S ED			ECEDENT'S US			dna	16b. KIND OF BU	SINESS/INDUS	STRY					
LET	Elementary/Secondary (0-12)	College (1-4 or 5+)	"	fe. Do NOT use i	retired.)										
COMPL		4	Eng	glish 7	<u>reach</u>	_		Educati							
_	17. FATHER'S NAME (First, Middle, Last)	1						IE (First, Middle, Maiden							
BE	BOTIS MOSES KODO 19e. INFORMANT'S NAME (Type/Print)	Boris Moses Rodovsky Tsira Blu 190. INFORMANT'S NAME (Type/Print) 190b. MAILING ADDRESS (Street and Number or Rural Route If													
5	Igor Rodovsky (So	n)						ce,#1705;S			ng.Md.2				
	20s. METHOD OF DISPOSITION		20b. PLAC	E AND DATE O	OF DISPOSI	TION (Name			CATION — CH						
	1 5 Buriel 2 Cremation 3 Rer 4 Donation 5 Other (Specify)	noval from State	Chese	ed She	L Emm	es		10-2 Was	hingto	on, D	.C.				
	23. PART I. Enter the diseases, or shock, or heert feiture IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a	OR AS A CONS	ne.	anl						Approximete interval Betv Onset and D				
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b	OR AS A CONS	EQUENCE OF):											
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST	c. DUE TO (OR AS A CONS	EQUENCE OF):						(p ¹ .)					
_	PART II. Other algnificent condition	ne contributing to	deeth but no	t reculting in	the unde	rlying ceuse	given in I	Part I. 24a. WAS AP PERFO 1 □ YES	RMED?	CO OF	RE AUTOPSY FIND NILABLE PRIOR TO MPLETION OF CAU DEATH? YES 2 NO				
MEDICAL						26, PLACE OF	DEATH (Che	ck only one)							
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL		1 4	OTHER:	Home 517	Residence	6 Other (Specify)							
	EXAMINER? 1 YES 2 NO	HOSPITAL:		3 DOA			-								
PHYSICIAN:	EXAMINER?		INJURY		OF 26	ic. INJURY AT WORK?		28d. DESCRIBE HOW	INJURY OCCU	IRED					
	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	1 □ Inpetient 2 □ 26e. DATE OF (Month, De	INJURY	3 DOA 28b. TIME INJUS	OF 25	c. INJURY AT WORK?			and Number of		e Number,				

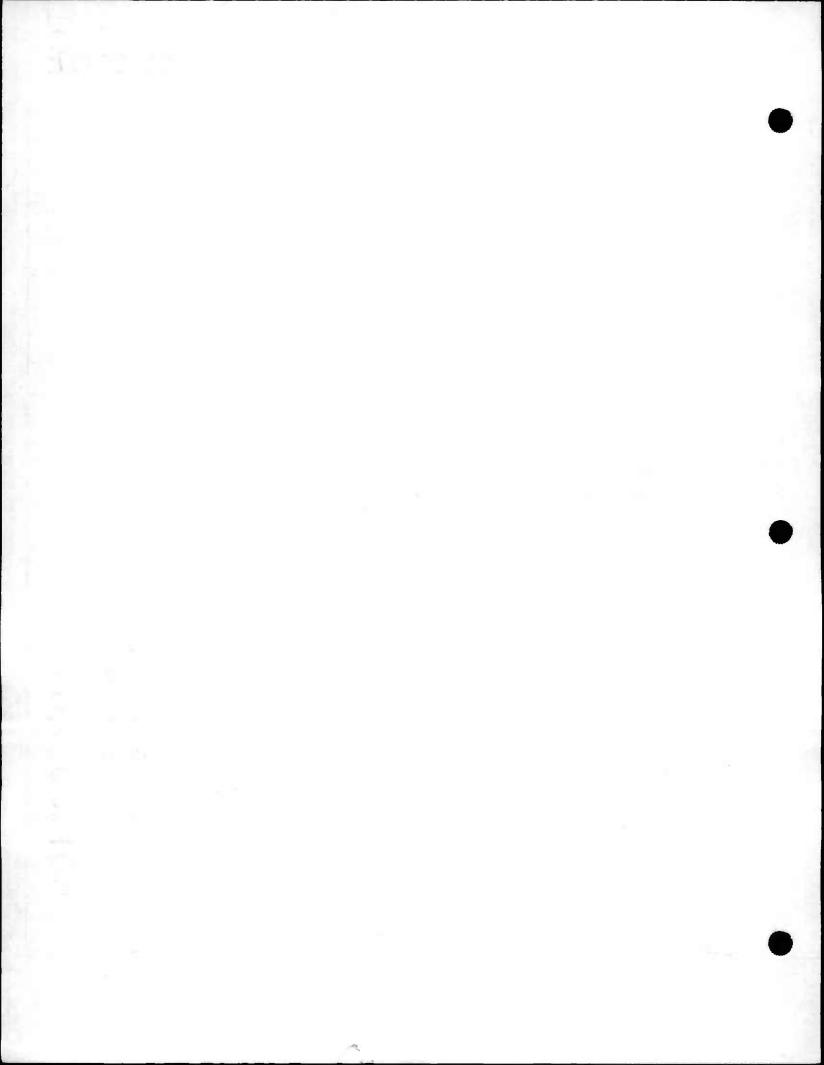
PLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

R.BRUCE KRESSEL; 2141 K.

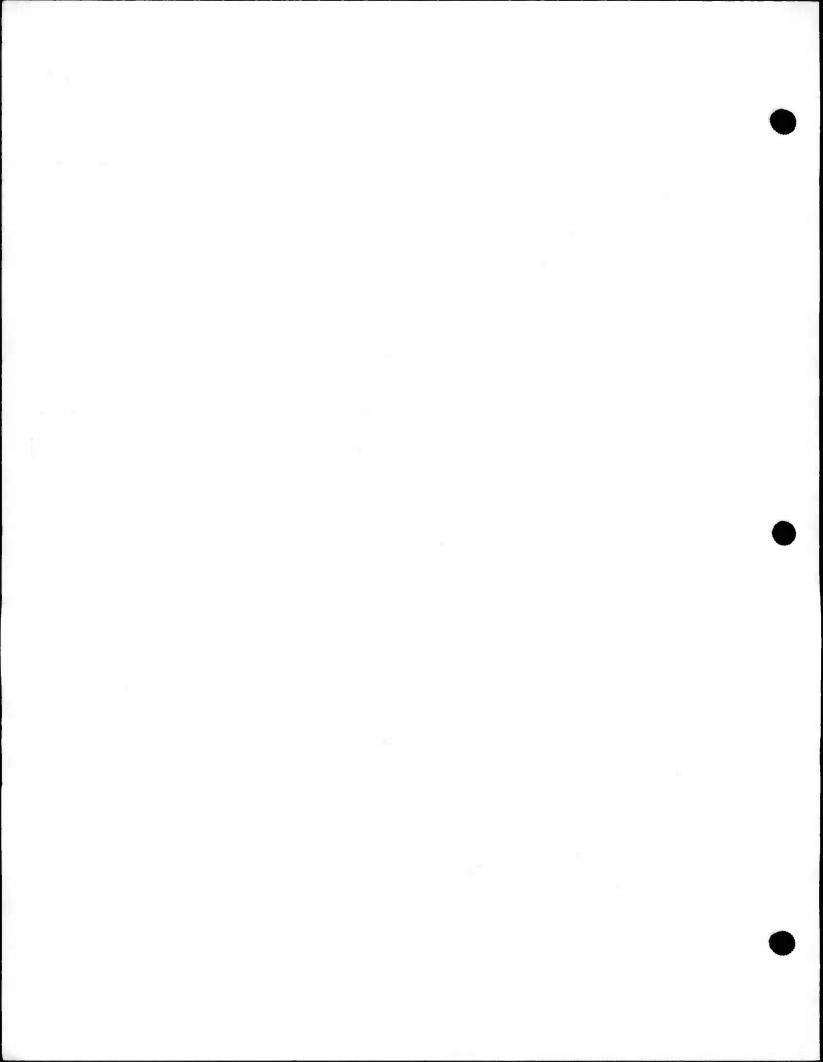
31. DATE FILED (Month, Day, Year)

STREET N.W. 707; WASHINGTON. D.C. 20037

DHMH-16 Rev 1/89



1	1. DECEDENT'S N	AME (First, Middle, Last)		Do	6	1	OF DEATH	2. DATE O	REG. NO.	Y _YI	3. T	TIME OF DEA
	E41	10/		CO	per	15		9	2	2 9	/ (0.30
)	4. SOCIAL SECUR	0063	1 □ M 2 📉 🔭	AGE (In yrs.	last birthday) YRS.	IF UNDER 1 YE MONTHS DA	YS HOURS MIN.	Feb.	Day, Year)	1915	Country) IOW	
P		IE (If not institution, give					WN OR LOCATION OF D	EATH		9c. COUNTY		
ğ		Care Whe	eaton Nur	sing	Hm.	Whe	aton			Mont	gome	ery
DIRECTOR	10a. STATE	10b. COUNT	TY		10c. CITY	Y, TOWN OR LO	DCATION				10d	I. INSIDE CITY
10	Marylan	d Mor	ntgomery		Wh	eaton	1				1.2	YES 2
AL	10. STREET AND	NUMBER					101. ZIP CODE			10g. CITIZEN	OF WHAT	COUNTRY?
빌		Georgia	Avenue				20902	?		Ū	.S.P	١.
FUNERAL	11. MARITAL STAT	US od 2 Married	12. WAS DECEDENT E FORCES? 1				DECENDENT OF HISPA s, specify Cuben, Mexico			or No- 14.	RACE - A	American Indi nita, atc.
₽	3 Widowed		IF YES, GIVE WAR	OR DATES		1 🗆	YES 2 NO Specif	y :		W	Specify: hit∈	2
		15. DECEDENT'S ED		16a.	DECEDENT'S	USUAL OCCU	PATION	16b.	KIND OF BUS	SINESS/INDUS		
E,	Elementary/Se	Specify only highest grad condary (0-12)	de completed) College (1-4 or 5 +)	-	Ille. Do NOT us	e retired.)	g most of working					
AP I			5+		Dept	t. of	Defense	Ţ	J.S.	Gover	nme	nt
COMPLETED	17. FATHER'S NAM	NE (First, Middle, Last)					18. MOTHER'S NA	ME (First, M	iddle, Maiden	Surname)		
BE	1	Harp Rob	perts				Florer			-		
<u>و</u>		s NAME (Type/Print) .m Robert	ts				reet and Number or Rural ett Park					s. 39
	20a. METHOD OF	DISPOSITION		20b. PLA	CE OF DISPOS	SITION (Name o	of cemetery, crematory or			CATION City		
	1X Burlal 2 D	Cremation 3 Rer	moval from Stata	Unio	n Cer	neter	У		Iow	a Fal	ls,	Iowa
	21, SIGNATURE O	F FUNERAL SERVICE L	ICENSEE				E AND ADDRESS OF FA			3 **		
	▶ ⊀	m D	Perry				es-Pearso ington,					
	23. PART I. En she IMMEDIATE CA diseese pr con	ock, or heert fellure NUSE (Finel	r complications that case. List only one cause	on eech l	ine.	not enter the	mode of dylng, euc	ch ee cerdi				Approxim Interval 8 Onset an
	resulting in de		. BONE DUE TO (OF	R AS A CON	SEQUENCE OF	<i>D F</i> .	HILVRE					1 10
												1
S	Sequentielly II	et conditions,	b	2 AC A CON	SEQUENCE OF	D.						
ATION	Sequentielly II If any, leeding cause. Enter U	to immediate	bDUE TO (OF	R AS A CON	SEQUENCE OF	F):						
FICATION	If any, leeding cause. Enter L CAUSE (Disec-	to immediate NDERLYING se or injury	c		SEOUENCE OF							
ERTIFICATION	If any, leeding cause. Enter U	to immediate NDERLYING se pr injury vents	c									
CERTIFICATION	If any, leeding cause. Enter L CAUSE (Disec- that initiated e resulting in de	to immediate NDERLYING be or injury vents eth) LAST	cDUE TO (OF	R AS A CON	SEOUENCE OI	F):	rlylng cause glyen in	Part i	24a WAS AM	AHTYDEV	1 24b WE	DE AHTTORY 6
O	If any, leeding cause. Enter L CAUSE (Disec- that initiated e resulting in de	to immediate NDERLYING be or injury vents eth) LAST	c	R AS A CON	SEOUENCE OI	F):	iying cause given in	Part I.	24a. WAS AN PERFOF	RMED?	AVA	RE AUTOPSY F
EDICAL C	If any, leeding cause. Enter L CAUSE (Disec- that initiated e resulting in de	to immediate NDERLYING be or injury vents eth) LAST	cDUE TO (OF	R AS A CON	SEOUENCE OI	F):	rlying cause given in	Part I.		RMED?	CO OF	MILABLE PRIOR MPLETION OF DEATH?
MEDICAL C	If any, leeding cause. Enter L CAUSE (Disec- that initiated e resulting in de	to immediate NDERLYING se or injury vents eth) LAST	cDUE TO (OF	R AS A CON	SEOUENCE OI	F):	iying cause given in	Part I.	PERFOR	RMED?	CO OF	VILABLE PRIOR MPLETION OF
MEDICAL C	If any, leeding cause. Enter L CAUSE (Diseer that Initieted e resulting in de	to immediate NDERLYING se or injury vents eth) LAST	cDUE TO (OF	R AS A CON	SEOUENCE OI	in the under	lying cause given in	_	PERFOR	RMED?	CO OF	MILABLE PRIOR MPLETION OF DEATH?
MEDICAL C	If any, leeding cause. Enter L CAUSE (Disect that initieted e resulting in de	to immediate NDERLYING be or injury vents eth) LAST eignificent condition FERRED TO MEDICAL	cDUE TO (OF	as a con	SEQUENCE OF	In the under		heck only one	PERFOF	RMED?	CO OF	MILABLE PRIOR MPLETION OF DEATH?
MEDICAL C	If any, leeding cause. Enter L CAUSE (Disect that initieted e resulting in de PART II. Other	to immediate NDERLYING be or injury vents eth) LAST eignificent condition FERRED TO MEDICAL	c. DUE TO (OF	R AS A CON	Dt resulting	in the under	26. PLACE OF DEATH (C. Home 5 Realdence	heck only one	PERFOF 1 YES 2	RMED?	CO OF	MILABLE PRIOR MPLETION OF DEATH?
PHYSICIAN: MEDICAL C	If any, leeding cause. Enter L CAUSE (Disect that initieted e resulting in de PART II. Other	to immediate NDERLYING be or injury vents eth) LAST eignificent condition FERRED TO MEDICAL	d. DUE TO (OF	R AS A CON	Dt resulting	OTHER: Wursing	26. PLACE OF DEATH (C.	heck only one	PERFOF 1 YES 2	RMED7	CO OF	MILABLE PRIOR MPLETION OF DEATH?
D BY PHYSICIAN: MEDICAL C	If any, leeding cause. Enter L CAUSE (Disee that Initieted e resulting in de PART II. Other 25. WAS CASE RE EXAMINER? 1	to immediate NDERLYING le Dr injury vents eth) LAST eignificent condition FERRED TO MEDICAL NO DEATH 5 Pending investigation 6 Could not by	DUE TO (OF d	R/Outpetien JURY Year)	Dt resulting	OTHER: Nursing IE OF 28-	28. PLACE OF DEATH (C Home 5	heck only one 6 Other 28d. DES	PERFOF 1 YES 2 (Specify) CRIBE HOW I	NJURY OCCUP	AW CO OF 1 [NLABLE PRIOR MPLETION OF DEATH? YES 2
ED BY PHYSICIAN: MEDICAL C	If any, leeding cause. Enter L CAUSE (Disee: that initieted e resulting in de PART II. Other 25. WAS CASE RE EXAMINER? 1	to immediate NDERLYING be pr injury vents eth) LAST eignificent condition FERRED TO MEDICAL NO DEATH 5 Pending investigation 6 Could not be detarmined	DUE TO (OF d	R/Outpetien JURY Year) NJURY — A: (Specify)	t 3 DOA 26b. TIM	OTHER: Nursing E OF 28e JURY M 1 street, factory,	8. PLACE OF DEATH (C. Home 5 Realdence DINJURY AT WORK? YES 2 NO office	6 Other 28d. DESt 28f. LOCJ	PERFOR 1 YES 2 (Specify) CRIBE HOW I TION (Street or Town, State)	NJURY OCCUR	AWI CO OF 1 [NLABLE PRIOR MPLETION OF DEATH? YES 2
MPLETED BY PHYSICIAN: MEDICAL C	If any, leeding cause. Enter L CAUSE (Disee: that initieted e resulting in de PART II. Other 25. WAS CASE REEXAMINER? 1 YES 2, 27. MANNER OF II. Natural 2 Accident 3 Suicide 4 Homicide 29s. CERTIFIER (Check only	to immediate NDERLYING be or injury vents eth) LAST eignificent condition FERRED TO MEDICAL NO NO NO EATH 5 Pending investigation 6 Could not be detarmined 1 MCERTIFYING PHY	DUE TO (OF d	R/Outpetland JURY Vear) NJURY — A:. (Specify)	t 3 DOA 26b. TiM	OTHER: Nursing E OF 286 UNITY M 1 street, factory,	Resplace of DEATH (C. Home 5 Realdence - INJURY AT WORK? - YES 2 NO office	6 Other 28d. DESt 28f. LOCA City on	PERFOR 1 VES 2 (Specify) (Specify) THON (Street or Town, Stele)	NJURY OCCUP	AW CO OF 1 [NILABLE PRIOR MPLETION OF DEATH? YES 2 Number,
MPLETED BY PHYSICIAN: MEDICAL C	If any, leeding cause. Enter L CAUSE (Diseet that initieted e resulting in de PART II. Other 25. WAS CASE RE EXAMINER? 1	to immediate NDERLYING be or injury vents eth) LAST eignificent condition FERRED TO MEDICAL NO NO NO EATH 5 Pending investigation 6 Could not be detarmined 1 MCERTIFYING PHY	DUE TO (OF d	R/Outpetland JURY Vear) NJURY — A: (Specify)	t 3 DOA 26b. TiM	OTHER: Nursing E OF 286 UNITY M 1 street, factory,	Res. PLACE OF DEATH (C. Home 5 Realdence D. INJURY AT WORK? YES 2 NO office data and placa, and du lon, death occured at th	6 Other 28d. DESt 28f. LOCA city of	PERFOR 1 VES 2 (Specify) (Specify) THON (Street or Town, State)	NJURY OCCUP and Number or more as stated, and due to the co	AWAGO COO OF 1 [I]	NILABLE PRIOR MPLETION OF DEATH? YES 2 Number,
ED BY PHYSICIAN: MEDICAL C	If any, leeding cause. Enter L CAUSE (Disee: that initieted e resulting in de PART II. Other 25. WAS CASE REEXAMINER? 1 YES 2, 27. MANNER OF II. Natural 2 Accident 3 Suicide 4 Homicide 29s. CERTIFIER (Check only	to immediate NDERLYING be or injury vents eth) LAST eignificent condition FERRED TO MEDICAL NO NO NO EATH 5 Pending investigation 6 Could not be detarmined 1 MCERTIFYING PHY	DUE TO (OF d	R/Outpetland JURY Vear) NJURY — A: (Specify)	t 3 DOA 26b. TiM	OTHER: Nursing E OF 286 UNITY M 1 street, factory,	Resplace of DEATH (C. Home 5 Realdence - INJURY AT WORK? - YES 2 NO office	6 Other 28d. DESt 28f. LOCA City of a to the cause a time, data	PERFOR 1 VES 2 (Specify) (Specify) THON (Street or Town, State)	NJURY OCCUP and Number or more as stated, and due to the co	AWAGO COO OF 1 [I]	NILABLE PRIOR MPLETION OF DEATH? YES 2 Number,



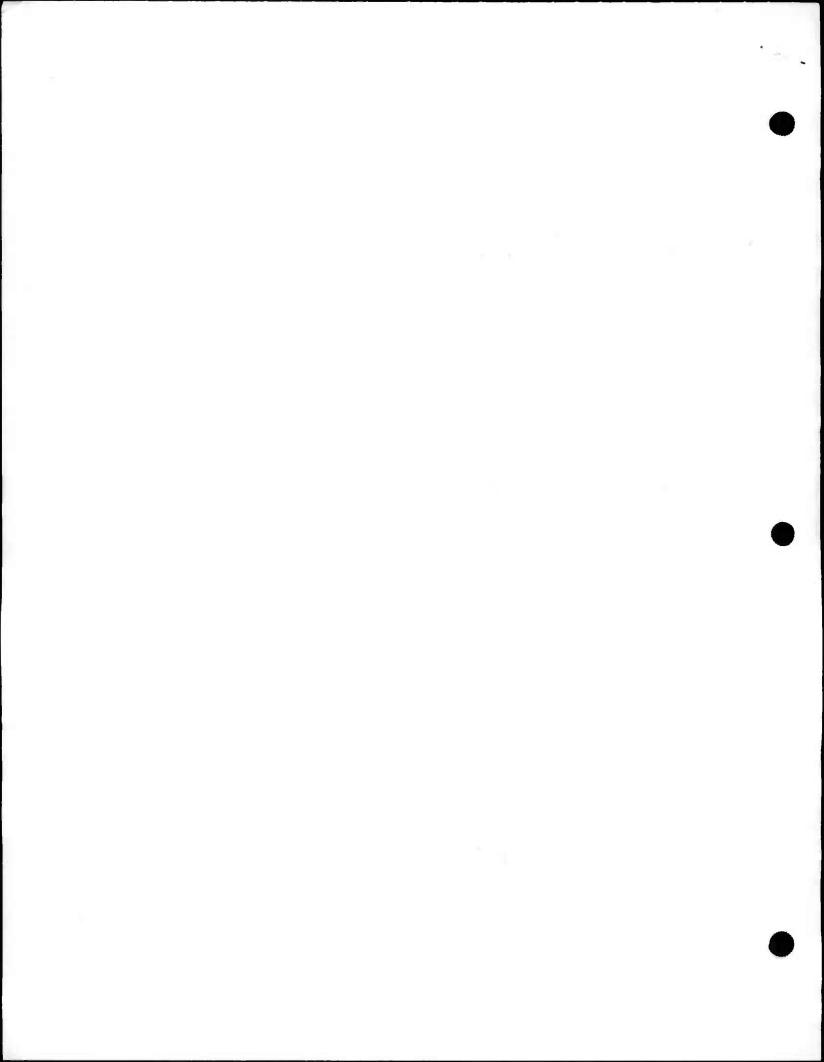
death, Page 6 may be retained by the hosp	e funeral director, page 5 should be detacher al.	examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-frours after death, Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached by a find within 29 hours after death with the State herif of Health and Mental Hotelete Britor to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

MMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): E TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR		FOR 1 - STATE REGISTRAR	STATE OF I	/ARYLAND /		TMENT ICATE				MEN	TAL HYGIEN			- U	
TOTAL SECURITY MANABER S. SEX S. AGE (P) in an internal process S. P. Nex. S. Nex. S. P. Nex. S. Nex. S. P. Nex. S. Nex. S. P. Nex			ITH							MC	ONTH D				
TOUR THE CONTROL OF DEATH AND									DACE !	7. D/	ATE OF BIRTH Aonth, Day, Year)		8. BIRTH	IPLACE (Stery)	ate or Foreign
SETERATE AND INSURED SO, CITIZEN OF WHAT COUNTRY	E C								ON OF DE	EATH		9c. COL			
SETERATE AND INSURED SO, CITIZEN OF WHAT COUNTRY	RECT	10s. STATE 10b. COUNTY	CEDENT 10c. CITY, TOWN OR LOCATION											10d. INSI	DE CITY
DECEMBER SOURCE OF THE TOTAL STAND (Procedum) 10	- 1		ESTER		EAS	T NE	-								
DECEMBER SOURCE OF THE TOTAL STAND (Procedum) 10	IERAI		ROAD				101			1		1		WHAI COU	NIRY?
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198. INFORMANT'S NAME (*)profring** 198. MALING ADDRESS (Street and Number of Rural Roots Number, City or Town, State, Zip Code) 208. MALING ADDRESS (Street and Number of Rural Roots Number, City or Town, State, Zip Code) 209. MATHOR ADDRESS (Street and Number of Rural Roots Number, City or Town, State, Zip Code) 209. MATHOR ADDRESS (Street and Number of Rural Roots Number, City or Town, State, Zip Code) 209. MATHOR ADDRESS (Street and Number of Rural Roots Number, City or Town, State, Zip Code) 209. MATHOR ADDRESS (Street and Number of Rural Roots Number, City or Town, State, Zip Code) 209. MATHOR ADDRESS (Street and Number of Rural Roots) 209. MATHOR ADDRESS (Street and Number of Rural Roots) 209. MATHOR ADDRESS OF FACILITY 219. MARKET CHEMETERY 10/4 EAST NEW MARKET, MD 219. SAGNATORS of Pacility 221. MARKET CHEMETERY NEW ADDRESS OF FACILITY 222. NAME AND ADDRESS OF FACILITY 223. MARKET CHEMETERY NEW ADDRESS OF FACILITY 224. MARKET, MD 216. STATE WAS AN ARKET, MD 217. STATE WAS AN ARKET, MD 218. STATE WAS AN ARKET, MD 218. STATE WAS AN ARKET, MD 219.								18. MOT				Sumame)			
No. METHOD OF DISPOSITION To write the diseases, or complications in the cause of the death. Do not enter the mode of dying, such as cardiac or respiratory streat, interval Ball ones and of the cause of conditions in the cause of cau		19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	(Street a					vn, State, Z	'lp Code)		
The content of the	۲	NANCY HUBBERT		3	15 M	APLE	AVE	NUE,	FED	ERA	ALSBURG	, MD	2163	2	
21. SIGNATURE OF FACILITY ZELLER FUNERAL HOME EAST NEW MARKET, MD 21631 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Sal check, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or conditions, interval Sal consequence or): IMMEDIATE CAUSE (Final disease or conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Ginese or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): That initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): Sal Substitute of the sal of		1 X Burial 2 ☐ Cremation 3 ☐ Rame	oval from State	other of	ace)					10					MD
AND THE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART III. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH? 1 PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 28. PLACE OF DEATH (Check only one) 29. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 29. MANNER OF DEATH? 1 PER 2 NO 29. MANNER OF DEATH? 1 PER 2 NO 20. Accident investigation in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as site decimal one of the determined of the cause(a) and manner as site decimal one of the cause of the cau		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	Zell	en	Z1	ELLE	R FU	NERA	L	HOME				
MMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): E TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR	Q	23. PART I. Enter the diseases, or of shock, or heart failure.	complications the	it caused the de	ath. Do	not antar	tha mo	da of dy	ing, suc	h aa	cardiac or real	oiratory a	rreat,		proximata arvai Batween
Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 25. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 OTHER: 1 YES 2 NO 25. PLACE OF INJURY 28b. TIME of NUMBER 28c. INJURY AT WORK? 2 Accident 3 Sulcide 3 Could not be detarmined detarmined 28a. PLACE OF INJURY At home, farm, street, factory, office 28c. LOCATION (Street and Number or Rural Route Number, City or Fown, State) and manner as stated. 25a. CERTIFIER 1 CERTIFITING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(a) and manner as stated. 25a. SUBANTINE AND TITLE OF SENSIBER 28c. DAY ON, Now) 25b. SUBANTINE AND TITLE OF SENSIBER 28c. DAY ON, Now) 26c. LICENSE NUMBER 28c. DAY ON, Now) 27c. LICENSE NUMBER 28d. DAY ON, Now)		iMMEDIATE CAUSE (Final disease or condition	· Gen	an atm	Á	Pa	Im	٥							colo
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29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of axamination and/or investigation, in my opinion, death occurred at the time, deta and place, and dua to the cause(a) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)	A	PART if. Other algorificant condition	a contributing to	death but not					given in	Part	PERFO	RMED?	7 24	AVAILABL	E PRIOR TO
29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of axamination and/or investigation, in my opinion, death occurred at the time, deta and place, and dua to the cause(a) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)	4: MEDI										1 U YES	2 1/10			
29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of axamination and/or investigation, in my opinion, death occurred at the time, deta and place, and dua to the cause(a) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)	CIA		HOSPITAL :			OTHE		LACE OF E	DEATH (Ch	heck on	nly one)				
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3 Sulcide 4 Homicide 5 Could not be detarmined 298. CERTIFIER (Check only one) 298. CERTIFIER 299. DETAIL OF THE INTERIOR POWER 299. LICENSE NUMBER 290. DETAIL OF THE INTERIOR POWER 290. DETAIL OF THE INT		1-Natural 5 Pending	(Month,	Day, Year)	IN	JURY M	1 []	YES 2] NO	280.	. DESCRIBE HOW	INJURY O	ССОНЕВ		
29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Vear)	G	_ O Godia not be	28a. PLACE building	OF INJURY — At he , etc. (Specify)	ome, farm,	street, fac	tory, offic	ia i		28t.	LIOCATION (Stree City or Town, State	and Numb	er or Rural	Floute Numi	ber,
29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Vear)	OMPLE	(Check only		,										(a) and mar	nner as stated.
20 NAME AND ADDRESS OF PERSON WHO COMBI ETER CHIES OF DEATER TOTAL TO BE DETERMINED.		Cellet 12	antal:	JW)			29c. LIC	ENSE NU	87	4	29d. D/		D (Month, D	hay, Your)

JU

DAW KINS 132. REGISTRAR'S SIGNATURE Julia Davidson-Handell

FILED (Month, Day, Year)



FOR

TO BE COM	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
il examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
the funeral director, page 5 should be detachtival.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely wied in by the funeral director, page 5 should be detach be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
er death. Page 6 may be retained by the hos	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within
DALIMONE, MANICAND	DIVISION OF VITAL PLOCATES, T.O. BOX 12149.

	1 - STATE REGISTRAR	OTALE OF MARKE	CERTIFI	CATE OF	DEATH	RE	G. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	Florence E	Elizabeth	Schuma	ker	2. DATE OF DE	ATH DAY	YEAR	3. TIME OF DEATH
	Florence		umak	ier		10		91	640P M
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIF (Month, Day,		BIRTH Ceustr	PLACE (State or Foreign
	220-20-7173	1 🗆 M 2 💢 F	90 YRS.	WONTING DATA	HOURS MIN.		0-01	Ma	ryland
	9e. FACILITY NAME (If not institution, give s.	treet end number)		9b. CITY, TOWN (R LOCATION OF DE	ATH	9c. COL	JNTY OF DE	EATH
8	BCIFOCEST RESIDENCE OF DECEDENT			For	est H	: 11	H	arfo	bed
2	RESIDENCE OF DECEDENT 10e, STATE 10b, COUNTY	,	I soo CITY	, TOWN OR LOCAT					10d. INSIDE CITY
DIRECTOR									LIMITS?
	100. STREET AND NUMBER	ford		ores+	ZIP CODE		40- 00	**************************************	1 YES 2 NO
HA.		11. 7		100	210.50		iug. Ci	US	
FUNERAL	109 Forest Va	12. WAS DECEDENT EVER I	NIIS ADMED	12 WAS DEC	ENDENT OF HISPAN		alfu Yan an Na		
	1 Never Merried 2 Merried	FORCES? 1 YES	2 NO	If yes, sp	ecify Cuben, Mexica	n, Puerto Ricen,		Black	— American Indian, , White, etc.
à∣	3 Widowed 4 Divorced	IF YES, GIVE WAR ON D	JAIES	1 VES	2 NO Specify	/:		Specif Wh	ite
	15. DECEDENT'S EDU		16a. DECEDENT'S	USUAL OCCUPATION	ON	16b. KIND	OF BUSINESS/IN		
ᇤ	(Specify only highest grade Elementery/Secondery (0-12)	College (1-4 or 5+)		ork done during mo e retired.)	_	-			
릴	7		Gas Masi	k Assemb	oter		US−	jover	nment
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			- 1 - B	16. MOTHER'S NA				
BE (Morris Matthe	w Coulter			Emma Vi	rginia	Bunce		
10	19e. INFORMANT'S NAME (Type/Print)				and Number or Rural I			ip Code)	
٦	Sibyl D. Gunther		PO B	OX 34,	Edgewood	, Md. 2	1040		
	20e. METHOD OF DISPOSITION	oval from State	b. PLACE OF DISPOS other place)				20c. LOCATION -		
	4 Donation 6 Other (Specify)		okesbury				Abin	gdon,	Md.
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		4	ND ADDRESS OF FA			. 7 .	
	H0499110 K	Ma Con	100000111	1317	Cokeshur	v Road	Ahing	Tal H	ome, P.A. Md. 21009
	23. PART i. Enter the diseases, or	complications that cause	d the death. Do n						Approximate
	ahock, or heart failure. iMMEDIATE CAUSE (Final	List only one cause on a	aach lina.						Interval Between Onset and Death
	disease or condition resulting in death)		andio	P. her	as As	nest			
	resulting in destri)	DUE TO (OR AS	A CONSEQUENCE OF	5:	1				
z		b							
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF	7):					
<u>র</u>	ceuse. Enter UNDERLYING CAUSE (Disease or injury	c							
ŧ۱	that initiated events resulting in deeth) LAST	DUE TO (OR AS	A CONSEQUENCE OF	-):					
斯 I		d							
	PART ii. Other algnificant condition	na contributing to deeth	but not recuiting i	n the underlyin	g cause given in	Part i. 24a.	WAS AN AUTOPSY	24b	WERE AUTOPSY FINDINGS
DICAL	Joh	rophrenis					PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
	HY		unemis			_ ''	YES 2 NO		OF DEATH?
≥									I LES & LINO
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (Ch	eck only one)			
25	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Out	tostlent 3 DOA	OTHER:	ne 6 🗆 Reeldence		alf d		
H	27. MANNER OF DEATH	28e. DATE OF INJURY	26b. TIM	E OF 28c, IN.	JURY AT		E HOW INJURY O	CCURED	
	1 Natural 5 Pending Investigation	(Month, Day, Year)	INJ		YES 2 NO				
ВУ	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJUR		street, factory, offic			(Street and Numb	er or Rural i	Route Number,
핃	4 Homicide determined	building, etc. (Spe	ecity)			City or Tow	m, State)		
COMPLETED	290. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my know	wladne deeth necurr	ed at the time, date	and place, and due	to the sever(e)	and manner on o	atad .	
M M	and any	ER: On the basic of examination							a) and manner se stated.
8									
BE	296. SIGNATURE AND TITLE OF CERTIFIE	111			29c. LICENSE NUI	MBER C	29d, D/	TE SIGNED	(Month, Day, Year)
0	30. NAME AND ADDRESS OF PERSON WH	10 COMPLETED CALIFE OF S	EATH /ITEM ON /E	Delett	77 17	x/1/	1	10//	146
	MAUP M	clive M	V 1/3	31 /sol	fin Ma	al R	ll Acc	-h	121014
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGI		1.00					7

0.75.0. 1

TO BE COMPLETED BY FUNERAL DIRECTOR

F.E.H.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1	•	FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CE	ERTIFIC	CATE O	F DEATH		REG. NO)			
1. OECEOENT'S NAME (First, Middle, Last)						2. DAT	E OF DEATH			3. TIME OF DEATH	
GARY	BERN	ARD		STEV	VER	MON 1	Ö	5 I	991	1:44	A
4. SOCIAL SECURITY NUMBER 5.	. SEX 6. A	GE (In yrs. las	t birthday)	IF UNDER 1 YEAR	F UNDER 24 HRS	_	E OF BIRTH			IPLACE (State or Fore	
100 00 21/1	M 2 □ F	20	YRS.	ONTHS DAYS	HOURS MIN.	(Mor	nth, Day, Year) 2 - 2 3 -	1970	Counti	nsylvani	-
9a. FACILITY NAME (If not Institution, give street PRINCE GEORGES		HOSP		b. CITY, TOW	OF LOCATION OF CHEVER				NTY OF D	EATH E GEORG	ES
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY											
THE STATE OF THE S	iladelphi	a	10c. CITY,	TOWN OR LO	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ade1p	hia			10d. INSIDE CITY LIMITS?	10
10e. STREET AND NUMBER					10f. ZIP CODE			10g, CIT	IZEN OF Y	VHAT COUNTRY?	
23½ Riv	er Road					1912	Ω		U. S	λ.	
	2. WAS DECEDENT EV	ER IN U.S. AR	MED	13. WAS D	ECENDENT OF HISP			n or No		- Amarican Indian	
1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 1 Y	R DATES	10	If yes,	specify Cuben, Mex ES 2 NO Spe	ican, Puarto	Rican, atc.)	0.110	Black Speci	k, White, etc.	•
15. DECEDENT'S EDUCATI	ION	16a. DE	CEDENT'S US	SUAL OCCUPA	TION	18	b. KINO OF BI	ISINESS /IN	DUETRY	White	
(Specify only highest grade con Elementary/Secondary (0-12)	npleted) College (1-4 or 5+)	(Gi	ve kind of wor Do NOT use r	k done during	most of working	1.0	o. Killo of Bi	7314E33714	DOSTRI		
10	Sollede (1-4 OL 2+)	Ma	rchant	Seam	an		Chin	nina			
17. FATHER'S NAME (First, Middle, Last)		THE.	Chanc	Seam	7			ping			
V	1-1 01-				18. MOTHER'S						
	rold Ste	ver				Marga		olfor			
19a. INFORMANT'S NAME (Type/Print)					t and Number or Run						
Harold Stever		23	3岁 Riv	er Roa	ad Phila	ade1p	hia,Pe	nnsy1	lvani	a 19128	
20a. METHOD OF DISPOSITION 1 Burlal 2x Cremation 3 Removal	t trom State			DISPOSITION	Name of	OA	TE 20c. L	OCATION -	City or To	wn, Stata	
4 Donation 5 Other (Specify)	THOM State		dale C	remato	orv	10	$/$ $ _{Lan}$	sda1e	. Pen	nsylvani:	a
21. SIGNATURE OF FUNERAL SERVICE LICENS					ANO ADDRESS OF						
> michael P. T	2			L			Marzul	10 Ft	nera	1 Service	е
23. PART I. Enter the diseases, or com				3981	Carrollt	con R	oad U	pperc	co, Ma	ryland 2	115
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	DUE TO (OR A			Mi	NEC					Onset and I	Death
cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR A	AS A CONSEC	DUENCE OF):								
PART II. Other significant conditions co	ontributing to deet	h hut not o			esemble of the						
	ontributing to deal	III Dat not n	esulting in	the underly	ng cause given i	n Part I.	1	NAUTOPSY RMED? 2 NO	24b.	WERE AUTOPSY FIND AVAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO	USE
25. WAS CASE REFERRED TO MEDICAL				28	PLACE OF OEATH (hack set: -	ne)				
EXAMINER? 1 X YES 2 NO 1	OSPITAL: Inpatient 2 XER/6	Industria -		THER:							
27. MANNER OF DEATH	28a. OATE OF INJU				ome 5 Residence	7					
1 Netural 5 Pending 2 Socidant Investigation	(Month, Day, Yes	27	1:44		NJURY AT YORK? YES 2 NO	DRI	SCRIBE HOW VER I			AUTO IM	PA
3 Sutcide 6 Could not be daterminad	28e. PLACE OF INJ building, etc. (URY — At hor Specify)	ROAI		fice	28f. LOC City M.D	CATION (Street or Town, Stete	and Number	or Aural A		
29a. CERTIFIER			-							,	
200. CERTIFYING PHYSICIAN MEDICAL EXAMINER: O	on the beals of axamin	nowledge, das ation and/or is	nveatigation, i	nt the time, de in my opinion,	te and place, and do death occured at th	ve to the ca ne time, det	use(s) and ma s and place, a	nner as atso	ted, na cause(s)	and manner as state	ed.
296. SIDMATURE AND TITLE OF CENTIFIER	unl	el	nD		29c. LICENSE N	C.M.	Ε.			(Month, Day, Year) - 1991	
TO MAME AND ADDRESS OF PERSON WHO CO	KE, N	DEATH-HITEN	1 27) (Type, Pri		STREET	BAI	TIMO	RE,M	ARYL	AND 212	0 1
31. DATE FILED (MOURY, Day, Hear)	Julia Davide	CON- Pan	dell								

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1	-	FOR STATE REGISTR	AR
Г	1. D	ECEDENT'S	NA

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

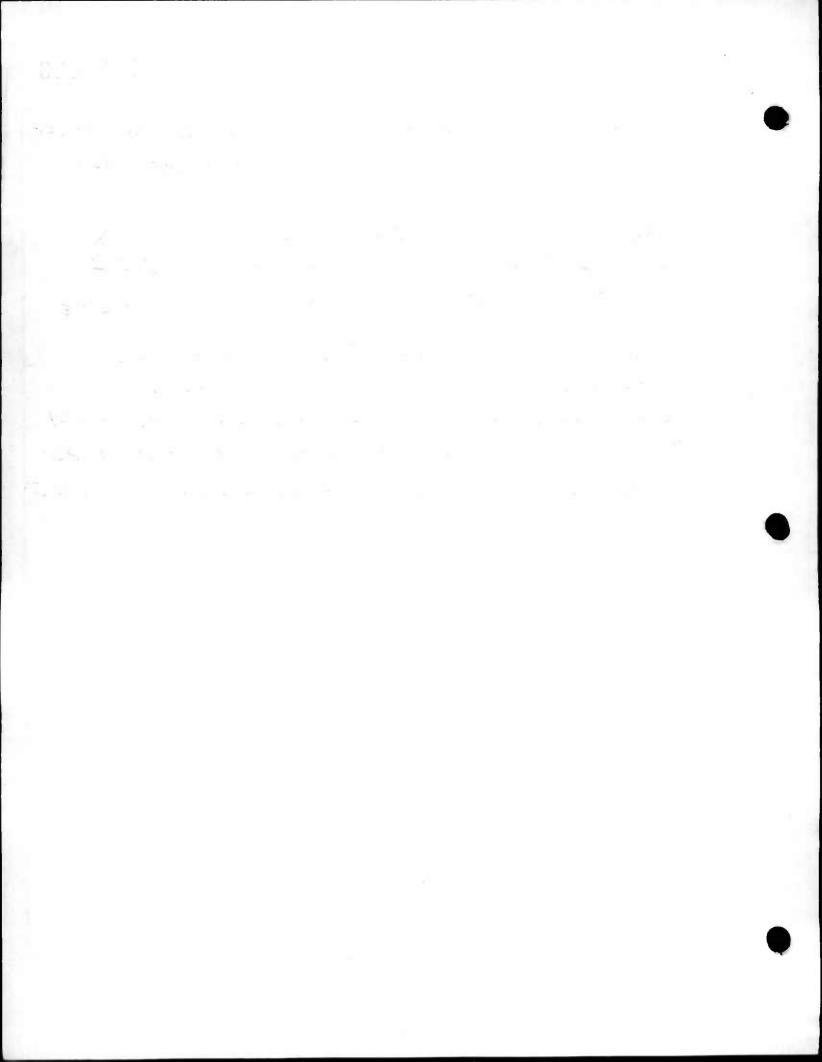
REGISTRAH		C	ERIIF	CALE	· UF	DEAL	п		REG. NO.			
1. DECEDENT'S NAME (First, Mid FLOE	de, Last) Victoria	SWI	SHER					2. DATE OF MONTH Septe	DA	30,	YEAR 1991	8:25 A
4. SOCIAL SECURITY NUMBER	5. SEX 1 \(\text{M} \) 2 \(\text{K} \) F	6. AGE (In yrs. In	rst birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF	BIRTH		8. BIRTHPL	ACE (State or Foreign
236-68-4742 9a. FACILITY NAME (If not institu	ion, give atreet and number)			9b. CITY,	TOWN C	R LOCATIO	ON OF DE				NTY OF DEA	
Memorial H	ospital	731				rlan				A	11ega	ny
10a. STATE 10	.county Hampshire	1		y, town o		ION						Od. INSIDE CITY LIMITS? YES 2 X NO
10e. STREET AND NUMBER					101	. ZIP CODI	E			10g. CIT	IZEN OF WH	AT COUNTRY?
St. Ro	oute 2					267	704				J.S.A	A.
11. MARITAL STATUS 1 Never Married 2 Mar 3 Widowed 4 Divorced	ried FORCES?	NT EVER IN U.S. A I YES 2 WAR OR DATES		H	f yes, sp	ENDENT Color Cube 2 XNO	n, Maxica	NIC ORIGIN? (in, Puerto Ric y:	Specify Yea an, etc.)	or No	Black.	- American Indian, white, atc. White
(Specify only hig	NT'S EDUCATION hest grade completed)		ECEDENT'S Give kind of vie. Do NOT us	vork done d	CUPATIO	ON st of workin	ng	16b. K	ND OF BUS	INESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	+)	Dome	sti	C				Hous	ewi	fe	
17. FATHER'S NAME (First, Middle	, Last)		Dome	,001		16. MOT	HER'S NA	ME (First, Mid		-		
Tesac	H. Timbroo	e				Cor	de	lia S	nvde	r		
19a. INFORMANT'S NAME (Type)			9b. MAILING	ADDRESS	(Street a			Route Number,			p Code)	
Avin S	visher											Va. 267
20a. METHOD OF DISPOSITION 1 Description Surface Special Communication Surface	3 🗆 Removal from State	20b. PLAC	E AND DATE	E OF DISPO	OSITION	(Name		DATE	20c. LO	CATION -	City or Town	
21. SIGNATURE OF FUNERAL SI	RVICE LICENSEE	20)	22.1	NAME A	Boz	SS OF FA	CILITY				
Jan	es t.	Lyle		A	ugu	sta	.W.	Va.	2670	4		
disease or condition resulting in death)	a. DUE TO	O (OR AS A CONSI	Myoc EOUENCE OF Peroxic	ardin Pi: Cl	andi	nyarc	erfas	Dise	alc			
Sequentielly list condition If any, leading to immedia	~			F):								
cause. Enter UNDERLYING CAUSE (Disease or injury	C	O/A		n.								-
that initiated events resulting in deeth) LAST		Adjed Sti		•	Mit.	6						
		- 1										
PART II. Other algnificant	Wil	o death but not	resulting	in the un	ideriyin	g cause	given in		4a. WAS AN PERFOR	MED?		NERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO M EXAMINER?	HOSPITAL:			OTHER		LACE OF E	DEATH (C	heck only one)				
1 WES 2 NO		☐ ER/Outpatient		4 🗆 Nun	sing Hon		esidence	6 Other (
27. MANNER OF DEATH 1 Natural 5 Per 2 Accident	ding 28a. DATE O (Month, stigation	F INJURY Day, Year)	28b. TIM	URY M	W	URY AT ORK? YES 2 [□ NO	28d. DESC	RIBE HOW I	NJURY O	CCURED	
3 Suicide 8 Co	old not be pullding trmined	OF INJURY — At I	home, farm,	street, fact	tory, offic			26f. LOCAT City or	ION (Street Town, State)	and Numb	er or Rural Ro	ute Number,
CONDUCK OWNY	ING PHYSICIAN: To the best											and manner as stated.
29b. SIGNATURE AND TITLE OF	CERTIFIER D352	- MB	1.				ENSE NU	MBER 334		29d. DA	TE SIGNED	Month, Day, Year)
30. NAME AND ADDRESS OF P	ERSON WHO COMPLETED CA	USE OF DEATH (IT	EM 27) (Type	, Print)	_		_					* /
Dr. Dinesh		ox 131			D	215	556					
31. DATE FILED (Month, Day, Yea) 32. REGISTI	AR'S SIGNATURE	LIIIL	111 و 1					_			_
1 0 104		١٠١ ا										

edul " .

IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF H	EALTH AND MENTAL HYGIENI
CERTIFICATE OF	DEATH REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTM CERTIFIC	IENT OF HEALTH AND M ATE OF DEATH	IENTAL HYGIENE REG. NO.	71 20090
		J SLOBODA		2. DATE OF DEATH DAY	YEAR 3. TIME OF DEATH
	218-22-5344	X□ M 2 □ F 63 YAS. MOI	UNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Moeth, Day, Year) +-21-1928	8. BIRTHPLACE (State or Foreign Country) D.
TOR	8a. FACILITY NAME (If not institution, give stree CHURCH HOSPITAL RESIDENCE OF DECEDENT		CITY, TOWN OR LOCATION OF DEA BALTIMORE CIT	TH 9c. COU	NTY OF DEATH
DIRECTOR	10a. STATE 10b. COUNTY	10c. CITY, TO	OWN OR LOCATION		10d. INSIDE CITY LIMITS? 1 YES 2 \(\square\) NO
FUNERAL	3/10 FAIT	AVE.	101. ZIP CODE 2/224	l 10g. CITI	IZEN OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WIR OR DATES	13. WAS DECENDENT OF HISPANIC If yea, specify Cuban, Mexicen, 1 YES 2 NO Specify:	C ORIGIN? (Specify Yaz or No— , Puerto Rican, etc.)	14. RACE — American Indian, Black, Whita, atc.
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor Elementary/Secondery (0-12)	TION 16a. DECEDENT'S USU	done during most of working	16b. KIND OF BUSINESS/INC	DUSTRY
OMP	17. FATHER'S NAME (First, Middle, Last)	MECH.	OPERATOR	STEEL	IND.
BE C	PAUL SL	OBODA	JUL	E (First, Middle, Melden Surname)	,
٩	19a. INFORMANT'S NAME (Type/Print) EVA M. SLO	BODA 3/10	PATT AUC.	BALTO . M	D. 21224
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Remove 4 Donetion 5 Other (Specify)	HOL/KB		DATE 20c. LOCATION -	City or Town, Stata
	21. SIGNATURE OF FUNERAL SERVICE LICEN	I Akurlo J.	22. NAME AND ADDRESS OF FACE HOFFMANA "	- SKALDA 3:	218 4UDSONST
	23. PART i. Enter the diseases, or object, or heart fellure. Lie	nplicatione that caused the deeth. Do not a	enter the mode of dying, such	es cardiac Dr respiratory err	eet, Approximate Interval Between
	iMMEDIATE CAUSE (Final disease or condition resulting in deeth) s	Metas to to DUE TO (OR AS A CONSCOUENCE OF):	c Concer of	Colon	Onset end Desth
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEQUENCE OF):	~		=
CERTIFICATION	CAUSE (Disease or injury that initieted events resulting in deeth) LAST	DUE TO (OR AS A CONSEQUENCE OF):			
ا د	PART II. Other eignificent conditions of	contributing to death but not resulting in the	te underlying cause given in Pr	art I. 24a. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICA	Diabe	etes Mellitus		PERFORMED?	AVAILABLE PRIDR TO COMPLETION OF CAUSE DF DEATH?
N: N					1 TES 2 NO
SICIA			26. PLACE OF DEATH (Check HER:		
	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY	Nursing Home 5 Realdence 8 28c. INJURY AT WORK? M 1 YES 2 NO	Other (Specify) 26d. DESCRIBE HOW INJURY OCC	URED
тер ву	2 Accident Investigation 3 Suicide 8 Could not be detarmined	28e. PLACE OF INJURY — At home, ferm, street building, etc. (Specify)		28f. LOCATION (Street and Number City or Town, State)	or Rural Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 🔀 CERTIFYING PHYSICIAL (Check only one) 2 🗌 MEDICAL EXAMINER: C	N: To the best of my knowledge, death occurred at On the basis of axamination and/or investigation, in	the time, date and placa, and dua to my opinion, death occured at the tir	the cause(a) and manner as atate	ed.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	HOUSE OFFICER	Dec degrees were		SIGNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print	AL D 405 CHURCH HO ROADWAY, BAT	SPITAL MO	21231
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE	/ 3/10	zimoke, my	
	SEP 2 6 '91	Gedia Davidson-Randalle			



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	1. DECED	ENT'S NAME (First, M	BERG BLANCHE V. STROMBERG					-	G	2. DATE OF DEATH MONTH 9 29 MG 1 10:49				
	4. SOCIAL	SECURITY NUMBER	R	5. SEX	8. AGE	(In yrs. last		DER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH	1991 6. BIR	THPLACE (State or Foreign	
	20	2-28-5	3979	1 🗌 M 2 🚁		36	YRS. MONTH				11-05		WITC)	
OB	Hou	DARD CO	UNTY		0 1	Losp	700 00 0	LUMI	OR LOCATION OF	9c, COUNTY OF DEATH HOWARD				
DIRECTOR	10e. STAT	100	106. COUNTY		0		10c. CITY, TOW			,			10d. INSIDE CITY LIMITS?	
	10a. STRE	ET AND NUMBER		towa		-	ELLI		IOI. ZIP CODE	4		1 TYES 2 NO		
FUNERAL	11 MARIT	8525	HIGH	RIDGE			MEO I	2 WAS D	21043	ANIC ODICINA (6	Specific Ven es l		o o A o	
BY	1 - New	or Married 2 M	-1110	FORCES?	1 YES	2 N		If yes, t	specify Cuban, Mexic ES 2 NO Spec	cen, Puerto Rice		Bio	eck, white, etc.	
LETED	Eleme	(Specify only intery/Secondary (0-1)		completed)	(Give kind of work done due College (1-4 or 5+) (Give kind of work done due life, Do NOT use retired.)			ne during r d.)	TION most of working	16b. Kil	ND OF BUSINE	ESS/INDUSTRY		
6th 17. FATHER'S NAME (First, Middle, Last) FRANK STAUB				UBITZ						AME (First, Midd RUPPE		name)		
TO BE		RMANT'S NAME (Typ) CY ANN		CO		198	802 MA	ESS (Stree PLE)	t and Number or Run BROOK R	D . , RA	City or Town, St	tate, Zip Code) LSTOW	N, MD 2115	
	1 N Burl	el 2 Cremation	3 🗆 Rem	oval from State	20	0b. PLACE	ncel		cemetery, cremetory of ORIAL G.	ARDENS		ION — City or	Town, State SVILLE, MI	
		20s. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Removal from State 4 Donation 6 Other (Specify)				OUT	T TTGT ANTA	TATTE TATA	OKIAL G		1/1271/1	VTOTI	DA TETETE & TATE	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE						- 2	22. NAME	AND ADDRESS OF I	FACILITY ST	LACK I	FUNER	AL HOME	
	•	John !!	alle	Dla.	e MC		5	387:	1 ELPIE	8HHME	ACK A PI	E 21	043	
	23. PAR	John (cella eesee, or c	Dla.	thet cause cause on	ed the de each line	5 eth. Do not en	387:	1 ELLIE	8HHME	ACK IACK IACK	E 21		
NO	23. PAR IMMEDI disease resultin	1. Enter the dia shock, or her ATE CAUSE (Fina or condition g in deeth)	poesee, or cart fellure.	<u> </u>	thet cause cause on	ed the de each line	5 eeth. Do not en	387:	1 ELLIE	8HHME	ACK PI	E 21	043 Approximate Interval Between	
ICATION	23. PAR IMMEDI disease resultin Sequen If any, I- cause. I	A. Enter the disabook, or her abook, or her or condition g in deeth)	ceesee, or cart fellure.	<u> </u>	thet cause cause on	ed the de each line	5 eeth. Do not en	387:	1 ELLIE	8HHME	ACK PI	E 21	043 Approximate Interval Between	
ERTIFICATION	23. PAR IMMEDI disease resultin Sequen if any, i- cause. i CAUSE that Init	A. Enter the disabock, or her abock, or her or condition g in deeth) tielly list condition adding to immedianter UNDERLYIN	one, lete	<u> </u>	thet cause cause on	ed the de each line	5 eeth. Do not en	387:	ellie node of dying, at rest if ation	8HHME	ACK PI	E 21	043 Approximate Interval Between	
EDICAL CERTIFICATION	23. PAR IMMEDI disease resultin Sequen if any, icause. I CAUSE that init	A. Enter the dia ahock, or her ahock, or her are cause (Fina or condition g in deeth) tielly list condition adding to immedienter UNDERLYIN (Disease or injuriated events	ocesoe, or cart fellure.	b. Dut	thet cause on the to (or as to (or a	af Mine de each line af Mine af Mine a Consec	South. Do not end.	387: Ler the n Av Thom February	ellie node of dying, at rest if ation	och es cerdled	ACK PITY, TO PERFORME	21 ory arreat,	043 Approximate Interval Between	
MEDICAL	23. PAR IMMEDI disease resultin Sequen if any, icause. I CAUSE that init	A. Enter the dischock, or her are cause (Fina or condition g in deeth) tielly list condition adding to immedianter UNDERLYIN (Disease or Injury lated events g in death) LAST	ocesoe, or cart fellure.	b. Dui	thet cause on the to (or as to (or a	aconsection but not related	South. Do not end.	387: ter the n An Home He underly	ellie node of dying, at rest if ation	och es cerdled	Ie. WAS AN AUT PERFORMEI	21 ory arreat,	Approximate Interval Between Onset and Deat South Sout	
MEDICAL	23. PAR IMMEDI disease resultin Sequen if any, i. cause. I CAUSE that init resultin PART II.	Itelly list conditions of the significant of the si	one, late of the condition of the condit	a. Cu b. Dui c. Dui d. Ch HOSPITAL	thet cause on Cause o	ad the deep line almost A consecutive a consecutive but not related to the consecutive	Seeth. Do not ent. JUNIONE OF: ter the name of the state of th	node of dying, au rust lifation of discourse given to 1971 PLACE OF DEATH (ich es cerdled in Part I. 24 Check only one)	Ia. WAS AN AUT PERFORME! YES 2 188	21 ory arreat,	Approximate Interval Between Onset and Deat Somma 30 Comma 9 years 10-5 yes. 10-5 yes. Alb. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
ICAL	23. PAR IMMEDI disease resultin Sequen if any, i. cause. I cause. I CAUSE that Init resultin PART II.	I. Enter the disabock, or her abock, or her are CAUSE (Fina or condition g in deeth) Itielly list condition and the condition g in deeth) Itielly list condition and the con	one, lete of condition on the condition of the condition	complications List only one a. Co DUI c. DUI d. Co HOSPITAL 1 Inpetient	thet cause on Cause o	at the deep	Seeth. Do not ent. JUNIONE OF: ter the n	Inde of dying, at the last of	ich es cerdled in Part I. 24 Check only one) 6 🖰 Other (6	Ia. WAS AN AUT PERFORME! YES 2 188	TOPSY 2	Approximate Interval Between Onset and Deat Somma 30 Comma 9 years 10-5 yes. 10-5 yes. Alb. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
ED BY PHYSICIAN: MEDICAL	23. PAR IMMEDI disease resultin Sequen if any, i- cause. i CAUSE that init resultin PART II. 25. WAS (EXAM 1 27. MANN 1 3	ATE CAUSE (Fina or condition gin deeth) tielly list condition gin deeth) tielly list condition gin deeth) tielly list condition gin deeth) tielly list condition gin deeth) Chief significant gin death LAST Other significant gin deeth LAST Other significant gin deeth LAST Other significant gin deeth LAST OTHER SIGNIFICANT GINER	one, lete of condition on the condition of the condition	d. DUI C. DUI d. C. HOSPITAL 1 Inpetient 28e. PLA 28e. PLA	thet cause on cause on cause on cause on cause on cause on cause on cause on cause on cause of cause o	aconsection of the following states of the following s	DUENCE OF: DUENCE OF: DUENCE OF: DUENCE OF: DUENCE OF: DUENCE OF: DUENCE OF: DUENCE OF: DUENCE OF: DUENCE OF: DUENCE OF: DUENCE OF: DUALLE	ter the n	Ing cause given to 1975 PLACE OF DEATH (1) OTHER STREET	In Part I. 24 Check only one) 6 Cother (S 28d. OESCR	IA. WAS AN AUTPERFORMER YES 2 15.	TOPSY D?	Approximate Interval Between Onset and Deat Somma 30 Comma 9 years 10-5 yes. 10-5 yes. Alb. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
BY PHYSICIAN: MEDICAL	23. PAR IMMEDI disease resultin Sequen if any, i cause. i CAUSE that init resultin PART II. 25. WAS (EXAM 1 27. MANN 1 3 3 4 1	I. Enter the disabock, or her abock, or her are CAUSE (Fina or condition g in deeth) Itielly list condition and in deeth) Itielly list condition and in deeth) Itielly list condition and in deeth) Itielly list condition and in deeth) Other significant Oth	one, art feilure. ii int condition MEDIJAL. Prinding meeting to be etarmined	complications List only one a. Ca DUI C. DUI d. C. DUI HOSPITAL 1 Inpetient 28e. PLA built DICIAN: To the be	thet cause on cause on cause on cause on cause on cause on cause on cause on cause on cause of cause o	ed the deech line a Lonse A CONSEC potent. Do not ent. January DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): LITTURE MALE DOA OTH 28b. TIME OF INJURY Morne, farm, street, path occurred at the	ter the name of the state of th	ing cause given place of DEATH (1971) PLACE OF DEATH (1971) PLACE	In Part I. 24 Check only one) 28d. OESCR 28f. LOCATH City or 1	Ia. WAS AN AUT PERFORMED YES 2 150 ON (Street and Jown, State)	TOPSY 2 D7 P NO DRY OCCURED Number or Run	Approximate Interval Between Onset and Death Smin 30 Command 10-15 pt 10-15		

a em in e e

	1. DECEDENT'S NAME (Fire Howard An		Sinia						2. DATE OF MONTH	DEATH DA	19		:30 A
	4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In yr	s. last birthday)	IF UNDER 1 Y	EAR	IF UNDER 24 HRS.	7. DATE OF	ВЯТН		BIRTHPLAC	CE (State or Fore)
1/1	221-28-401	3	1 ☑ M 2 ☐ F	4	7 YRS.	MONTHS D	AYS	HOURS MIN.	6-19-	44		country) Delawa	are
1) [8s. FACILITY NAME (# not		street and number)		•	9b. CITY, TO	OWN O	R LOCATION OF DI		1	9c. COUNTY		
15	Union Hosp	ital				Elkt	on				Cec	ri l	
DIRECTO	RESIDENCE OF DE	CEDENT 10b, COUNT	v		L son Cr	TY, TOWN OR I		1011	_				. INSIDE CITY
E	134111030	1,000,000	•		1000	1 - 7 - 1	LOCALI	ION				100	LIMITS?
	Maryland 10a, STREET AND NUMBER	Cecil			<u> </u>	lkton	101	ZIP COOE	_		10g. CITIZEI	_	YES 2X N
FUNERAL	19 Oakrid							21921			USA	or with	COUNTRIT
Z	11. MARITAL STATUS		12. WAS DECEOE	NT EVER IN U.S	S. ARMEO		S DECE	ENDENT OF HISPAI				RACE -	American Indian, ille, etc.
à l	1 Never Merried 2 \(\sqrt{2} \) 3 \(\sqrt{3} \) Widowed 4 \(\sqrt{1} \) Div			1 YES 2				2 NO Specif		in, etc.)		Specify: W	hite
COMPLETED	15. DE (Specify of	CEDENT'S EDI	JCATION e completed)	18-	e. DECEGENT'S	S USUAL OCCL work done duri	UPATIO	N st of working	16b, KI	ND OF BUS	INESS/INDUS	TRY	
9	Elementary/Secondary		College (1-4 or 5		955	F 2/2							
₩ B	12			1	ruck d	river		6			ing Co	٥.	
	17. FATHER'S NAME (First,							16. MOTHER'S NA			Surname)		
BE	Steve Syv							Lillian					
임	19e. INFORMANT'S NAME							nd Number or Rural					
	Lora M. S			205 81		JAKTICO		Ct. Elkt				1921	Photo
	1 X Buriel 2 Cremat 4 Donation 5 Oth	ion 3 🗆 Rer	noval from State					st Cem.	195	No.	th Eas	y or lown,	T
	21. SIGNATURE OF FUNER		CENOCE	/ NOI C	II Last	7 7		ID ADDRESS OF FA					
	1/06	119	///	(/			outh Mai	C.		Fune		
	iMMEDIATE CAUSE (F disease or condition resulting in death)	insl	a. Mal	O (OR AS A CO	# /	Jelan	0	ma					Onset and
SICAL CERTIFICATION	Sequantially list cond if any, lasding to imm cause. Enter UNDERL CAUSE (Disease or in that initiated avents resulting in death) LA	ediata YING jury	b. DUE TO	O (OR AS A CO	ONSEQUENCE (OF):							
C	PART II. Other algoritic	cant condition	na contributing to	o dasth but	not reaulting	In the unde	erlying	g cause given in	Part I. 2	4a. WAS AN		24b, WE	RE AUTOPSY FIN
4: MEDICAL									_ '	PERFOR		OF	ILABLE PRIOR TO MPLETION OF CA DEATH?
Ĭ.	25. WAS CASE REFERRED EXAMINER?	TO MEDICAL				_	26. PL	ACE OF OEATH (C/	neck only one)				
SK	1 TES 2 NO		HOSPITAL:	☐ ER/Outpatio	ent 3 🗆 DOA	OTHER:	g Hom	e 5 Residence	6 🗆 Other (S	Specify)			
Y PHYSICIAN:		Pending		Day, Year)	28b. Ti	NJURY	WO	URY AT PRK? YES 2 NO	28d. DESCF	RIBE HOW II	NJURY OCCU	RED	
тер ву	2 Accident 3 Suicide 6 4 Homicide	Could not be determined	26e. PLACE	OF INJURY — g, etc. (Specify)	At home, farm	, street, factory	y, office	•	261. LOCATI City or	ION (Street a Town, State)	and Number or	Rural Route	Number,
COMPLETED	anal												d manner ee st
S	296. SIGNATURE AND TITE	LE OF CERTIFY	ER					29c. LICENSE NU	MBER		29d. DATE S	SIGNED (Mg	rith, Day, Year)
1 000 11	Meste .	1-11	MID					715	314		N 01	/	01
O BE	4 4 5 4	2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the signature and title or certifier 29c. LICENSE NUI 715									7/	2//	7/
TO BE COM	30. NAME AND ACCORESS If Fark 31. DATE FILED (Month, Da	as, /	17, Nor	RAR'S SIGNATE	Che	oe, Print) Sapea	ka	Hospice	11/ Hve	wid	51.E	1/to	7 <i>/</i>

FEE 17 7- 1

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

oscar Sheri									DAY YEAR		3. TIME OF DE	P		
USCAL SHELL						_		9-		Ö		1:56		
714-14-7461	5. SEX	1 2 🗆 F	6. AGE (In yrs 78		MONTHS DA	AR IF UND	MIN.	Mant	of BIRTH h, Day, Year)	13	Count	HPLACE (State or try) MARYL		
9e. FACILITY NAME (If not institut					9b. CITY, TO	WN OR LOCA	TION OF DE	EATH	TO THE STREET	9c. CO	UNTY OF	DEATH		
Montgomery	Genera	al Ho	ospita	ai	01	ney				Mor	ntgo	mery		
RESIDENCE OF DECED	ENT COUNTY			40.00	TV 20001 00 1							10d. INSIDE CITY		
	MONTGOM	env			TY, TOWN OR L						LIMITS?			
IO. STREET AND NUMBER	HUNIGORI	CKI	_	211	TAEK 91	10t. ZIP CO		1			1 X YES 2 10g. CITIZEN OF WHAT COUNTRY?			
2921 N. LEISU	DE MORT	DT U	m #21	4								STATES	•	
1. MARITAL STATUS			T EVER IN U.S		40 1000							di		
Never Merried 2 Mar 3 Widowed 4 Divorced	ried FO	FORCES? 1 YES 2 X N IF YES, GIVE WAR OR DATES			¶ NO If yes, specify Cubsn, Mexic 1 ☐ YES 2 X NO Spec			ANIC ORIGIN? (Specify Yee or No— cen, Puerto Ricen, etc.) ifly:			Spec	CE — American in ck, White, atc.	aien,	
	NT'S EDUCATION host grade complete	w/l)	16a		NT'S USUAL OCCUPATION d of work done during most of working OT use retired)				18b. KIND OF BUSINESS/					
Elementery/Secondery (0-12)		ge (1-4 or 5		Iffe. Do NOT L	use retired.)	a mon or wor	an ig							
MEW Y F		1		MANAGEMENT 10 MOTHER'S NA					RAILE	ROAD				
17. FATHER'S NAME (First, Middle				18. MOTHER'S NA				ME (First,	Middle, Malde	on Surname)			
JULIUS SHERM				MARY 19b. MAILING ADDRESS (Street and Number or Rural F								No. of the last live		
19a. INFORMANT'S NAME (Type/														
FRANCES SHER	MAN	(WI	FE)	2921	N. LEI	SURE	WORLI) BL	/D.#21	16, S	ILVE	R SPRIN	G,	
200 METHOD OF DISPOSITION 1 XBurlel 2 Commetton	3 🗆 Removal from	m State			TE OF DISPOSITE OF OTHER		ARDEN		20c. t			fown, State H, VIRGI	NIA	
		TITIO	DETAIL											
1. SIGNATURE OF FUNERAL SERVICE LICENSEE			KING	DAVII	22 NAS	AE AND ADDE	ESS OF EA	CILITY						
		4	·	DAVII	DANZ	ME AND ADDR	ESS OF FA	DBERC	MEMO	RIAL	CHAI	PELS, I	NC.	
21. SIGNATURE OF FUNERAL SE	FRVICE LICENSEE	etions the	et ceused the	e deeth. Do	DANZ 1170	ZANSKY ROCK	TESS OF FA —GOLI VILLI	DBERGE PIR	MEMO	ORIAL OCKVI	CHAI	PELS, I	NC. B52	
21. SIGNATURE OF FUNERAL SE	THE LICENSEE	ly one ce	et ceused the	e deeth. Do line.	DANZ 1170	AND ADDR ANSKY ROCK mode of c	NESS OF FA —GOLI VILLI lyling, auc	DBERGE PIR	MEMO KE, RO	ORIAL OCKVI	CHAI	PELS, I	NC. 852	
23. PART I. Enter the disesence or condition resulting in deeth)	see, or complicate on a.	ly one ce	et ceused the	e deeth. Do line.	DANZ 1170	AND ADDR ANSKY ROCK mode of c	NESS OF FA —GOLI VILLI lyling, auc	DBERGE PIR	MEMO KE, RO	ORIAL OCKVI	CHAI	PELS, I	NC. 852	
23. PART I. Enter the disection of the condition resulting in deeth) 23. PART I. Enter the disection of the condition resulting in deeth)	proceduce see	DUE TO	et ceused the	e deeth. Do line.	22. NAM DANZ 1170 not enter the	AND ADDR ANSKY ROCK mode of c	NESS OF FA —GOLI VILLI lyling, auc	DBERGE PIR	MEMO KE, RO	ORIAL OCKVI	CHAI	PELS, I	NC. 852	
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23. PART I. Enter the disease or condition resulting in deeth) Sequentially liet conditions if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	proceduce see	DUE TO	et ceused the use on each	e deeth. Do line. NSEQUENCE (22. NAM DAN2 1170 not enter the	AND ADDR ANSKY ROCK mode of c	NESS OF FA —GOLI VILLI lyling, auc	DBERGE PIR	MEMO KE, RO	ORIAL OCKVI	CHAI	PELS, I	NC. 852	
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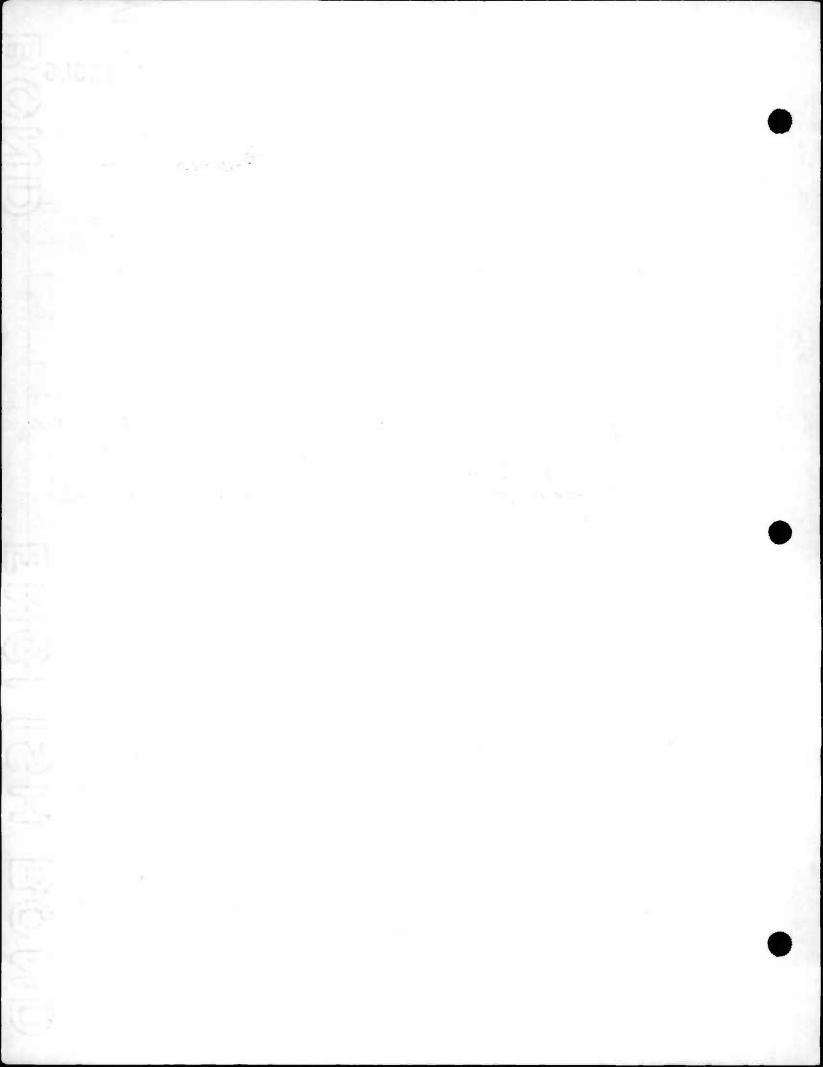
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 and filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

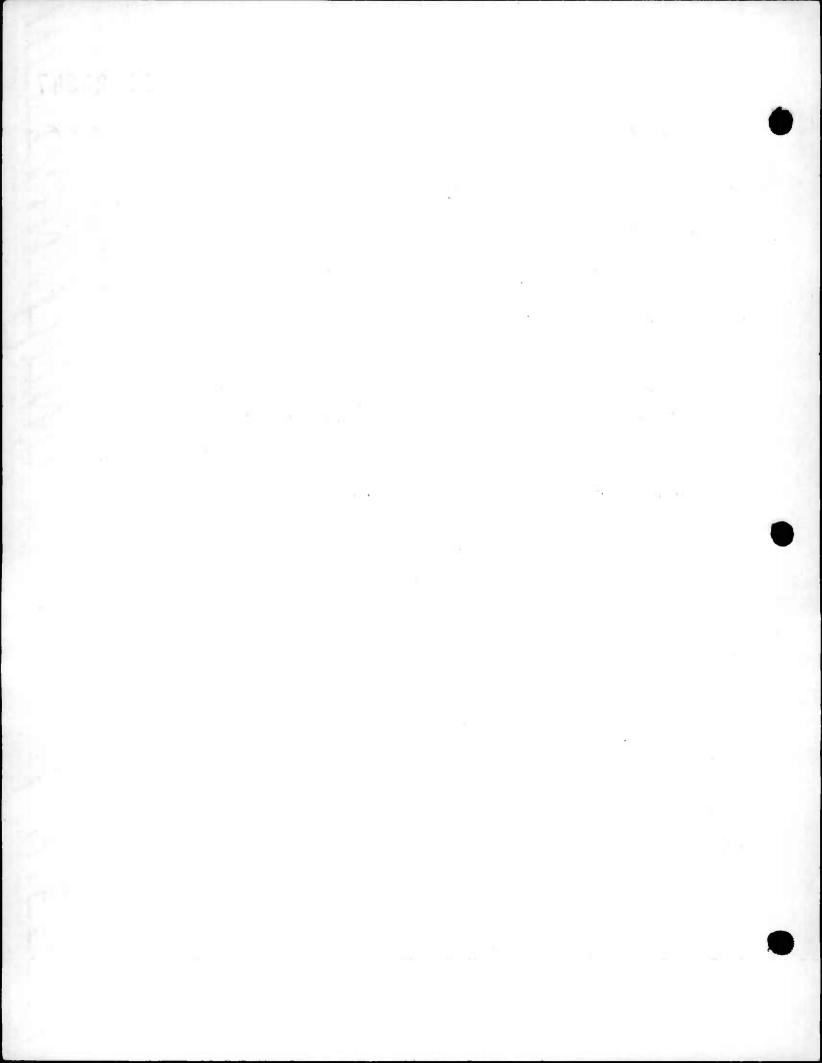
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TO THE HOSPITAL DA ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	ate Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If liem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending phys	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene pi	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other

	1 - STATE REGISTRAR	SIAIE UP I			ICATE (MENIAL	REG. NO.	E	21	20047
	1. DECEDENT'S NAME (First, Middle, L	SINCI	air						2. DATE OF MONTH Sept	ember		YEAR	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 219-98-1323	5. SEX 1 M 2 X F	8. AGE (In yrs. last birt	thday) YRS.	IF UNDER 1 YE		UNDER 2	4 HRS. MIH.	7. DATE OF			6. BIRTHPL	ACE (State or Foreign
OR	9a. FACILITY NAME (If not institution, g PRESIDENTIAL W	OODS NURSI	NG HOME		9ь. сіту, то Adel							NTY OF DEA	
FUNERAL DIRECTOR	10a. STATE 10b. CO		10	De. CIT	Y, TOWN OR L	OCATION						1	Dd. INSIDE CITY LIMITS?
ā	Maryland Mon	ntgomery	2	Sil	ver Sp	ring	5					YES 2 NO	
AL	10e. STREET AND NUMBER					10f. ZIP					10g. CIT	IZEN OF WH	AT COUNTRY?
5	1102 Cavendish			20904						Ja	maica		
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDER FORCES? IF YES, GIVE	NT EVER IN U.S. ARMED I YES 2 X NO MAR OR DATES	ARMED 13. WAS DECENDENT OF HISPAN If yea, specify Cuban, Maxical 1 YES 2 NO Specify				n, Puerto Ric		or No-	14. RACE Black, V Specify: Blac	- American Indian, Yhita, etc.	
COMPLETED	15. DECEDENT'S . (Specify only highest of Elementary/Secondary (0-12) 1 2	rade completed)	(Give k iffe. Do			DENT'S USUAL OCCUPATION find of work done during most of working NOT use retired.) SEWIIE				ome	BINESS/INI	DUSTRY	
N N	17. FATHER'S NAME (First, Middle, Last	1	nous	sew	TIE	40	MOTH	COLO MAI	ME (First, Mic		C		
2	Joseph Curling								Gord		ourname)		
BE	19a. INFORMANT'S NAME (Type/Print)		19b. M	19b. MAILING ADDRESS (Street and Number or Rural							o State 76	n Cade)	
2	Gwendolyn Sinc	lair		196. MAILING ADDRESS (Street and Number or Rural F									land 20704
	20a_METHOD OF DISPOSITION 1		20b. PLACE OF I	20b. PLACE OF DISPOSITION (Name of commetery, cremetery or								City or Town	
	1 \(\bar{\text{\Lambda}} \) Burial 2 \(\bar{\text{Cremation}} \) Cremation 3 \(\bar{\text{\Lambda}} \) 4 \(\bar{\text{\Lambda}} \) Donation 5 \(\bar{\text{\Lambda}} \) Other (Specify) .	Ramoval from State	Gate of	f H	eaven	Ceme	ter	v				Sprin	
	21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE	1/1						al Se				6,
	De la C	Sal	X_										n, D.C.
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	O (OR AS A CONSEQUE O (OR AS A CONSEQUE O (OR AS A CONSEQUE	NCE C	PF):	oke	25						
MEDICAL	PART II. Other significent cond		o death but hat resu				suse g	Iven In		PERFOR	MED?	O C	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
Z		. 1											
<u>S</u>	25. WAS CASE REFERRED TO MEDIC/ EXAMINER?	HOSPITAL:			OTHER:				eck only one)				
PHYSICIAN:	1 TYES 2 TNO	1 Inpatient 2	ER/Outpatient 3 EINLIERY 2	DOA 8b, TII	4 Nursing	Home 5	_	idence		Specify) RIBE HOW I	N II IDV C	CHRED	
	1 Natural 6 Pending	(Month,	Day, Year)	IN	JURY M	WORK?		NO	280, DEŞU	HIBE HOW I	NJUHT OC	COMED	
ED BY	2 Accident Investigat 3 Suicide 8 Could no 4 Homicide detarmine	be 28a, PLACE building	OF INJURY — At home,	, farm,	street, factory				28f. LOCAT City or	TION (Street Fown, State)	and Numbe	or or Rural Roo	ite Number,
COMPLET	ana)	HYSICIAN: To the best of	examination and/or inve	atigati	ion, in my opin	lon, death	occure		time, data a		d due to t	he cause(a)	and manner as stated.
BE	Aut the	Cov	ering t	h	ysici	an	D	31	00/		1	1/30	191
2	30. NAME AND ADDRESS OF CERSON	WHO COMPLETED CAL	B 147.	7) (Typ	e, Print)	ree	5	5-6	gav	d. 7	C117	70	1.#430
	31. DATE OF MONDY Day 900	galie D	un's SIGNATURE	82	-						•		

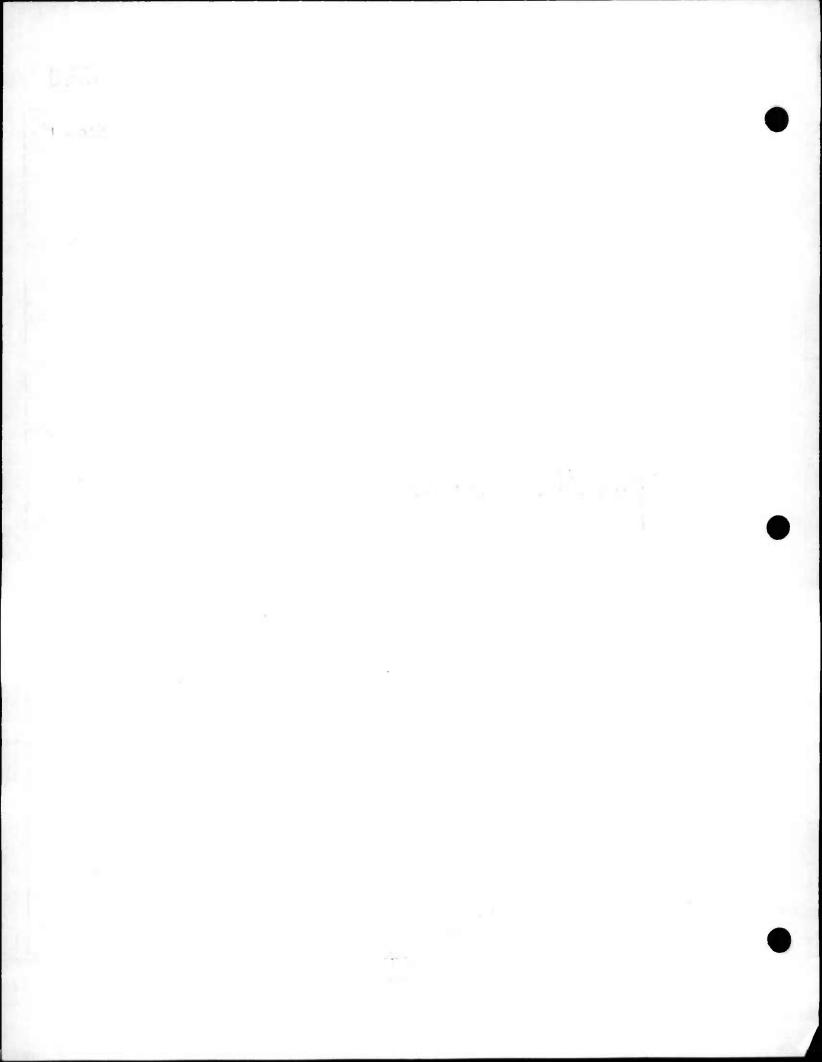


TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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	1 - STATE REGISTRAR	STATE OF MARYL	CERTIF	ICATE OF		MENTAL HYGIE		28548	
1	1. DECEDENT'S NAME (First, Middle, Las ROBSET 5	Robert (N.M. AFCHICK	I.) Safe	chick		2. DATE OF DEATH	PAY 1991 FAR	3. TIME OF DEATH 3:00 P M	
)	4. SOCIAL SECURITY NUMBER 099-10-3707	1 K) M 2 🗆 F	(In yrs. lest birthday) 88 YRS.	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) July 16,	1903 Nev	THPLACE (State or Foreign	
TOR	9a. FACILITY NAME (If not institution, give Hebrew Home of V			Pockvil	n location of the	DEATH	9c. COUNTY OF		
FUNERAL DIRECTOR	10e. STATE 10b. COUN	gomery		y, town on Locat				10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
VERAL	100. STREET AND NUMBER 2400 Colston Dri			101	20910		U.S.A	WHAT COUNTRY?	
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES	SX VINO	If yes, sp	ecity Cuben, Mexic 2X NO Speci	NIC ORIGIN? (Specify Yean, Puerto Rican, atc.)	Ble	CE — American Indian, ack, White, atc.	
COMPLETED	15. DECEDENT'S EC (Specify only highest grain Elementary/Secondary (0-12) 8th Grade	Coffege (1-4 or 5+) None	16a. DECEDENT'S (Give kind of the Do NOT us Electri	USUAL OCCUPATION Work done during mose retired.)	ON st of working	186. KIND OF BU	JSINESS/INOUSTRY		
	17. FATHER'S NAME (First, Middle, Last) Herman Safchick					AME (First, Middle, Maide	n Sumame)		
) BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADORESS (Street a	Yetta	Route Number, City or To	vn. State Zin Code)		
5		Daughter)	2400	Colston	Drive #	103, Silve	r Spring	, Md. 20910	
	20e. METHOD OF DISPOSITION 1 Burlal 2 Acremetion 3 Re 4 Densition 1 Other (Specify)	movel from State	PLACE AND DATE	of Disposition (Na ther place) Can Crema			OCATION — City or	Town, State , Virginia	
	21. SIGNATURE OF FUNERAL SERVICE I		um	22. NAME AN	D ADDRESS OF FA	S Sons Fu	neral Ho	me, P.A. , Md. 20781	
z	IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	a. DEME	the death. Do rach line.		de of dying, suc	ch ea cardlec or resp	plratory arrest,	Approximete Interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in deeth) LAST	c	CONSEQUENCE OF						
PHYSICIAN: MEDICAL	PART II. Other algorificant conditions of the Part III. Other algorificant conditions of the Part III. Other algorithms are also also also also also also also also	ons contributing to death by S (61 B(EC	DING)	in the underlying	ceuse given in	Part I. 24e. WAS AI PERFO	AMED?	ib. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO	
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		28. PL	ACE OF DEATH (Ch	neck only one)			
HYS	27. MANNER OF OEATH	1 Inpetient 2 ER/Outp	28b, TIM	Nursing Home		6 Other (Specify) 28d. DESCRIBE HOW	IN ILIBY OCCUPED		
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJ	URY WO		Tana Begoniae 11011	INDON'S OCCURED		
	3 Suicide 6 Could not be determined	28s. PLACE OF INJURY building, atc. (Spec	— At home, farm, s	treet, factory, office		28f. LOCATION (Street City or Town, State	and Number or Rural)	Route Number,	
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYS	SICIAN: To the best of my knowl IER: On the basis of examination	edge, death occurre and/or investigation	n, in my opinion, de	and place, and due	to the cause(e) and ma	nner so stated.	(a) and menner so stated.	
BE	29) SIGNATURE AND TITLE OF CERTIFIE	darana N	100		29c. LICENSE NUI	1 /	29d. OATE SIGNE	P (Month, Day, Year)	
10	30. NAME AND ADDRESS OF PERSON WE AWN S. MADA		OTTH (ITEM 27) (Type,		3011); ROCKVIUG MD 20852			
	OCT 0 4 91	Julia Davidson-Ma	TURE ndell	11000	1 000	citoraci		0032	

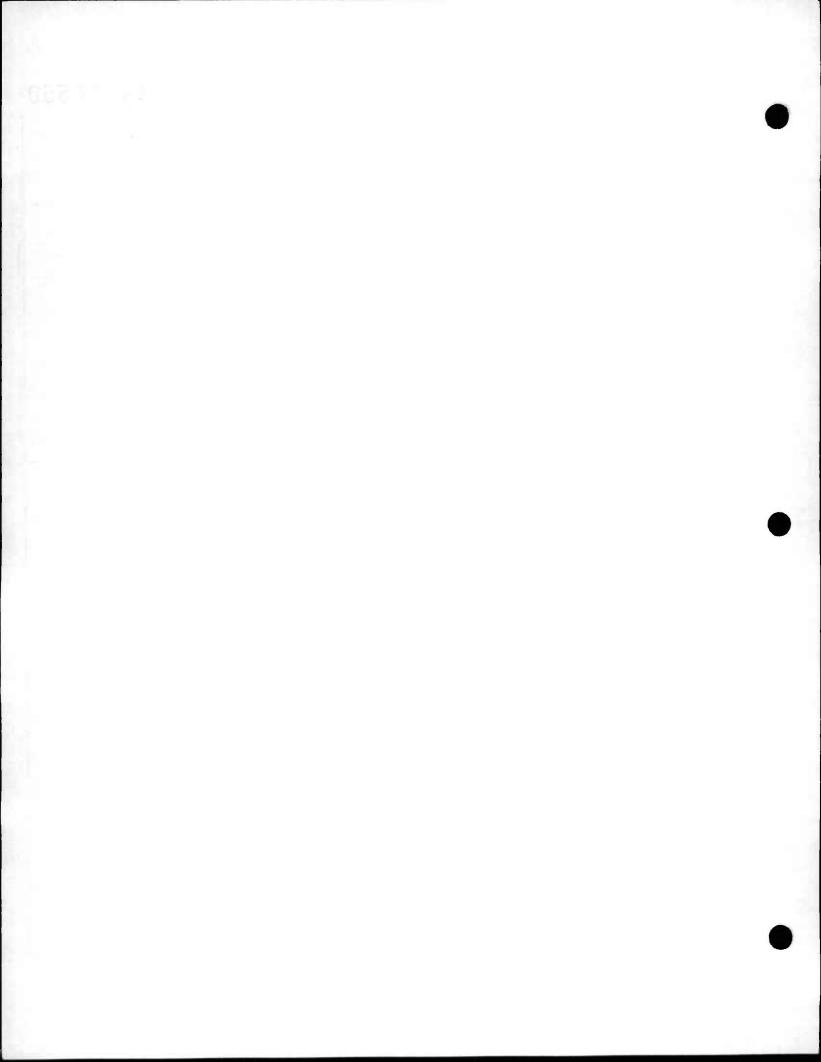


1	REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HE CERTIFICATE OF	DEATH	REG. NO.	1 28249
A .	1. DECEDENT'S NAME (First, Middle, Last RODNEY	SIMMS	2. DAT () M9N	e OF DEATH	GAR 3. TIME OF DEATH 10:00P
1	4. SOCIAL SECURITY NUMBER 577-92-3091	TATION AS	HOURS MIN. 7. DATE	of Birth th, Day, Year)	BIRTHPLACE (State or Foreign Country) War V Q M d
TOR	9a. FACILITY NAME (If not institution, give PRINCE GEORGE RESIDENCE OF DECEDENT	113.41.41.41.41.4	HEVERLY	9c. COUNT PRI	Y OF DEATH NCE GEORGE
DIRECTOR	Maryand P. C	10c. CITY, TOWN OR LOCATION OF	ON		10d. INSIDE CITY LIMITS? VES 2 NO
FUNERAL	7711 Bender	Road 2	2IP CODE 0 785	UNII	en of what country?
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If YES, GIVE WAR OR DATES 13. WAS DECEING BY YES, GIVE WAR OR DATES	NDENT OF HISPANIC ORIGI city Cuben, Mexican, Puarto 2 NO Specify:	N? (Specify Yee or No— 1- Rican, etc.)	4. RACE — American Indian, Black, Whita, etc.
PLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	(Give kind of work done during most life. Do NOT use retired.)	of working	C. 10 10	STRY
E COMPL	17. FATHER'S NAME (First, Middle, Last)	gene Simms	18. MOTHER'S NAME (First,	Middle, Meiden Surname)	
TO BI	190. INFORMANT'S NAME (Type/Print)	19b. MAILING ADDRESS (Street and 77/1/ Benda	d Number or Rural Route Num	aber, City or Town, State, Zip C	00de) 2026 C
	20a, METHOD OF DISPOSITION 1	20b. PLACE AND DATE OF DISPOSITION (Nam convert from State converted fro	1 07		ly or Town, State
	21. SIGNATURE OF FUNERAL SERVICE L	IHAS MON ("emeter 22. NAME AND	ADDRESS OF FACILITY	Horges + E	duceds,
	23. PART J. Entar the diseases, or	complications that caused the death. Do not enter the mode	Old Si	Iver Hill K	RI Suitkend
	Shock, or heart failure	List only one cause on each line.	a or dying, sacir sa car	diac or raspiretory arres	
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Multiple gunes	bl W	frinds	
CATION	disasse or condition resulting in dasth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEQUENCE OF):	bl W	ninds	
ERTIFICATION	disasse or condition resulting in death) Sequentially list conditions, if any, leading to immediate		bl p	inunda	
ICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):		24e. WAS AN AUTOPSY PERFORMED? XIX YES 2 \(\text{N} \) NO	
MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART ii. Other significant conditions.	DUE TO (OR AS A CONSEQUENCE OF): c DUE TO (DR AS A CONSEQUENCE OF): d		24a. WAS AN AUTOPSY PERFORMED?	Onset and Daath 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE
SICIAN: MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF): c	cause givan in Part i.	24s. WAS AN AUTOPSY PERFORMED? X(X) YES 2 □ NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
PHYSICIAN: MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions and the cause of th	DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (DR AS A CONSEQUENCE OF): d. ns contributing to death but not resulting in the underlying of the underlying o	Cause givan in Part i. CE OF DEATH (Check only o. 5 Residence 6 Other	24s. WAS AN AUTOPSY PERFORMED? X[X] YES 2 NO 10) If (Specify) SCRIBE HOW INJURY OCCUP	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 XES 2 NO
YSICIAN: MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? YES 2 NO 27. MANNER OF DEATH	DUE TO (OR AS A CONSEQUENCE OF): c	CE OF DEATH (Check only o	24e. WAS AN AUTOPSY PERFORMED? X YES 2 NO In (Specify) SCRIBE HOW INJURY OCCUR SUBJECT S ATION (Street and Number or or fown, State)	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 XXES 2 NO RED HOT BY POLICE Bural Route Number,
TED BY PHYSICIAN: MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending investigation investigation investigation determined	DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (DR AS A CONSEQUENCE OF): d	CE OF DEATH (Check only o	24s. WAS AN AUTOPSY PERFORMED? X[X YES 2 NO In (Specify) SCRIBE HOW INJURY OCCUP SUBJECT S ATION (Street and Number or or Town, State) PALMER PA	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 XXES 2 NO RED HOT BY POLICE RURAL Roure Number, RK, MARYLAND
COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART ii. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation investigation investigation investigation determined 29. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (DR AS A CONSEQUENCE OF): d. ns contributing to death but not resulting in the underlying of the contributing to death but not resulting in the underlying of the contributing to death but not resulting in the underlying of the contributing to death but not resulting in the underlying of the contributing to death but not resulting in the underlying of the contribution of the co	CE OF DEATH (Check only on the control of the contr	24s. WAS AN AUTOPSY PERFORMED? X[X YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 XYES 2 NO RED HOT BY POLICE RURAL POUR Number, RK, MARYLAND
TED BY PHYSICIAN: MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 1 Natural 2 Accident 3 Suicide 6 Could not be determined.	DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (DR AS A CONSEQUENCE OF): d	CE OF DEATH (Check only on the control of the contr	24s. WAS AN AUTOPSY PERFORMED? X[X YES 2 \subseteq NO In (Specify) SCRIBE HOW INJURY OCCUP SUBJECT S ATION (Street and Number or or Town, State) PALMER PA Jee(a) and menner se stated. end place, and due to the co	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 XYES 2 NO RED HOT BY POLICE Rural Ploute Number, RK, MARYLAND

32. REGISTRAR'S SIGNATURE
Julia Davidson-Randall

DIVISION OF VITAL RECORDS P.O. ROX 68760

	1 - STATE REGISTRAR			MARYL	LAND / DEPAI CERTIF	RTMEN FICAT	T OF H	IEALTH	I AND I	MENTA	L HYGIEN REG. NO		91	2855
	1. DECEDENT'S NAME (FIRST,	MC	m. 5	SCF	HELL	-				2. DATE MONTO		T 19	YEAR 91	TIME OF DEATH
)	4. SOCIAL SECURITY NUMBER		5. SEX		(In yrs. lest birthday)	MONTHS	DAYS	IF UNDER	R 24 HRS. MIN.	(Montl	OF BIRTH h, Day Year)	1	8. BIRTNPL Country)	ACE (State or Foreign
1	9a. FACILITY NAME (# not inst			<u></u>	94 YRS.	9b. CIT	Y. TOWN	OR LOCAT	ION OF DE		-6- <u>189</u>		TV OF DEA	Pa.
5	SOUTHWEN	MAR	4/ mun /	Hospi	MAL		01	NTO		2.				
	RESIDENCE OF DECI	10b. COUNT	0			ITY, TOWN						INII		700kg c
	Md.	Pr	ince Geor	rge's			intor							Od. INSIDE CITY LIMITS? YES XX NO
	10e. STREET AND NUMBER						10	H. ZIP COD	E			10g. CITIZ		AT COUNTRY?
	6106 Par	kview				0735			Un	nited	States			
	11. MARITAL STATUS 1 Never Married 2 N 3 Wildowed 4 Divorce		FORCES? 1	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2√2 NO IF YES, GIVE WAR OR DATES			If yes, sp	pecify Cuba	OF NISPANI an, Maxican Specify:	n, Puarto F	17 (Specify Ye Rican, etc.)	na or No 1	14. RACE — Black, V Specify:	- American Indien, White, etc.
2	15. DECEI (Specify only	EDENT'S EDU	JCATION is completed)	18a. DECEDENT'S (Give kind of	S USUAL (OCCUPATION IN	ON and model		16b.	. KIND OF BL	JSINESS/INDU	JSTRY	White	
		Elementary/Secondary (0-12) College (1-4 or 5+))	at or worker	ng		Nava1	Resea	arch	Lab
	12 FATNER'S NAME (First Mic	12 INER'S NAME (First, Middle, Last)				chins	st	T				ed. Go	ov't	
12 17. FATNER'S NAME (First, Middle, ROGER Sche)					18. MOTNER'S N						n Sumame)			
Roger Schell					19b. MAILIN	G ADDRES	S (Street t		argar			vn, Stete, Zip C	Cooles	
2	Mildred J.	Cook	.e					10a-1		Core	ron, Chry Cr 7C.	Wii, Oleio, Equ .	70G 0)	
	20e. METHOD OF DISPOSITIO	n 3 🗆 Rem	noval from State		b. PLACE AND DATE			ame of		DATE	E 20c. LC	OCATION CI	ity or Town.	, Stata
	4 ☐ Donation 5 ☐ Other (S 21. SIGNATURE OF FUNERAL	(Specify)	notes escalent		Muncy C	emete	erv	10-0	07-91		M	uncy, F	a.	
	23. PART I. Enter the dis	SU	010	La	2l	_ C	linto	on Mc	1. 20	735	reii	neral y Road	ı	,Inc.
ERTIFICATION	Sequentially list condition if any, leeding to immedicause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in death) LAST	liete NG Ty	b. AH DUE TO	O (OR AS A	A CONSEQUENCE O	of): CHO of):	100		lasc					
DICAL C	PART ii. Other eignificant	t condition	na contributing to	death b	out not resulting	In the u	nderiyinç	g ceuse (given in F	Part i.	24a. WAS AN		I 24b. Wf	ERE AUTOPSY FINDII
	freumn	noni	a, C	hor	nicpra	in s	simo	lom	۹,	_	PERFOR	RMED?	OF	AILABLE PRIOR TO OMPLETION OF CAUS F DEATH? YES 2 NO
200	25. WAS CASE REFERRED TO I EXAMINER? 1 Types 2 Tho	MEDICAL	HOSPITAL:		- 7	OTHER	R:		EATN (Chec					
	27. MANNER OF DEATH		1 3 Inpatient 2 28a. DATE OF	FINJURY	patient 3 DOA 28b. TIM		28c. INJU		sidenca 8			INJURY OCCU	DED.	
	1 Natural 5 Pe	ending restigation	(Month, D.	lay, Year)		JURY	WOF	RK?	- 1	200. 0	MIDL ITOIT.	INJUNT COOL	HED	
	2 Accident Investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify) 28t. LOCATION (Street and Number or Rural Route In City or Town, State)										» Number,			
COMPLE	29a. CERTIFIER (Check only one) 1° CERTIF	YING PHYSI	ICIAN: To the best of ER: On the basis of a	my knowk	ledge, death occurn n and/or investigation	ed at the t	ime, data :	and place, eath occur	and due to	o the caus	e(a) and mar	nner ea atated	cause(a) an	d manner as state
4	29b. SIGNATURE AND TITLE OF	>nal	th (AH		ling Phy		in)	29c. LICE	Q 5 8	357,	M.D.	29d. DATE S	BIGNED (Mo	onth, Day, Year)
	30. NAME AND ADDRESS OF P	A TH	+, 1C+	Pos	ST OF	Print) -FIC	ER	C.S	W	ALT	DORF	, m.	D. Q	0602
	31. DATE FILED (MATTO)	3 91	32. REGISTRA	R'S SIGNA	Midson-Rand	lell								

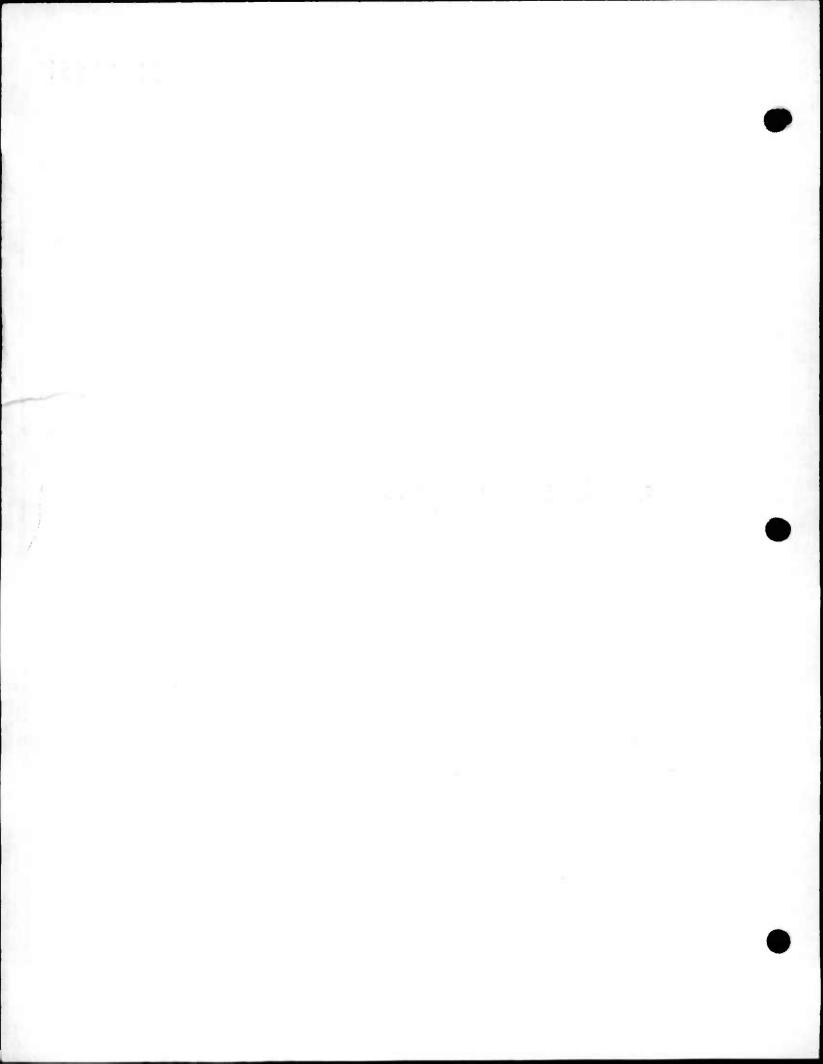


BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	- STATE REGISTRAR		CE	RTIF	ICATE OF	DEAT	TH "		EG. NO.	-		
	1. DECEDENT'S NAME (First, Middle, Leat)						T	2. DATE OF I	DEATH			3. TIME OF DEATH
1	THOMAS	E •	STR	IBLI	NG			Septe:	mber	29.	199	1 8:15a m
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF B	HTRI		A. BIRTH	PLACE (State or Foreign
6	577 16 4095	1 ∏ M 2 □ F	69	YRS.	MONTHS DAYS	HOURS	MIN.	Feb.	3 1	922	Wast	ington D.C.
	Se FACILITY NAME (If not institution, give atr	reet and number)			9b. CITY, TOWN	OR LOCATIO	ON OF DEA	ATH		9c, COL	INTY OF DI	
DIRECTOR	Doctors Communi	ty Hospi	ital		Lanha	m				Pri	nce (George's
2	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY				Y, TOWN OR LOCA					1111	nee (
E	1	e George		Boy		TION						10d, INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	e George	.5	DOV						-		YES 2 NO
RA	12402 Rustic Hill	Drive			10	2071				_		HAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS		IT EVER IN U.S. ARM	ten.	40 1110 000							States
F	1 Never Merried 2 X Married	FORCES? (XXYES 2 N	0	If yes, sp	ecity Cuba	n, Maxican	C ORIGIN? (Sp , Puerto Rican	etc.)	or No-	Black	American Indian, , Whita, atc.
	3 Wildowed 4 Divorced	1 1 1 2 3, GIVE W	1942		1 LI YES	2 📉 NO	Specify:	No			Specif	White
ED	15. DECEDENT'S EDUC. (Specify only highest grade of	ATION	16a. DEC	EDENT'S	USUAL OCCUPATION	ON		16b. KIN	D OF BUS	SINESS/IN		
E	Elementery/Secondary (0-12)	College (1-4 or 5		Do NOT us	work done during mo se retired.)	ost of workin	g					
MP		4	S	ecur	ity			Uni	ted	Stat	es G	overnment
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTE	IER'S NAM	E (First, Middle	, Maiden	Surname)		
BE	William H. Stribl	ling					Les	lie Ru	ssel	.1		
0	19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADDRESS (Street t	and Number	or Rural Ro	oute Number, C	ity or Town	n, State, Zij	p Code)	
	Ikiko S. Striblin	ıg	1	2402	Rustic	Hill	Driv	ve Bow	ie M	lary1	and :	20715
	20a. METHOD OF DISPOSITION KXBurlal 2 ☐ Cremation 3 ☐ Remo	vat from State	20b, PLACE AI	ND DATE O	OF DISPOSITION (Na	ime of		DATE			City or Tox	
	4 Donation 5 Other (Specify)		Lakemo	ont	Memorial	Gar	dens		Dav	idso	nvill	Le Md.
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE			22. NAME AI	1-Eva	S OF FACE	unera	1 Ho	me.	P.A.	
	* Kowents &	Cla	mai	ner						-		Land 20715
	23. PART I. Enter the diaesaes, or co	omplicationa the	t caused the dea	th. Do n	ot enter the mo	de of dyle	ng, such	as cardiac	or respi	ratory ar	rest.	Approximats
	ahock, or heart failure. L	ist only one cau	ae on each line.	9		•	•			atory at	,	interval Between Onset and Death
	disease or condition resulting in death)	50.nt	1. com	1 11	,							Onset and Death
	resulting in death)	FUE TO	(OR AS A CONSEO	JENCE OF	7: 4							
z	b.	Repni	rator	V	harlu	re						
CERTIFICATION	Sequentially list conditions, if any, lasding to immediate	DIVE TO	OR AS A CONSEC	JENCE OF	5:		,					
2	CAUSE (Disease or Injury	HYPOX	10 SN	cer.	Thoulog	194	hy					
	that initiated events resulting in death) LAST	/ DUE TO	OR AS A CONSEOL	JENGE OF	7:	1						
5	d.	MYOC	androu	1	1tanc	Trov	2					
	PART II. Other aignificant conditions	contributing to	death but not re	sylting i	n the underlying	cause o	iven in P	art i. 24a.	WAS AN	AUTOPSY	24h	WERE AUTOPSY FINDINGS
DICAL	7	1ender	it de		Her !	nes	dit	TILA	PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
밃	Congestive "	1000 \$	4	000		·	000	10	YES 2	NO		OF DEATH?
2	Confession	and a	John									1 TYES 2 NO
₹ I	25. WAS CASE REFERRED TO MEDICAL		-		26. PL	ACE OF DE	ATH (Chec	k only one)				
Sic	EXAMINER?	HOSPITAL:	ER/Outpatient 3	DOA	OTHER:							
PHYSICIAN: ME	27. MANNER OF DEATH	28a. DATE OF	INJURY	28b. TIME	OF 28c, INJ		-	28d. DESCRIB		JURY OC	CURED	
BY F	Natural 5 Pending trivestigation	(Month, De	VIA	INJ		RK? 'ES 2 🗌						
	2 Accident trivestigation 3 Suicide 8 Could not be	28e. PLACE OF	F INJURY — At hom	e, farm, s	treet, factory, office		- 1	281. LOCATION	(Street ar	nd Number	or Rural Ro	oute Number
	4 Homicide determined	ounding,	etc. (Specify)					City or Tow	rn, State)			
ا ٿ	29a. CERTIFIER 1 CERTIFYING PHYSICI	AN: To the best of	my knowledge deat	h occum	d at the time date	and alone		40			_	
COMPLETED		(Check only one) CERTIFYING PHYSICIAN: To the best of my know										and manner or state t
	29b. SIGNATURE AND TITLE OF CERTIFIER											
H	Victoria G. L.	Leva	M.	2.			NSE NUMB			29d, DAT	E SIGNED	Month, Day, Year)
임	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	E OF DEATH (ITFM	27) (Nne	Print)	US	550	r /			1/20	1/7/
	14300 Callant	Fox (ine #	1/5	1. Ro	WIZ	/	Mar -	20-	7/5		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAI	R'S SIGNATURE	1.0	, ,,,	- 1		(-/.		7 . 3		
	OCT 0 1 '91	Julia	Paridon-A	andel	2							



IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 - STATE REGISTRAR			ERTIF	ICATE				MENTAL	. HYGIEN		9		2855	52
1. DECEDENT'S NAME (First, Mice Dorothy Sc	de Last Doroth	Nora Sc	oggiı	ns				2. DATE MONTH	OF DEATH 2	AY]	991		ME OF DEATH	F
4. SOCIAL SECURITY NUMBER 212-03-667	5. SEX	6. AGE (In yrs. led	st birthday) YRS.	IF UNDER 1 1	YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE	Dey. Year)		Stall B	Sign C	d C.N	
90. FACILITY NAME (# not institu Villa Ros RESIDENCE OF DECED	a Nursing	Home		96. CITY, TO Mitc							inc	200	eorge	e's
10a. STATE 10	county rince George	e's		y, town on		ON							INSIDE CITY LIMITS? YES 2 . N	10
10e. STREET AND NUMBER	andover Road				101.	ZIP CODE		4			S.A.		COUNTRY?	
11. MARITAL STATUS 1 Never Merried 2 Mer 3 Wildowed 4 Divorced	ried FORCES?	ENT EVER IN U.S. AF 1 YES 2 AF E WAR OR DATES		lf y	res, spe	ENDENT O	F HISPAN	in, Puerto 1	? (Specify Ye tican, etc.)		14. RA Blo		merican Indian ta, atc.	
15. DECEDE (Specify only hig Elementary/Secondary (0-12) 12 th Grad	nt's EDUCATION hest grade completed) College (1-4 or None	5+) (C	ECEDENT'S Give kind of a. Do NOT us nage:	USUAL OCC work done du se retired.)	UPATIO	N at of working	g		KIND OF BU			Com	pany	
17. FATHER'S NAME (First, Middle John Rober:									diddle, Melder Gates					
John O. Mu:	_{Print)} Cphy (Nephev			Marsha								ıd	21401	
23. PART I. Errer the disease or condition resulting in death)	ises, or complications of fellure. List only one		o.	473	9 E	Balti	mor	e Ave		ttsv	ille		P.A. d. 207 Approximat	te twee
Sequentially list condition if sm, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	TO (OR AS A CONSE	EOUENCE O	DF):									- 8	
	conditions contributing	to death but not	sevol .	In the und			given in	Part i.	24a. WAS A PERFO	RMED?	Y 2	CON DF I	E AUTOPSY FIN LABLE PRIOR T IPLETION OF CA DEATH? YES 2 N	AUSE
25. WAS CASE REFERRED TO M EXAMINER? 1 YES 2 NO	HOSPITAL	2 - ER/Outpatient	3 🗆 DOA	OTHER:				6 🗆 Othe						_
27. MANNER OF DEATH 1 Natural 5 Per	28a. DATE (Mont	OF INJURY h, Day, Year)	26b. TII		Rec. INJ	URY AT		_	SCRIBE HOW	INJURY C	CCURED			
2 Devlotes	28e. PLAC	E OF INJURY At hing, etc. (Specify)	nome, farm,	street, factor	ry, offic				ATION (Street or Town, State		ber or Run	al Route	Number,	
one) 2 MEDICA	ING PHYSICIAN: To the best					29c. LIC	red at the	e time, date		29d, D.	the caus	IED (Mor	ith, Day, Year)	sted.

20706

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 30. NAME AND ADDRESS PERSON WHO COMPLETED

31. DATE FILED (MORE) Day.

32. REGISTRAR'S SIGNATURE

ittending phys	e as the buris		
he hospital or	detached for us		once.
e retained by t	e 2 should be		must be notified at once.
Page 6 may b	al director, pagi		ner must be
urs after death.	in by the funer	r removal.	edical exam
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending phys	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burit	ai, cremation, o	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ficate be execut	physician and c	ne prior to burn	er traumatic
the death certi	y the attending	d Mental Hygle	injury, or other
w requires that	been signed b	pt. of Health ar	3 shows any
YSICIAN: The I	s certificate has	th the State De	ed, or Item 2
ATTENDING PH	CTOR: After thi	s after death w	28 Is marke
HOSPITAL OR	FUNERAL DIRE	within 72 hour	TANT: If Item
TO THE	THE CH	be filed	IMPOR

	FOR	STATE OF MARY	AND / DEPAR	RTMENT OF I	HEALTH AND	MENTAL HYGIENE		1 28553	
	1 - STATE REGISTRAR			ICATE OF		REG. NO.			
3	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH DAY	YEAR	3. TIME OF DEATH	
	JAMES S		4			10 08		12:15p M	
	213 09 6541	V M 2 □ F	(In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 03 26 13	8. BIR Cou	ITHPLACE (State or Foreign intry)	
HO.					OSTBURG, MD 9c. COUNTY OF DEATH ALLEGANY				
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT		I av au	Y, TOWN OR LOCA					
DIRECTOR	Md.				idlothian		10d. INSIDE CITY LIMITS? 1 A YES 2 NO		
FUNERAL				1. ZIP CODE 2154					
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED 13. V FORCES? 1 YES 2 THO		If yea, s	AS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or N yea, specify Cuban, Mexican, Puerto Rican, etc.) YES 2 NO Specify:		Bi	No- 14. RACE — American Indian, Black, Whita, stc. Specify:	
	15. DECEDENT'S ED		16a. DECEDENT'S	USUAL OCCUPATI	ON	16b. KIND OF BUS	INESS/INDUSTRY		
LET	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) Miner & Braic large and				Coal & Refactories				
TO BE COMPLETED	Driekyaru				AME (First, Middle, Maiden Surname)				
						el Stevenson			
	19a. INFORMANT'S NAME (Type/Print)		19b, MAILING	G ADDRESS (Street		Route Number, City or Town			
	Margaret Spe	ir				thian, Md		.3	
	20s. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Removal from State 4 Donation 6 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, crematory or other place) Frostburg Memorial Park10/10 Frostburg, Md.								
	21. SIGNATURE OF FUNERAL SERVICE L		. Ob obat		ND ADDRESS OF FA		. 00000	10, 114.	
	· John f.	Horn		Durs	t Funer	cal Home,	Frost	burg, Md.	
						- Day 10			
	23. PAST i. Enter the diseases, or shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. List only one cause on	each line.	f the	1		atory arrest,	Approximate interval Between Onset and Death	
z	shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. List only one cause on	ed the death. Do each line. A CONSEQUENCE of	f the	1	th as cardisc or respir	atory arrest,	Interval Between Onset and Death	
ATION	shock, or heart failure IMMEDIATE CAUSE (Final disease or condition	a. DUE TO (OR AS	each line.	f the	1		ratory arrest,	interval Between	
FIFICATION	shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE S	f the	1		atory arrest,	Interval Between Onset and Death	
. CERTIFICATION	shock, or heart failure iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS d.	A CONSEQUENCE O	f the	both	lungs		Interval Botween Onset and Death Devenl Fears	
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BY PHYSICIAN: MEDICAL	shock, or heart failure iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions are sufficient conditions. If yes 2 No. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO. 27. MANNER OF DEATH 1 Netural 6 Pending investigation investigation suicide 6 Could not be detarmined.	B. DUE TO (OR AS DUE TO (OR AS	A CONSEQUENCE OF A CONS	F: OF): In the underlying the street, factory, officered at the time, data ton, in my opinion,	Doth	Part I. 24a. WAS AN PERFORI 1 YES 2 AUTOPSY MED? NO NO NUMBER OCCURED AND NUMBER OF Fluid Nor as stated, d due to the cause	Interval Between Onset and Death Covered		

32. REGISTRAR'S SIGNATURE

e e

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

REGISTRAR		CERTIF	CATE O	DEATH	REG. NO.		
Edith A.	Scharf				2. DATE OF DEATH DO O'		3. TIME OF DEATH 3:45A
SOCIAL SECURITY NUMBER	and the second second	E (In yrs. last birthday)	IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year)	8. BIRT Cour	THPLACE (State or Foreign atry)
214-07-1751		93 YRS.			10-21-189		PA
. FACILITY NAME (If not institution, give str	Washington Walter			OR LOCATION OF DE	EATH	9c. COUNTY OF	
Frostburg Village	e Nursing E	lome 1	Frost	ourg		Alleg	any
a. STATE 10b. COUNTY		10c. CITY	, TOWN OR LOC	ATION			10d. INSIDE CITY LIMITS?
D Allega	any	Cumb	perland				1 TYPES 2 NO
STREET AND NUMBER				Of. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
114 1/2 Greene S	treet 12. WAS DECEDENT EVER	IN II C ADMED	12 486 0	21502	NIC ORIGIN? (Specify Yes	USA	DE America India
Never Merried 2 Merried Widowed 4 Divorced	FORCES? 1 YE	s 2 [X])(0	If you,		an, Puerto Rican, etc.)	Spe	CE — American Indien, ck, White, etc. octly: vhite
15. DECEOENT'S EDUC. (Specify only highest grade of	ATION COMPONENTS	16e. DECEDENT'S	USUAL OCCUPA	TION	16b. KIND OF BUS	SINESS/INDUSTRY	viiite
Elementary/Secondery (0-12)	College (1-4 or 5 +)	Me. Do NOT us	e retired.)				
12		office	emplo	ree 1929-	62 Celan	ese Con	ο,
FATHER'S NAME (First, Middle, Lest)				16. MOTHER'S NA	AME (First, Middle, Meiden	Sumeme)	
Jere B. Scharf					es Lehman		
INFORMANT'S NAME (Type/Print)					Route Number, City or Tow		
Mrs. Dorothy Col		111006 20b, place and dati			OATE 20c. LO	x Static	n. Va 2203
Burial 2 Cremation 3 Remo		of cemetary, crematory	or other place)				,
SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	Rose Hill	Cemete 22. NAME	AND AGORESS OF FA	10-10 Cum	perland,	mD .
· Jone 7 A	1 coup	1/1:	Scar	pelli Fur perland. N	neral Home		
equantially list conditions, any, leading to immediate auss. Entar UNDERLYING AUSE (Disease or injury	DUE TO (OR A	S A CONSEQUENCE OF	Pi:	Di		~	80000
at initiated events aulting in death) LAST	OUE TO (OR A	8 A CONSEQUENCE O	F):				
ART II. Other significant condition	a contributing to death	but not resulting	In the underly	ing cause given in	Part I. 24s. WAS AN PERFO	PMED1	4b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION DF CAUS OF DEATH? 1 YES 2 NO
WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	e-duvoii lie	OTHER:	PLACE OF DEATH (C	heck only one)		
1 TYES NO	1 Inputiont 2 ER/O			ome 5 🗆 Residence		IN ILIEN COCHEED	
1 Natural 6 Pending	(Month, Day, Yea		JURY	WORK?	26d. DESCRIBE HOW	INJURY OCCURED	
2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJU- building, atc. (S	JRY — At home, farm, pecify)			261. LOCATION (Street City or Town, State		al Route Number,
(onton only)	the	ation and/or investigation	on, in my opinion		e time, date and place, a	nd due to the ceus	e(e) and manner as stated
DR. GUY FISCUS, N		IAL HOSPI		ICAL BLDO	G, CUMBERLA	AND, MD	21502

Va 28 W

TO BE COMPLETED BY FUNERAL DIRECTO

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

6

VIK POONAI,

715 WILLIAMS

22. REGISTBAR'S SIGNATURE DO

STREET

CUMBERLAND

physicia	burial-t	i
attending	ise as th	
spital or	ned for u	
y the ho	be detac	at once
retained 1	should	otified
may be	r, page	st be n
Page 6	al directo	iner mu
er death.	the funer	i exam
hours aft	or remo	medica
Athin 24	letely fill, remation.	ent, the
ecuted w	and comp burial. c	atic eve
ate be e	hysician a	r traum
th certific	ending p	or othe
t the dea	by the att	Injury,
puires tha	Health a	ows any
e law rec	has been Dent of	1 23 sh
ICIAN: Th	ertificate the State	or item
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physicis	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-the flux within 72 hours after death with the Stain Deut of Health and Mental Hodiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ATTENDI	CTOR: Af	28 Is
TAL OR	TAL DIRE	If Item
IE HOSPI	E FUNEF	PITANT
10	日本	IMPC

- STATE REGISTRAR	SIMIE UF I		DEPART ERTIFI					MENTAL HYGI REG.			28555
1. DECEDENT'S NAME (First, Middle, Last				<u>.</u>	-			2. DATE OF DEATH		WEAR	3. TIME OF DEATH
WILLIAM BERNARD	SCHINDLE	R							0 199	91	18:58 P
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las		IF UNDER 1		IF UNDER		7. DATE OF BIRTH (Month, Day, Yea			HPLACE (State or Foreign
214-32-2870	1 € M 2 □ F	90	YRS.	MONTHS	DAYS	HOURS	MIN.	2-25-1	901		ryland
9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY,	TOWN O	LOCATIO	ON OF DE	ATH	9c. CO	UNTY OF	DEATH
SACRED HEART HO	SPITAL			CUMB	ERL	ND.	MAR	YLAND	I A1	LEGA	NY
RESIDENCE OF DECEDENT 10a. STATE 10b. COUN		-		TOWN OF							
											10d, tNSIOE CITY LIMITS?
Maryland Alle	gany		Cun	nber							1 X YES 2 NO
						ZIP COOE				USA	WHAT COUNTRY?
322 Fayette S						150	_				
11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2 X		11	yes, spe	NDENT O	n, Mexica	NIC ORIGIN? (Specifi in, Puerlo Ricen, etc. y:	y Yes or No— .)		CE — American Indian, ck, White, etc. clfy:
3X Widowed 4 Divorced		a more									Jewish
15. DECEDENT'S EC (Specify only highest gra	de completed)	(6	ECEDENT'S L live kind of we b. Do NOT use	SUAL OCC ork done du retired.)	CUPATIO	t of workin	9	16b, KIND OF	BUSINESS/II	NDUSTRY	
Elementary/Secondary (0-12) 1 2	Cottege (1-4 or 5		ierch	ant				Rei	tail		
17. FATHER'S NAME (First, Middle, Last)						10 MOTE	IED'S NA	ME (First, Middle, Ma			
Benjamin Schi	ndler							andelst			
19a, INFORMANT'S NAME (Type/Print)	narer	140	- MAII ING	DODECC	/Count or			Route Number, City or		Tin On dal	
Sondra Schind	ler		Same				or nursi		r rown, State, a	up Code)	
20a METHOD OF DISPOSITION 1& Burlel 2 Cremetion 3 Re	moval from State		ANO OATE				,	1///	LOCATION	-	fown, State
4 ☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	ICENSEE	Last	vie			ADDRES		1-1-1	Jumpe	LIGI	id, Md.
· Ernest		.A.		Le	eası	re-	Ste	in, Inc. Md. 215		Ba l	ltimore Av
23. PART I. Enter the diseases, o shock, or heert felium iMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	e		e.	ot enter t						erreet,	Approximate Interval Between Onset end Death
		HF									ļ
Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	с	OR AS A CONSE	4 X	: 14							
PART II. Other significant conditi	ons contributing to	death but not	reculting in	the upt	erlying	cause	given In		S AN AUTOPS	Y 24	Ib. WERE AUTOPSY FINDINGS
So pais,	Parl	faile	re	17	non	m	a		RFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Enduca	rditis	(freses	nea	1	-						1 TES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?				1		ACE OF O	EATH (C)	neck only one)			
1 TYES 2 NO	HOSPITAL:	ER/Outpatient	3 DOA	OTHER 4 Nursi		5 🗆 Re	sidence	6 Other (Specify)		
27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE Of (Month, L	FINJURY Day, Year)	28b. TIME		28c. INJU	IRY AT	7.00	28d. DESCRIBE H	OW INJURY (CCUREO	
2 Accident Investigatio 3 Suicide 6 Could not to detarmined	26a. PLACE (OF INJURY — At h	ome, farm, s	treet, facto			_ 110	281. LOCATION (S City or Town,	treet and Numi State)	ber or Aura	i Route Number,
one)	SICIAN: To the best o	/									r(s) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIF	01				-		ENSE NU				ED (Month, Days Year)

21502

MD

ai or attending physician.	for use as the burial-transit permit. Pages 1, 2, 3 show	
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 shows a second control of the property of Hearth and Member Horizone prior to burial committee of the property of the property of Hearth and Member Horizone prior to burial committee of the property of the prope	and within it flows are occasionable to them 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE	THE ST	IMPOR

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L SAFIEM SHIRZAD—ZAHRAI SAFIEM SHIRZAD—ZAHRAI SAGUAL SECONDAY MORROR 1 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	FOR 1 STATE	STATE OF MARYL						7 1	28556		
SAFIEH SHIZAD-ZAHRAT SOCIAL SCORETY MARKER L SEX L M 25 F M 25	REGISTRAR		CERTIFI	CATE OF	DEATH	REG. NO.		_			
4. SCOAL SECURITY NAMERS S. SEK M. ASCIP B. OF 100 B. OF		D. GAUDAT				MONTH DAY		YEAR 3.			
1 I MANUFAL DESIGNATION OF DESTINATION OF THE PROPERTY OF THE											
## SECONDARY OF CONCRIDENT Mary Lane Montgomery Sec. City, Town on Location Sec. City, Se		1 🗆 M 2 🔭 F	VDO			(Month, Day, Year)					
The state of the s	9a. FACILITY NAME (If not institution, give	street and number)				HTA	9c. COUNT	TY OF DEA	гн		
The Secretary Se	4977 Battery Lane	#1002		Ве	thesda		Mo	ntgo	nery		
Maryland Montgomery Bethesda 10,275 13,775 13		·y	I toe CITY	TOWN OR LOCA	TION			Τ.	M INSIDE CITY		
4977 Battery Lane 11. MANTAL STATUS 12. MAS DECEDENT FURTH IN LA ARMED PORTS 11. STATUS 12. MAS DECEDENT ON SHAPMING CONGRAP (Speatly Vise or No— PORTS 12. STATUS 12. MAS DECEDENT ON SHAPMING CONGRAP (Speatly Vise or No— PORTS 12. STATUS 13. MAS DECEDENT SHAPMING CONGRAP (Speatly Vise or No— PORTS 13. STATUS 14. MAS DECEDENT SHAPMING CONGRAP (Speatly Vise or No— PORTS 15. STATUS 16. STATUS 16. STATUS 16. STATUS 17. STATUS 18. MATERIAL STATUS 19. STATUS		ntgomery		Bethesda				1	LIMITS?		
11. MAKE DECEMBER 12 Marriad 1 Marriad				10		10 11 11 11 11			AT COUNTRY?		
Sequencies Commence Commenc											
The second content of the process of the plant of the process of the plant of the	la control of the con	FORCES? 1 YES	2 NO				or No-	14. RACE Slack, V	- American Indien, Vhite, atc.		
THE OCCCORDITY SUMUL OCCUPATION (1997) AND A CONTROLLED		IF YES, GIVE WAR OR D	ATES	1 🗌 YE	S 2 X NO Specify			Specify:	White		
College (1 de 15 1) Coll	45 DECEDENT'S EDI	ICATION .	140 OECEOFNITIE	URUAL OCCUPAT	011	Table Minib of Bills	1	10 T my	WHILE		
Housewife Ovn Home	(Specify only highest grad	e completed)	(Give kind of w	rork done during m	ost of working	100. KIND OF 805	INESS/INDU	SINT			
T. FATHER'S NAME (Piec, Mode, Large RAFI GRORBANZADEH 199. MANUAR ADDRESS (Steve and Number or Read Roads Number, City or Serie, State, 26 Code) NASSER SHIRZAD (SON) 4977 Battery Lane #1002, Bethesda, MD. 20814 199. Date 12 Chamsterin 3 Removal from State 1 Chamsterin 5 Other (Specify) 1. SIGNATURE CONTRIBERAL SERVICE LICENSEE 2. NAME AND ADDRESS of FACILITY JOSeph GaWler's Sons, Inc. N.W. 5130 Wissconsin Ave. Wash. D.C. 20016 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, interval disease or condition resulting in death) NAMEDIATE CAUSE (Final Conditions, if any, leading to immediate cause. Enter MDERILY MANUAL CONDITION or cause on asch line. DUE TO (on As a Consecousnec Op). LI SUBJECT CONDITION OF A SONS CONSECUENCE OP). PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 28. WAS CASE REPERRED TO MEDICAL 29. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 29. WASH CAUSE (Pinal CONDITION OF ANY CONDITION OF		College (1-4 or 5+)		10.00		0	TT				
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22. NAME AND ADDRESS OF PACILITY JOSEPH GAWLET'S SONS, Inc. N.W. 5130 Wisconsin Ave., Wash. D.C. 20016 23. PART I. Enter the diseases, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiretory arrest, information of the condition or south on a scause on asch line. IMMEDIATE CAUSE (Final disease or condition or resulting in death) DUE TO (PA AS A CONSEQUENCE OF): CATHER (Disease or follor) That Inhibited events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 25. WAS CASE REFERRED TO MEDICAL EXAMINER: On The PLACE of INJURY 1 (Condition only only) 26. WAS CASE REFERRED TO MEDICAL INVESTIGATION OF INJURY 1 (Condition only only) 27. MANNER OF CHATH TO THE SECRET OF INJURY 1 (Condition only only) 28. WAS CASE REFERRED TO MEDICAL INVESTIGATION OF INJURY 1 (Condition only only) 29. THAT II. Other significant conditions on the basis of examination and/or investigation on the basis of examination and/or investigation on the basis of examination on the course(s) and manner as stated. 20. SIGNATURE AND TITLE OF CERTIFIER (Moorit, Day, New) 20. SIGNATURE AND TITLE OF CERTIFIER (Moorit, Day, New) 21. DATE FIRE (Moorit, Day, New) 22. DATE (SIGNATURE AND TITLE OF CERTIFIER OF CERTIFIER SIGNATURE) 22. DATE (MOORIT Day, New) 23. LINEE FIRE (Moorit, Day, New) 24. DATE SIGNATURE 25. DATE (SIGNATURE AND TITLE OF CERTIFIER SIGNATURE) 26. DATE (SIGNATURE) 27. DATE (SIGNATURE) 28. PLACE OF CERTIFIER SIGNATURE 290. SIGNATURE AND TITLE OF CERTIFIER SIGNATURE 290. SIGNATURE AND TITLE OF CERTIFIER SIGNATURE 290. SIGNATURE AND TITLE OF CERTIFIER SIGNATURE 291. SIGNATURE AND TITLE OF CERTIFIER SIGNATURE 292. SIGNATURE AND TITLE OF CERTIFIER SIGNATURE 2		of	Gate of	Heaven	Cemetery	10-5 Silv	ver S	pring	, MD		
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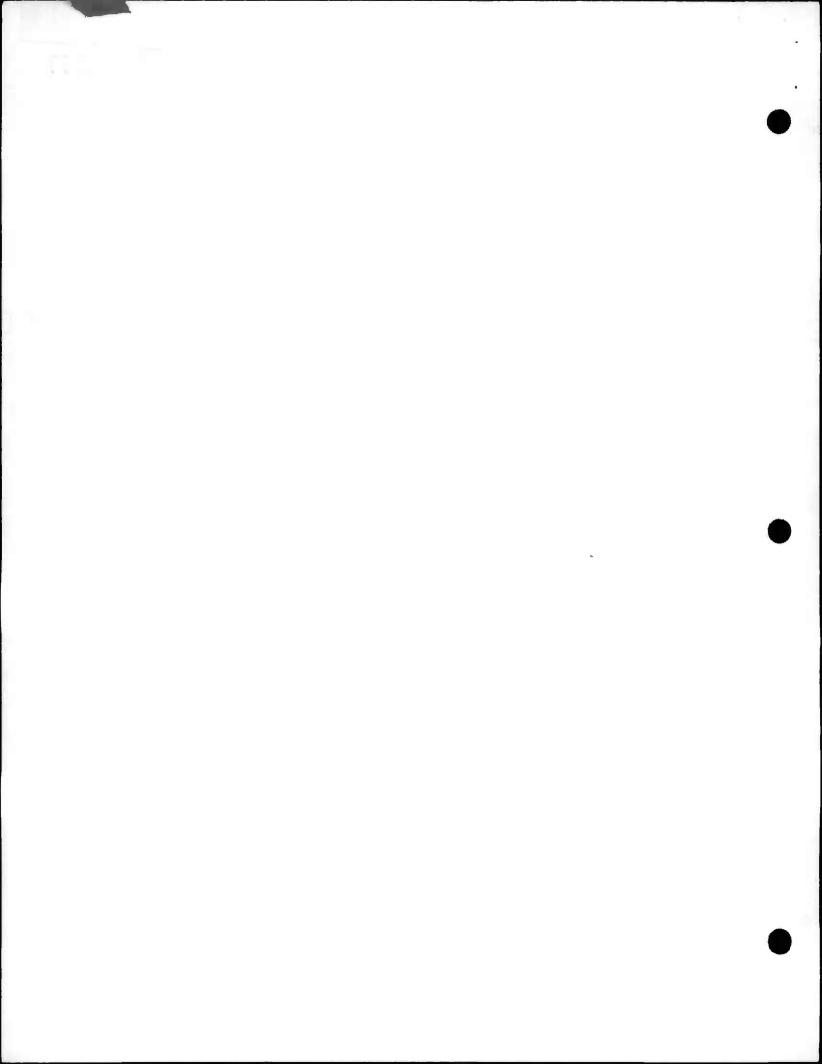
TO THE HOSPITAL DRATTENDING PHYSICIAN: The law requires that the death certificate be executed within 23 mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-turnut permit. Pages 1, 2, be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
DECEDENT'S HAME (First, Middle, Last)		2. DATE OF DEATH
Dhodoo		MONTH DAY

1		_		CERTIF	IOAIL					REG. NO			
1. DECEDENT'S HAME (First,									2. DATE MONT	OF DEATH	DAY	YEAR	3. TIME OF DEATH
Lener	odes				SM	ITH				t. 29	, 199		11:00 P.
4. SOCIAL SECURITY NUMB		8. SEX		rs. last birthday)	IF UNDER	1 YEAR DAYS	HOURS	24 HRS. MIN.	7. DATE (Mont	OF BIRTH		Counti	IPLACE (State or Foreign
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9a. FACILITY NAME (If not in	stitution, give stre	et and number)			9b. CITY	, TOWH C	R LOCATI	ON OF DE	ATH		9c. COL	INTY OF D	EATH
Potomac Val	ley Nur	sing Ce	nter		Ro	ckvi	11e				Mor	ntgom	ery
10a. STATE	10b. COUNTY			10c. CIT	Y, TOWN C	OR LOCAT	ЮН						10d. INSIDE CITY
None	None	e		W.	ashi	ngto	n. D	С					LIMITS?
10e. STREET AHD HUMBER							ZIP COD				10g. CI	IZEH OF V	VHAT COUHTRY?
2801 Cortla						New York	2000				US	A	
11. MARITAL STATUS 1 Hever Married 2 3 1 Widowed 4 Divo	Married	12. WAS DECEDED FORCES? IF YES, GIVE	YES 2	NO		If yes, sp		n, Mexica	n, Puarto	i? (Specify Ye Rican, atc.)	es or No—	Blac	E — American Indien, k, Whita, atc. fly: hite
15. DEC	EDENT'S EDUCA highest grade co	TIOH	18	e. DECEDENT'S	USUAL O	CCUPATIO	H at of consta		186	. KIND OF BU	JSINESS/IN	DUSTRY	
Elementary/Secondary (0		College (1-4 or 5	+)	(Give kind of life. Do NOT u	se retired.)	aunng mo	ST OF WORKH	ng					
12	/		"	Home	make	r				Own 1	Home		
17. FATHER'S HAME (First, M	ddle, Last)						18. MOT	HER'S HA	ME (First.	Middle, Maide	n Surname)		-
Stephen R.									Walt		and it		
19a, IHFORMAHT'S HAME (7				19h MAII IU/	Annee	S (Street -				ber, City or To	wn State 7	in Code!	
Pauline C.		urger											20016
				4419					- W				
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23. PART J. Enter the d	seases, Dr CD	emplications the	at caused th	a death. Do									Approximats
		lat only one ce	use on each	ı Ilna.									Interval Batwe
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Sequentially list condit	ons. b.		el	ONSEQUENCE O	70	PY		en	my				6 m
If any, leading to imme cause. Enter UNDERLY	diata				H-):	1			0				
CAUSE (Disesse or Inju			rem						-	7			-11
that initiated events resulting in death) LAS		DOE	1	CHSEOUEHCE C	HF):								
Teading in dealing CAS	d.	_ 0	01 0	pe-	1								
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27. MANNER OF DEATH	2.2	28a. DATE O (Month,	F INJURY Day, Year)	28b. Til	JURY	28c. IN.	URY AT		28d. DE	SCRIBE HOW	INJURY O	CCURED	
1 X Natural 8 2 Accident	Pending Investigation				М	1 🗆	YES 2 [_ NO					
				- At home, farm, street, factory, office			28f. LOCATIOH (Street and Number or Rural Route Number, City or Town, State)			Route Number,			
29a. CERTIFIER 1 X CERT	TIFYING PHYSIC	IAH: To the best of	of my knowled	ge, death occur	red at the	time, date	and place	e, and due	a to the co	iuse(a) and m	ienner aa st	ated.	
onel .	ICAL EXAMINER	: On the basis of	examination a	nd/or investigat	on, In my	opinion, d	leath occu	red at the	time, dat	e end piece,	and dua to	the cause(a) and manner as stated
29b. SIGNATURE AND TITLE	OF CERTIFIER				_		29c LIC	EHSE HU	MREP		29d D4	TF SIGHE	O (Month, Day, Year)
The state of the s	(X	1201	1						MUEN		290. 0/		
	-	00000	102.02			:	שצע	065				Sept	. 30, 1991
Eva M. More						, Su	ite	#511	Roc	kville	e, MD	208	52
31. DATE FILED (Month, Day,		932 REGISTE	ABIS SIGN	DOE O SO									



DIVISION OF VITAE RECORDS, T.O. DOX 1915;	BALTIMORE, MARYLAND 21203-3146
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 medias after death. Page 6 may be retained by the hospital or attending physician	retained by the hospital or attending physician
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tra be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	5 should be detached for use as the burial-tra

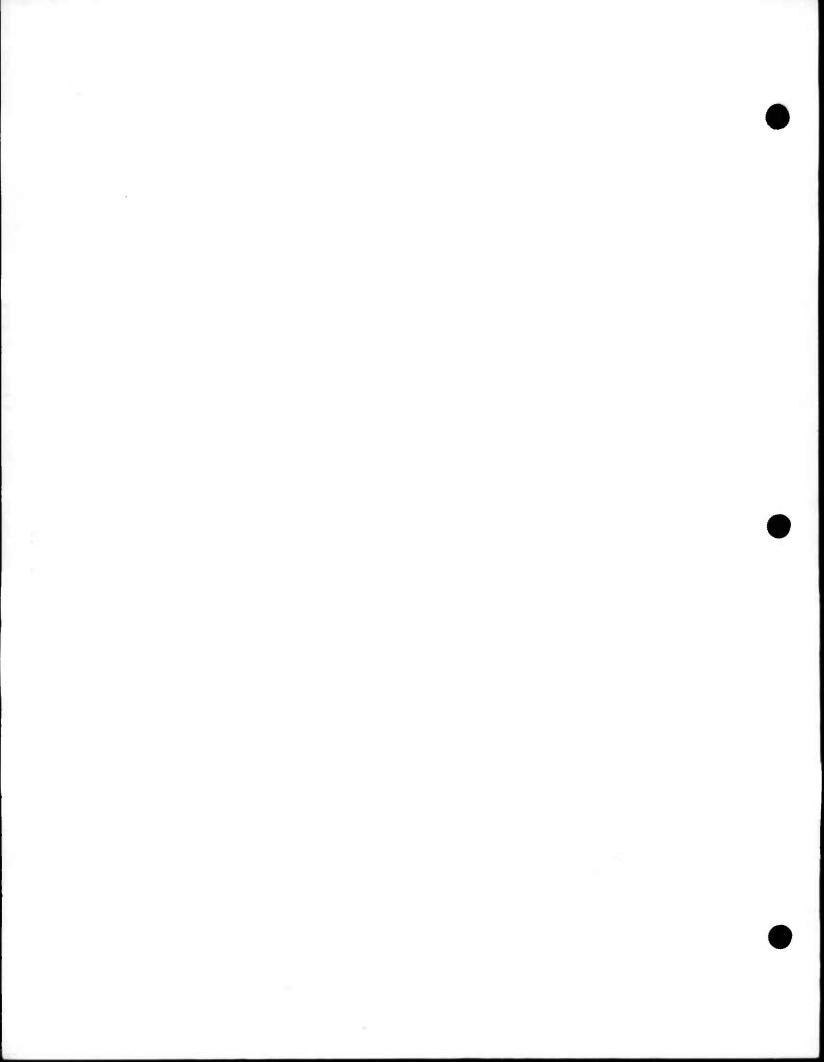
		FOR STATE REGISTRAR	STATE OF MARY			MENT OF CATE OF			MENTAL HYGIEN REG. NO.	E 9	1 28558
1		1. DECEDENT'S NAME (First, Middle, Last)	JOSEPH	SK	1171	4			2. DATE OF DEATH DATE OF DATE OF DEATH DATE OF DATE		3. TIME OF DEATH
1		4. SOCIAL SECURITY NUMBER 579-40-9829	5. SEX 6. AG	E (In yrs. last	birthday)	F UNDER 1 YEAR	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Viser) OCt. 15,		BIRTHPLACE (State or Foreign Country) Minnesota
-	nέ	9a. FACILITY NAME (If not institution, give stre	eet and number)	_	- 4	b. CITY, TOWN	OR LOCATIO	ON OF DE	ATH	9c. COUNT	Y OF DEATH
1	HOT:	RESIDENCE OF DECEDENT	BUENTIST	HOSF	LITTIL	ROCKU	ILLE			MON	TGOMERY
	DIRECTOR	10a. STATE 10b. COUNTY Maryland Mo	ntgomery		10c. CITY,	TOWN OR LOC		rg			10d. INSIDE CITY LIMITS? YES 2 NO
		10s. STREET AND NUMBER 19303 French					01. ZIP CODE	E			N OF WHAT COUNTRY?
	FUNERAL	19303 French	12. WAS DECEDENT EVE	R IN U.S. ARI	MED.	13. WAS DE			IC ORIGIN? (Specify Yea	USA	4. RACE — American Indian,
	B	1 Never Married 2 Married 3 Widowed 4 Olvorced	FORCES? 1 YE	S 2 N	Ö	If yes, e		n, Mexicar	n, Puarto Rican, etc.)		Black, Whita, etc. Specify: White
	TE	15. DECEDENT'S EDUCA (Specify only highest grade of	ompleted)	(GA		SUAL OCCUPAT rk done during ri		ng	18b. KIND OF BU	BINESS/INDU	STRY
	COMPLETED	Elementary/Secondary (0-12) 1-12	College (1-4 or 8+)	1		nt Adv	isor		Self	employ	yed
at once.	_	17. FATHER'S NAME (First, Middle, Last)					100000		ME (First, Middle, Malden		
fled a	BE	Martin F. Smi 19a. INFORMANT'S NAME (Type/Print)	th	19b	MAILING A	DDRESS (Street	and Number	or Rural R	inia Garne Route Number, City or Tow	n, State, Zip C	rode)
be notified	٩	Mary Smith		19	9303	French	ton Pl	lace	, Gaithers	burg,	Md. 20879
must b		20s. METHOD OF DISPOSITION 1 M Burlet 2 Cremetton 3 Removal from San 4 Donatton 5 Donat (Specify) 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or other place) Gate of Heaven Cemetery 5 Ilver Spring, Md.									
examiner must		21. SIGNATURE OF PHERMAL SERVICE LICE	Luch						Funeral H ••• Silver		ng, Md. 20904
medical		23. PART I. Enter the diseases, or co	ompilcatione that cau-	eed the dec	eth. Do no	t enter the m	ode of dyl	ing, auci	h ea cerdiec or reap	iretory arres	at, Approximate Interval Between
the m		IMMEDIATE CAUSE (Finel disease or condition	0		Inp		Es.	<i>I</i>			Onset and Deat
event,		resulting in deeth) e	DUE TO (OR		UENCE OF)		FAI	1	Z &	-	10 and
atic e	N	Sequentially let conditions b. HOLENO CARCINOMA ESOPHAGUS STAGE ITT LKONTE									
traum	RTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR A	S A CONSEC	DENCE OF		,	/			
other traumatic	I E	CAUSE (Disease or Injury that Initiated evente resulting in death) LAST	OUE TO (OR A	S A CONSEC	UENCE OF)	:					
5	CER	d.	-		_						
y injury,	占	PART II. Other aignificent conditions	contributing to deet	h but not n	esuiting in	the underlyl	ng ceuse (given in	Part I. 24a, WAS AN PERFOI		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
shows any	EDIC								1 YES :	NO	OF DEATH?
3 sho	N.								_		T TES 2 NO
item 23	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. OTHER:	PLACE OF D	EATH (Ch	ack only one)		
0	PHYS	1 YES 2 NO 27. MANNER OF DEATH	1 Pinpetlant 2 ER/C		DOA 26b. TIME	□ Nursing Ho	ome 5 Ra	sidence	8 Other (Specify) 28d. DESCRIBE HOW	NJURY OCCU	RED
marked,	BY P	Natural 5 Pending Investigation	(Month, Day, Yea	ar)	INJU	RY V	VORK?	XNO			.,
28 is	TED	3 Suicide 6 Could not be determined	28e. PLACE OF INJUDUISHING, etc. (5	URY — At hor Specify)	me, farm, st	reet, factory, of	fice		281. LOCATION (Street City or Town, State	and Number o	r Rural Route Number,
E	ш	29a. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the best of my ke	nowledge, de	ath occurred	l at the time de	te and place	, and dua	to the cause(a) and ma	nner aa stated	đ.
	OMPL	enel only			nvestigation				time, data and place, a	nd due to the	cause(a) and manner as stated.
IMPORTANT: If Item	BE COMPLE	enel only			nvestigation		, death occur				

9715 Medical CEnter Dr. Rockville, Md.20850

Michael A. Sauri, MD.

32. BEGISTRAR'S SIGNATURE
Julia Davidson Randelle

31. DATE FILED (Month, Day, Year)
OCT 04 *91

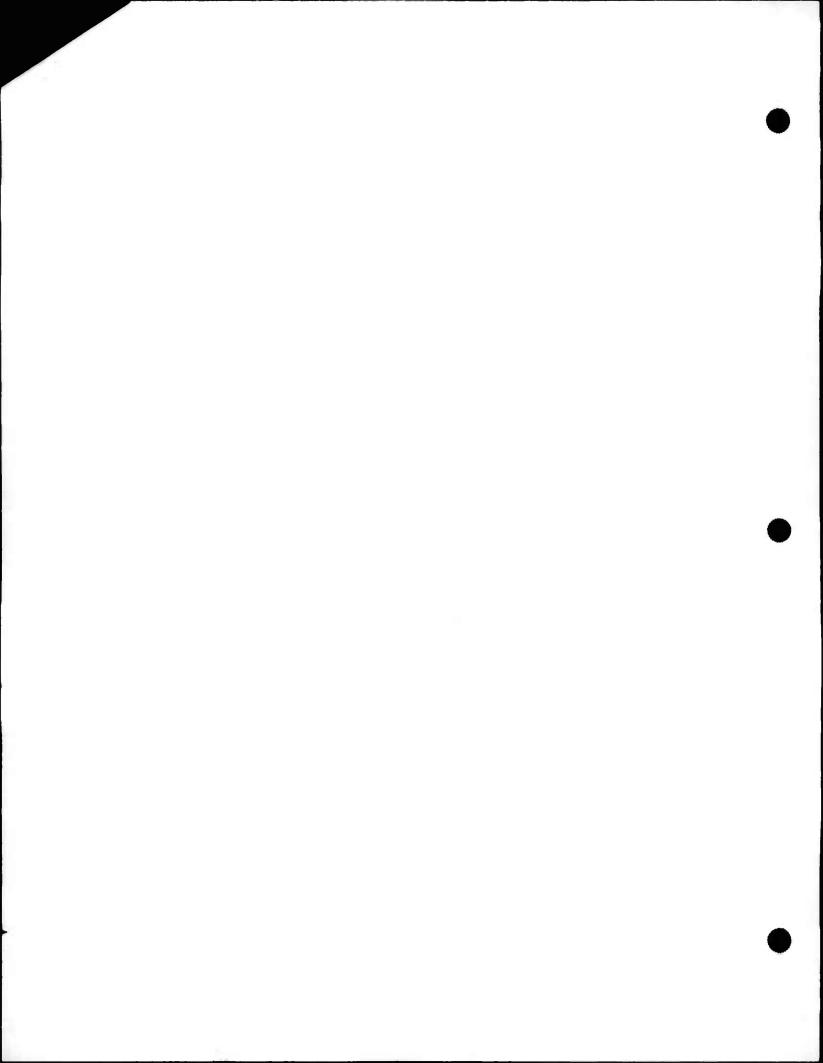


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D THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be exe	O THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician ar	e filed within 72 hours after death with the State Dept. of Health and Mental Hygliene prior to t	MPORTANT: If Item 28 is marked, or item 23 shows any injury, or other trauma
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31. DATE FILED (Month, Day, Year)

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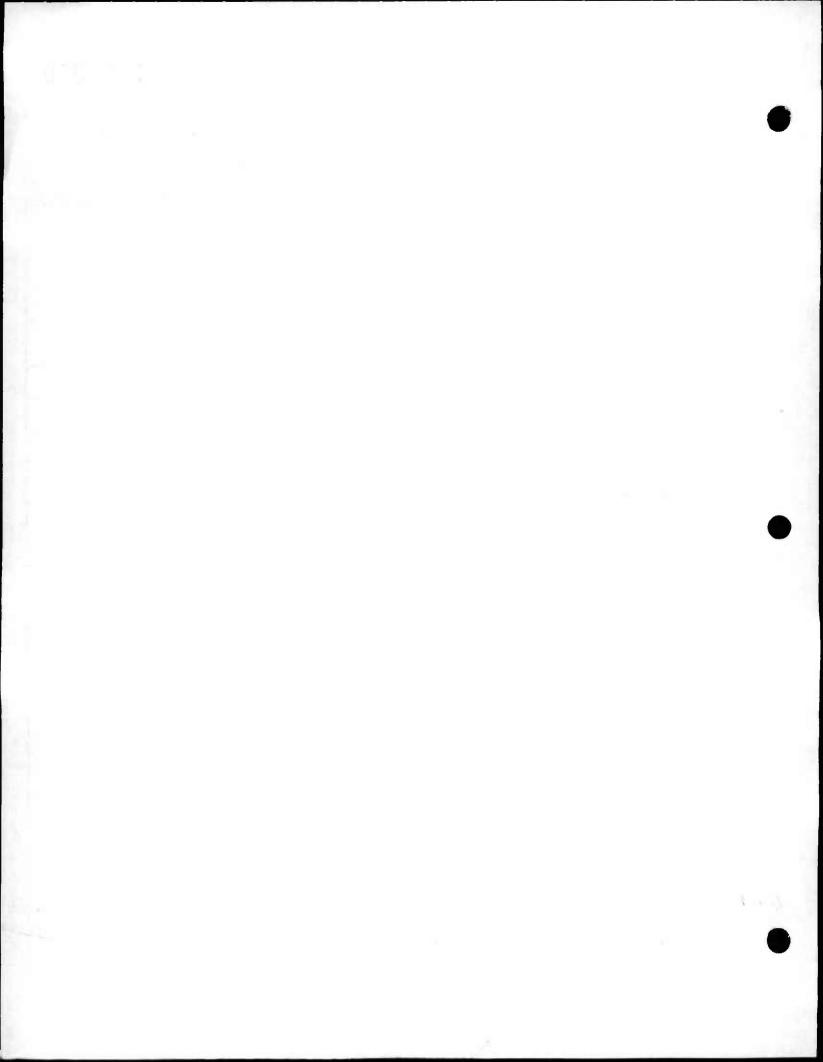
	9 2
	FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.
	1. DECEDENT'S NAME (First, Middle, List) C. A. STROSNIDER 2. DATE OF DEATH MONTH DAY YEAR 1550 M
	4. SOCIAL SECURITY NUMBER 5.78-16-2141 5. SEX 5. SEX 5. SEX 6. AGE (In yrs. last birthday) 5. Third is under 1 year if under 1 year if under 1 year is under 24 hrs. 1. And the control is under 24
HO.	Shady Grove Adventist Hosp. Rockville MONT. RESIDENCE OF DECEDENT
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARYLAND WASHINGTON KEEDYSVILLE 1 VES 2 NO
FUNERAL	10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? USA USA
BY FUN	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1\(\tilde{\lambda}\) Yes 2 \(\tilde{\lambda}\) No specify Yea or No- IF YES, GIVE WAY OR DATES 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No- If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, Whita, atc. Specify: WW TT 15. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No- If yes, specify Cuban, Mexican, Puerto Rican, etc.) 16. RACE — American Indian, Black, Whita, atc. Specify: WHITE
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INOUSTRY
	12 OWNER AAMCO TRANSMISSION 18. MOTHER'S NAME (First, Middle, Malden Surname)
BE	CHARLES ALANZO STROSNIDER 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
임	ROSALIE GEORGE (DAUGHTER) 20461 SUNBRIGHT LANE GERMANTOWN, MARYLAND 20874
	20a. METHOD OF DISPOSITION 1 X Burlai 2 Cremation 3 Removat from State 4 Connection 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) LAKEMONT MEMORIAL GARDENS 20c. LOCATION — City or Town, State DAVIDSONVILLE, MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY FRANCIS J. COLLINS FUNERAL HOME, INC. 500 UNIVERSITY BLVD., W. SIL.SPR., MD.20901
	23. Name in Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death) Onset and Death Onset and Death West
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury
ERTIF	that initiated events resulting in death) LAST d.
MEDICAL C	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. Character algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. Performed? 1 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 JANO OF CAUSE OF DEATH?
	1 TES 2 NO
SICIAN:	25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 YES 2 NO
ву РНУ	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 1 YES 2 NO 26d. DE\$CRIBE HOW INJURY OCCUREO
	3 Suicide a Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State)
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.
TO BE C	296. LICENSE NUMBER 296. DZC540 296. DATE SIGNED (Morith, Day, Year) 296. LICENSE NUMBER 296. DATE SIGNED (Morith, Day, Year) 297. VIB - 2-91
-	Courl 1. Schoenbergur /6 220 Fredericy Rd. Gartherson



DHMH-18 Rev 1/89

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1	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA	ENT OF HEALTH AN	ID MENTAL HYGIENE REG. NO.	31 20360			
	DECEDENT'S NAME (First, Middle, Last) WILL AM SOCIAL SECURITY NUMBER	H 5	HUFF		2. DATE OF DEATH MONTH DAY	YEAR 20/2			
)	579-20-4347 A. FACILITY NAME (If not institution, give st	1 1 M 2 D F 8	4 YRS. MON	NDER 1 YEAR IF UNDER 24 HTHS DAYS HOURS MI	N. 12 16 06	8. BIRTHPLACE (State or Foreign Country) Virginia OUNTY OF DEATH			
0	SUISURBAM RESIDENCE OF DECEDENT 10b. COUNTY	HOSPITH		TSETHE WN OR LOCATION	sof n	IN TEOWERY			
	MA MON	TLOWERY	CAL	101. ZIP CODE	4 <i>(</i>)	10d. INSIDE CITY LIMITS? 1 YES 2 NO CITIZEN OF WHAT COUNTRY?			
II.	6.50/ SEVEN 1. MARITAL STATUS □ Never Married 2 □ Married	12. WAS DECEDENT EVER IN FORCES? 1 X YES	2 NO	If yes, specify Cuban, Ma	3 4 6	nited States			
à 3	Wildowed 4 Divorced 15. DECEDENT'S EDUC (Specify only highest grade	World War 1	TWO	1 YES 2 NO S	16b. KIND OF BUSINESS/	Specify: White			
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Hite. Do NOT C'S PALL	one during most of working of neer		tes Government			
W	Millard M. Informant's Name (First, Middle, Last) Millard M. Informant's Name (Type/Print)	cClellan Shu			NAME (First, Middle, Melden Surname Minnie Virginia	a Staup			
21	Joan B. Roark	200	3821 Gre	enly Street	well Route Number, City or Town, State, Wheaton, Maryla	and 20906			
1	M Buriel 2 ☐ Cremation 3 ☐ Ramo ☐ Donation 5 ☐ Other (Specify) ☐ SIGNATURE OF FUNERAL SERVICE LICE	ovel from State cem	etery, crematory or other pl	Methodist	. 1991	- City or Town, State Lorstown, Virgin: Home/			
2	3. PART I. Enter the diseases, or conshock, or haert fallum.	omplications that caused	the death Do not a						
li d	MMEDIATE CAUSE (Finel iseese pr condition	and only one cause on a	ich line.			Interval Between			
CATI	Sequentially list conditions, if sny, lasding to immediate cause. Enter UNDERLYING CAUSE (Closesse pr injury CAUSE (Closesse pr injury CAUSE (Disease pr injury CAUSE (Dise								
	nat Initiated events esuiting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):						
	ART II. Other algnificant conditions	contributing to death be	it not resulting in the	undarlying cause given	In Part I. 24s. WAS AN AUTOPS PERFORMED? 1 YES 2 NO	Y 24b. WERE AUTOPSY FINDING AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
ž _	WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH	(Check only one)	1 [] YES 2 [] NO			
¥S	1 VES 2 NO	1 Inpetient 2 ER/Outpe		IER: Nursing Home 5 □ Residen	ca 8 Other (Specify)				
> 1	MANNER OF DEATH Netural 5 Pending Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJURY O	CCURED			
	3 Suicide 4 Homicide 28a. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 28a. PLACE OF INJURY — At home, term, street, factory, office City or Town, State) 4 Office City or Town, State)								
COMPLETED	a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINER	IAN: To the best of my knowle On the basis of examination	edge, death occurred at ti and/or investigation, in r	ne time, data and place, and ny opinion, death occurad at	due to the cause(a) and manner as a the time, data and place, and due to	teled. the cause(a) and manner as stated.			
9 29 0 29	D. SIGNATURE AND TITLE OF CERTIFIER	Colley	Mul	29c. LICENSE	NUMBER 29d. D/	ATE SIGNED (Month, Day, Year)			
Ja.	NAME AND ADDRESS OF PERSON WHO RANGE S DATE FILED (Morith, Day, Yber)	16 8200 6	VISCO-NSON	No Ber	ge DAME:	20814			
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TO BE COMPLETED BY CHINEDAL MOSE	OF COMPLETED BY DUVERDIAN: MEDICAL CEDTIE: CATION
examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
al.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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r death. Page 6 may be retained by the hospital or attending physician.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

	t, Middle, Last)			OLITTI	IOAIL	OF DEA		2. DATE	REG. NO.	_		3. TIME OF DE	ATH
BLANCHE			SCHOE	NBART				MONTH 9	30		91	1,17	A
4. SOCIAL SECURITY NUM	BER	5. SEX		. last birthday)	IF UNDER 1 YE		R 24 HRS.		OF BIRTH		S. BIRTI	HPLACE (State or	Foreign
180-14-226	3	1 M 2 F	71	YRS.	MONTHS DA	HOURS	MIN.		, Day, Year) -1920		Count	PENNS	ZL.VA1
9e. FACILITY NAME (# not	institution, give	street and number)			9b. CITY, TO	WN OR LOCAT	TION OF DE	EATH		9c. COUN	TY OF D		
SHADY GROV	E NURS	SING HOME			ROCK	VILLE				MON	IGOM	ERY	
10a. STATE	10b. COUNT	TY		10c. CIT	Y, TOWN OR L	OCATION						10d. INSIDE CI	TY
MARYLAND	LUOM	GOMERY		RO	CKVILL	E						1X YES 2	NO
10e. STREET AND NUMBER	3					101. ZIP CO	DE			10g. CITI	ZEN OF	WHAT COUNTRY	?
10500 ROCK	VILLE					20852					TED	STATES	
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12				SALESP	ERSON				JEWELR	¥ &	FABR	CIC	
17. FATHER'S NAME (First,									Middle, Maiden	Sumeme)			
	ITZ						PHIE	0-2	OMAN				
190. INFORMANT'S NAME ELLENSUE G		(DATE	OHTOTAL N		A OTTEMO								
			GHTER)				W, M	_				18934	
20a METHOD OF DISPOSI 1 A Buriel 2 Cremet		moval from State	20b. PL/	ACE AND DAT	y or other place	TION (Name	DIZ	DATE		CATION —			
4 Donation 5 Other		-revere	KUU:	PEAGLT		LAL PA			-4 TRE	VOSE	, PE	NNSYLVA	NIA
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IMMEDIATE CAUSE (F	heart failure	complications the	at coused the	death. Do	not enter the	DOCK mode of d	VIII ying, suc	F PIK	lec or reepi	retory err	TE	PLES, I MD 20 Approxi	852 mete Betwee
shock, or	heart failure	complications the List only one ce	at ceused the use on each	death. Do line.	not enter the	POCK	ying, suc	E PIE	liec or reepi	retory err	TE	MD 20 Approxi	852 mete Betwee
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19261 MONTGOMERY VILLAGE AVE., GAITH., MD. 20879

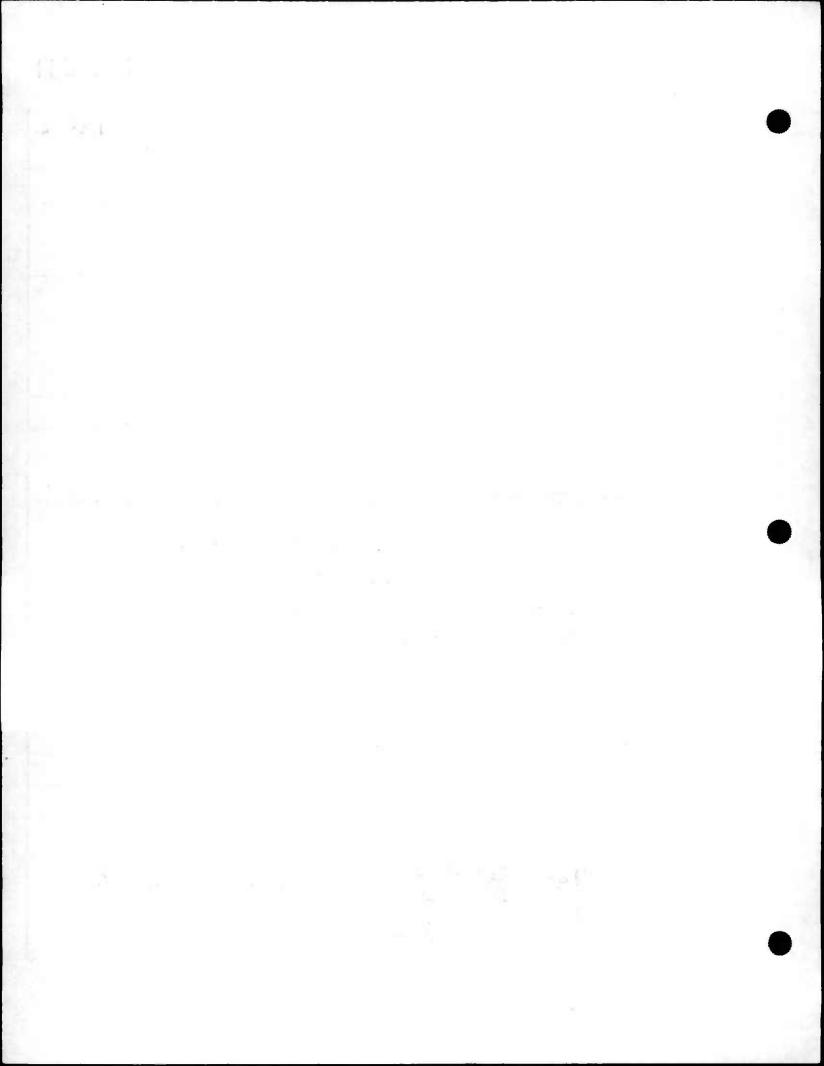
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SUHAIR ABULFARAG

DR.

31. DATE FILED (Month, Day, Year)

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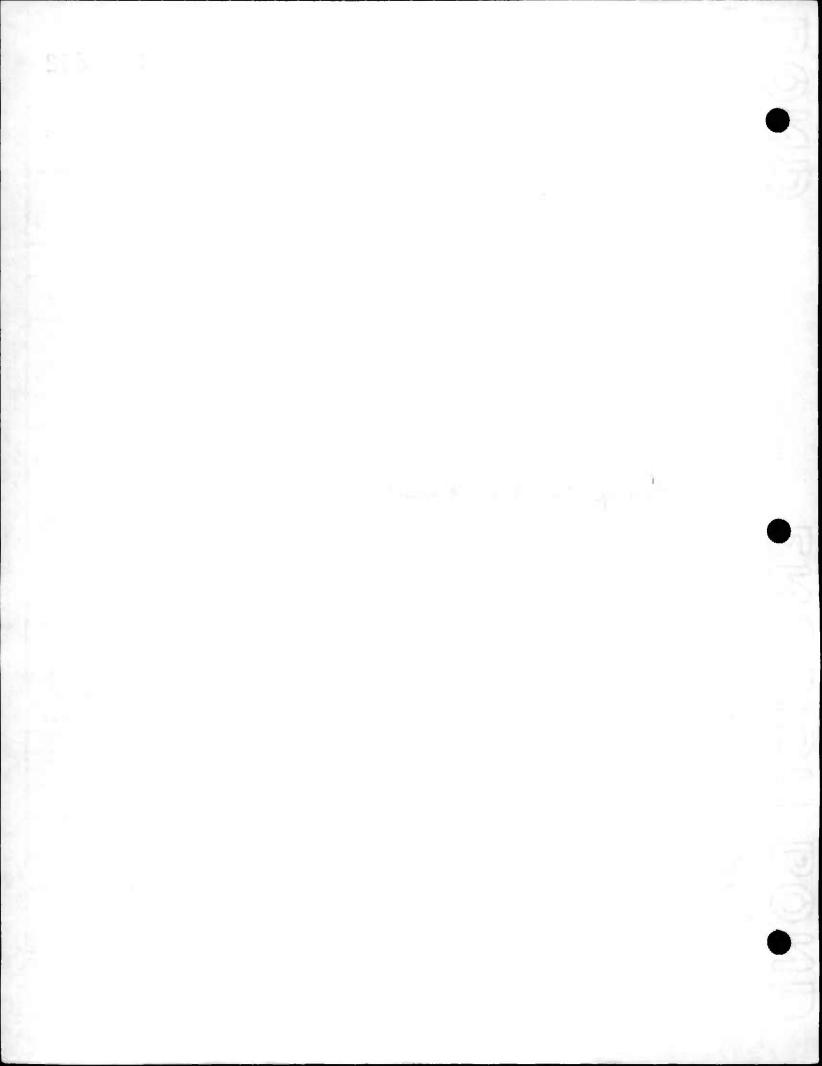


IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

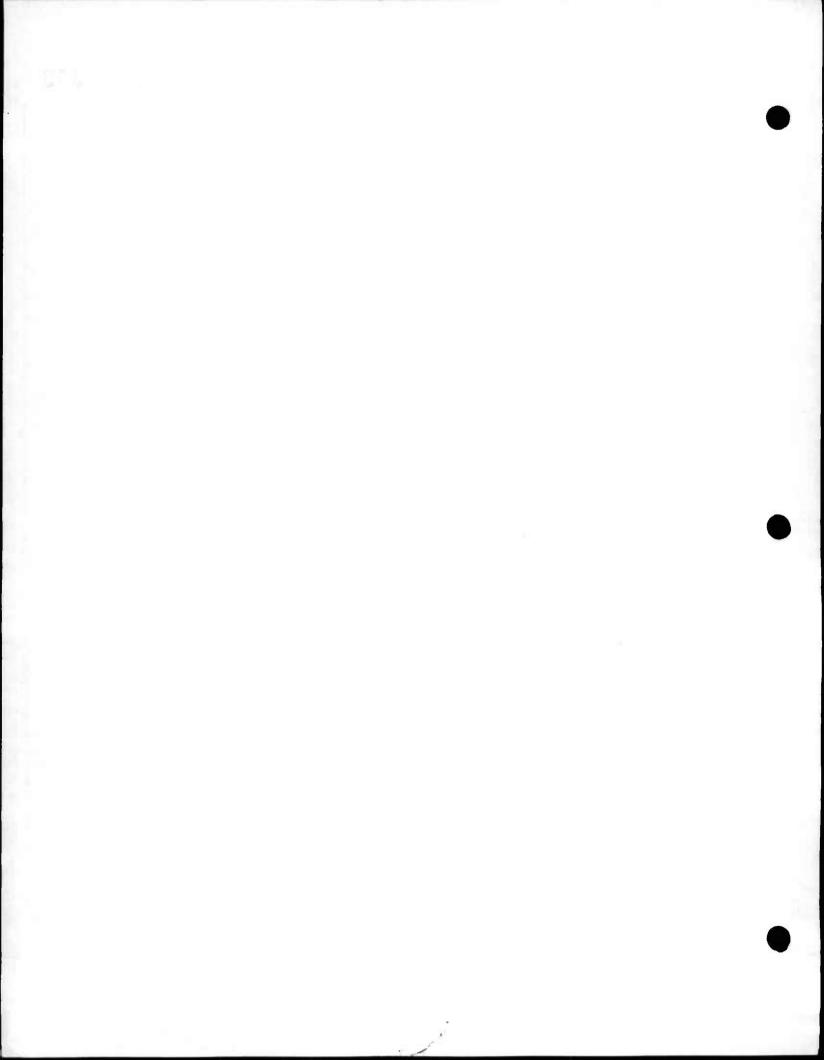
FOR STATE REGISTRAR	STATE OF MA				HEALTH AND	MENTA	REG. NO.	1		
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SOCIAL SECURITY NUMBER	5. SEX 8.	AGE (in yrs. lest		IF UNDER 1 YEAR	IF UNDER 24 HRS.		OF BIRTH h, Day, Year)	8. E	SIRTHPLAC	CE (State or Foreign
213-18-6583	1 □ M 2 🖾 F	72	YRS.	MONTHS DAYS	HOURS MIN.		3-19		- " -	DC.
. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TOWN	OR LOCATION OF D	EATH		9c. COUNTY	OF OEATH	
11 Moore Dr	ive			Roc	kville			MONT	GOMI	ERY
esidence of Decedent 10b, COUN	TY		10c CITY	TOWN OR LOC	ATION				104	. INSIDE CITY
	Montgomer	~77		Rockv						LIMITS?
e. STREET AND NUMBER	MOTTEGORIEL	· <u>Y</u>	-		Of, ZIP CODE	_		10g. CITIZEN		
11 Moore Driv	e				20850				SA	
MARITAL STATUS	12. WAS DECEDENT E	EVER IN U.S. ARM	ED	13. WAS DI	CENDENT OF HISPA	NIC ORIOII	N? (Specify Yea	_		American Indian, ilta, etc.
☐ Never Married 2 ☐ Married ☑ Widowed 4 ☐ Divorced	FORCES? 1		•		pecify Cuban, Maxic S 2 X NO Speci		Rican, atc.)			Black
15. DECEDENT'S ED (Specify only highest grad	UCATION to completed	18a. DEC	EDENT'S	USUAL OCCUPATOR done during in	TION	168	. KIND OF BUS	INESS/INDUST	RY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	Me. I	Do NOT use	retired.)	si working					
8th			Do	mestic	2					
FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N.	AME (First,	Middle, Maiden	Sumame)		
Preston Johns	son				Min	nie	E. Die	ggs		
n. INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADDRESS (Stree	and Number or Rural	Route Num	ber, City or Town	, State, Zip Coo	MD (e)	20879
Vonne J. Mur:	ry (Daugh	ter)18	3634	Walke	er's Cho					
a. METHOD OF DISPOSITION Burlel 2 Cremation 3 Re	moval from State	20b. PLACE A	ND DATE	OF DISPOSITIO	N (Name	DAT	E 20c. LOC	CATION — City	or Town,	State
□ Donation 5 □ Other (Specify)		Parkl	lawn		cial Pk		/10 R	ockvi.	lle,	MD
. SIGNATURE OF FUNERAL SERVICE	ICENSEE /	1			NOEN FUN		т ном	7 D	7.	
SUNCE K	· /do sa	uller	1	,	VULLE,			Δ, E	LT .	
equentially list conditions, any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or injury hat initiated events equiting in death) LAST	DUE TO (O	R AS A CONSEQUER AS A CONSEQUER	UENCE OF): /-	infarc					
ART II. Other algnificant condition	one contributing to de	eath but not re	esulting i	n the underly	ing cause given i	Part I.	24a. WAS AN PERFOR 1 - YES 2	MED?	AMA COI DF	RE AUTOPSY FINDIN ILABLE PRIOR TO MPLETION OF CAUS DEATH? YES 2 PNO
. WAS CASE REFERRED TO MEDICAL			_	26.	PLACE OF DEATH (C	hack only o	ne)			
EXAMINER? 1 YES 2 YNO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:	ome 5 🗆 Rasidence	6 DOIN	er (Specify)			
MANNER OF DEATH	28a, DATE OF IN	IJURY	28b. TIMI	E OF 28c. I	NJURY AT		SCRIBE HOW I	NJURY OCCUR	ED	
1 Natural 5 Pending 2 Accident Investigation	(Month, Day,	.00)	INJ		WORK? YES 2 NO	CIT				
2 Accident 3 Suicide 6 Could not b determined	28e. PLACE OF building, at	INJURY — At hor c. (Specify)	me, farm, e	street, factory, of	fica	28t. LO	CATION (Street a or Town, State)	nd Number or I	Rural Route	Number,
CONNECTION O	SICIAN: To the best of m								suse(s) sn	d manner as stated
SIGNATURE AND TYPLE OF CENTIF					29c. LICENSE NO					onth, Day, Year)
Illable	with the				009>	64		10	-)-	91
	BISKIN, V	OF DEATH (ITEN	27) (1/100)	VIROP	A SCK	NOI	r, t	+607	208	552
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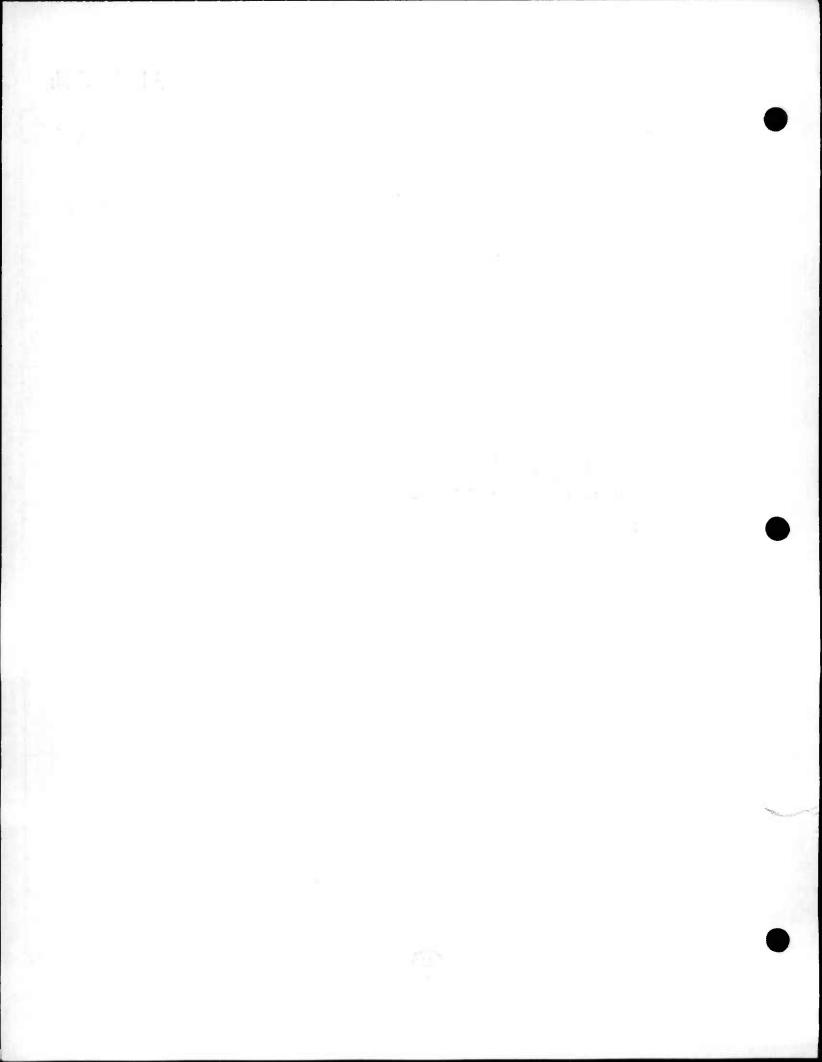
31. DATE FILED (Month, Day, Year)
OCT 08 91

1. DECEDENT'S NAME (First, Middle, Last)				DEATH	2. DATE OF DEAT	н	EAR 3. TO	ME OF DEATH			
4. SOCIAL SECURITY NUMBER		ash			QT.	3 199		7:15/			
397-16-3204	5. SEX 1 \(\text{M} \) 2 \(\text{AGE} \) (In yrs. In	YRS.	F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yea Feb. 25	ir)	BIRTHPLAC Country)	E (State or Forei ISİN			
Malcolm Grow USAF Medical Center Camp Springs Prin							OF DEATH	rae's			
RESIDENCE OF DECEDENT											
106. STATE 106. COUNT	ION				INSIDE CITY LIMITS? YES 2 NO						
		Waldorf 101. ZIP CODE				OF WHAT					
100. STREET AND NUMBER 603 Marshall Cour 11. MARITAL STATUS	t						ed St				
3 Widowed 4 X Divorced	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2X IF YES, GIVE WAR OR DATES	RMED NO	If yes, sp	ENDENT OF HISPA ecity Cuben, Mexic 2 X NO Specia	NIC ORIGIN? (Specifien, Puerto Ricen, etc.)	Yee or No- 14.	RACE — Ar Black, White Specify:	merican Indian			
15. DECEDENT'S EDU (Specify only highest grade		ECEDENT'S US	SUAL OCCUPATION TO MAKE MAKE MAKE MAKE MAKE MAKE MAKE MAKE	ON	16b. KIND OF	BUSINESS/INDUS		Tre			
Elementary/Secondary (0-12)		e. Do NOT use i	retired.)	st or working							
12. FATHER'S NAME (First, Middle, Last)		Cle	rk			ior Ligh	ting	Design			
					ME (First, Middle, Ma						
10a INFORMANT'S NAME (Section)		Sh. MAII INC AI	DODESE (Over 1	Edna	Zimmerma Route Number, City or	nn					
Wayne Truax			win Kno		ngwood.						
20s, METHOD OF DISPOSITION	20b, PLACE	AND DATE OF	DISPOSITION (No.	me of		TX 773		ete			
1 🕅 Burial 2 🗆 Cremation 3 🗆 Ram 4 🗆 Donation 5 🗆 Other (Specity)	Arlir	rematory or othe	Park Cer	meterv	1 1	ilwaukee					
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. NAME AN	D ADDRESS OF FA	WILLI Y		, _11/12	CURSIT			
· Cleen y	V. Kapp		Rapp 1	-uneral	Services	, P. A.					
23. PART I. Enter the diseases, or o	complications that caused the d	eath. Do not	t enter the mo	de of dving, auc	ue. Silve	er Sprin	g. MD	20910			
ahock, or heart failure. IMMEDIATE CAUSE (Final	List only one cause on each lin	е.	0.00	, , , , , ,		oopiiatory arrest	'	Interval Bet			
	Mudia		w.For.	GAB	0	-	-	Onset and			
Teauting in death)	DUE TO (OR AS A CONSE	ENCE OF):	9	1 -000			an	ade			
Sequentially list conditions.	DUE TO (OR AS A CONSE Bron che	ne.	roth:	- suc			_ !				
if any, leading to immediate	DUE TO (OR AS A CONSE										
- Il CHOSE (Disease of Injury	·										
that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	OUENCE OF):									
	1						-				
O	PART II. Other algoriticant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDI										
PART II. Other algorificant condition						FORMED?	COMP	ABLE PRIOR TO LETION OF CA			
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PART II. Other algolificant condition					_ ' ' ' '	3 2 E NO	1 🗆	EATH?			
PART II. Other algolificant condition					_ ' ' ' '	3 2 2 10	1 🗆	EATH?			
PART II. Other algolificant condition			26. PL	ACE OF DEATH (Ch		2,510	1 🗆	EATH?			
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the ho	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detact be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
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		FOR STATE REGISTRAR		STATE OF MARY	CI	ERTIFIC	ATE OF			TAL HYGIEN REG. NO.	E 9	285	164
		1. OECEOENT'S NAME (First Stell C	170	Stella Ma	1				MC /	ATE OF DEATH DATE OF DEATH DATE		YEAR	530A
P		5-79-24- 90. FACILITY NAME (# not in	4502	1 M 2 F	(In yrs. las	YRS. MC	F UNDER 1 YEAR ONTHS DAYS		din. (N	ATE OF BIRTH Ignth, Day, Year)	0	Maryland	alg & Foreign
1, 2, 3 s	CTOR	Herman Wilson Health Care RESIDENCE OF DECEDENT 100. STATE 100. COUNTY					- Gaithersburg Md Montgomeny					14	
burial-transit permit. Pages	DIRE	Maryland 100. STREET AND NUMBER	Montg				ithersburg 10d. INSIDE CITY LIMITS? 1 📉 YES 2 🗆 NO					TS?	
transit per	FUNERAL	301 Russell		101. ZIP CODE 10g. CITIZEN OF WHAT COUNTY U.S.A.									
as the burial	BY	1 Never Married 2 Merried 3 Wildowed 4 Divorced FORCES? 1 VES 2 NO IF YES, GIVE WAR OR OATES					1 TYES 2 ANO Specify: Specify				14. RACE — Americ Black, White, at Specify: W	hite	
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5 should be detached notified at once.	BE COMPL	17. FATHER'S NAME (First, M William V.	Best							st, Middle, Maiden	Sumame)		
be notified	101	Rev. Julian	A. Ta	venner (Son)		11599	Nor-Ray	y Circ	le, I		e, Ma	aryland	21754
ector, p		MAI Burlet 2 Committee 4 II Donation 5 I Other 21. SIGNATURE OF FUNERA	on 3 🗆 Remo	FO			pisposition (Na	tery	10/0	4/9: Bre	ntwo	od, Mary	
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completely filled in by ial, cremation, or remo			nal	nat only one cause on a	ach iine				, such aa c	erdiac or reapi	ratory arre	Inte	roximata rval Betwean set end Death
E . 8	1 1	IMMEDIATE & AUSE (Final disease or condition resulting in death) a. Cerebral Anom bosis Oue to (or as a consequence or): Cerebral Arteriosclerosis Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury CAUSE (DISEASE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAU										hour	
ending physician and con Hygiene prior to burial, or other traumatic en	CERTIFICATION	If any, leading to immed cause. Enter UNDERLYI	diete ING Iry c.	OUE TO (OR AS A	A CONSEC	DUENCE OF):			2.05	ìs		5	years
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UNECTOR: After this certificate has been signed by the attending physician and con- hours after death with the State Dept, of Health and Mental Hygiene prior to burial, Item 28 is marked, or Item 23 shows any Injury, or other traumatic et	ETED BY PHYSICIAN: MEDICAL C	If any, leading to immecause, Enter UNDERLIV CAUSE (Disease or Injuthat initiated events resulting in deeth) LAS PART II. Other significa 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 1 Natural 3 Suicide 8 1 Natural 4 Homicide 29a. CERTIFIER (Check only)	diete ING IT d. Int conditions D MEDICAL Pending Investigation Could not be determined IFYING PHYSICI CAL EXAMINER:	OUE TO (OR AS A OUE TO (OR AS	A CONSECTA C	DUENCE OF): DUENC	the underlying 26. PL THER: Nursing Hom WO M 1 th, factory, office the time, data n my opinion, d	ACE OF OEATH 5 Reside URY AT RK? end place, end eath occured a 29c. LICENSE	H (Check only once 8 0 0 28f. L 0 28f. L 0 E NUMBER	24a. WAS AN / PERFORI 1 VES 2 Tone) ther (Specify) DESCRIBE HOW IN OCATION (Street ar ify or Town, Stete) cause(a) and ment	JURY OCCL Ind Number of the states due to the set of t	AMALABLE COMPLETE DF DEATH 1 YES FRED FRUIT Route Number	PRIOR TO ON OF CAUSE 2 Pro



THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detacht and within 27 hours after death with the State Dent, of Health and Mental Holeine prior to burial, cremation, or removal.	PORTANT: If Nem 28 is marked, or Nem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
rs after death. Page	by the funeral dire removal.	dicai examiner i
secuted within 24 hou	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the finds within 27 hours after death with the State Dent of Health and Mental Hoolene prior to burfal, cremation, or removal.	atic event, the me
death certificate be ex	attending physician a	ry, or other traum
aw requires that the	s been signed by the	3 shows any inju
PHYSICIAN: The Is	r this certificate has	arked, or Item 2
AL OR ATTENDING	AL DIRECTOR: After	If Item 28 Is m
THE HOSPIT	THE FUNER	PORTANT

REGISTRAR		CERTIFIC	CATE O	F DEATH	RE	G. NO.		
1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DE	DAY	VEAR	3. TIME OF DEATH
Della K. Thoma	as				Oct.	3, 199	1 YEAR	4:20 P
4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BI	RTN	8. BIRT	HPLACE (State or Foreign
308-36-6030	1 🗆 M 2 🔯 F	87 YRS.	ONTHS DAY	HOURS MIN.	Apr 2		Coun	v York
9a. FACILITY NAME (If not institution, give			Ph. CITY. TOW	N OR LOCATION OF D			JNTY OF D	
Montgomery Ger	ierar nospi	itai	Olne	зу		MOI	itgo	mery
10a. STATE 10b. COUN	ITY	10c. CITY,	TOWN OR LO	CATION				10d, INSIDE CITY
Maryland Mon	tgomery	Sil	ver S	oring				LIMITS?
10e. STREET AND NUMBER	regoinery	711	.ver o	101, ZIP COOE		100 00	TIZEN OF	WHAT COUNTRY?
	D-3 #OD							
3500 Forest Edge				20906				States
11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YE	RINU.S. ARMED	13. WAS C	ECENDENT OF HISP/ apacify Cuban, Maxic	ANIC ORIGIN? (Sp. can, Puerto Rican,	ectfy Yes or No-	14. RAC Blac	E — American Indien, ck, White, etc.
3 Wildowed 4 Divorced	IF YES, GIVE WAR OR			ES 2 NO Spec			Spec	White
							1	white
15. DECEDENT'S Et (Specify only highest gra	DUCATION de completed)	16a. DECEDENT'S U (Give kind of wo	rk done during	TtON most of working	18b. KINC	OF BUSINESS/IN	IOUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5 +)	life. Do NOT use	retired.)					
8		Secretar	`y		Pu	blishind	7	
17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S N	AME (First, Middle	, Maiden Surname)		
Herman	Kessle	r		Henrie	tta	Sunshir	ne	
19a, INFORMANT'S NAME (Type/Print)			DDRESS (Street	et and Number or Rura				
Martin A. Thomas	(Son)			River St,				207
20a. METHOD OF DISPOSITION 1 Burlat 2 Cremation 3 Re	moval from Stata	20b. PLACE ANO OATE of cemetary, crematory of	r other place)		OATE	20c. LOCATION -		
4 Donation 5 Other (Specify)		Suburban				Silver	Spri	ing, MD
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE			Funeral		00 P A		
> 3/1/	RPIN	M00827						00010
23. PART-I. Enter the diseases, o	13.001			Gist Ave				20910 Approximate
Sequentially list conditions, if eny, laeding to immediata cause. Entar UNDERLYING CAUSE (Disease or injury	- urina	S A CONSEQUENCE OF) That S A CONSEQUENCE OF)	infe	etion			19	
that initiated events resulting in death) LAST	DUE TO (OR A	S A CONSEQUENCE OF)	:					
PART II. Other significent conditi	ons contributing to deati	h but not resulting in	the under	ving cause given i	n Pert I. 24a	. WAS AN AUTOPS	v 24	b. WERE AUTOPSY FINDIN
	itim					PERFORMED?	1	AVAILABLE PRIOR TO COMPLETION OF CAUS
Married House					1 [YES 2 NO		OF DEATH?
							- 16	1 - YES 2 - NO
25. WAS CASE REFERRED TO MEDICAL			20	PLACE OF DEATH (Check only one)			
EXAMINER?	HOSPITAL:		OTHER:	lome 5 🗆 Raaldenc	a 8 🗆 Other (So	eclfv)		
27. MANNER OF DEATN	28a. DATE OF INJUI			INJURY AT		E NOW INJURY O	CCURED	
1 Natural 5 Pending	(Month, Day, Yea	Inju		WORK? ☐ YES 2 ☐ NO				
2 Accident Investigation		IDV At home from at			204 1 004710	N (Change and March		Courte Mountain
3 Suicide 8 Could not I	building, atc. (3	JRY — At home, farm, st Specify)	reet, rectory, (rinuE	City or Tox	N (Street and Numb wn, State)	rot ut Ptu/ith	reoute Number,
29a. CERTIFIER (Check only	YSICIAN: To the best of my ki	nowledge, death occurred	d at the time,	data and place, and d	ue to the cause(s)	and manner as s	tated.	
neel	INER: On the basis of examina	ation and/or investigation	, in my opinio	n, death occured at t	he time, data and	place, and due to	the cause	(a) and manner as stated
296 SIGNATURE AND TITED OF CERTIF	FIRE			29c, LICENSE N	MDED	204 5	ATE CIONE	O Month One Year
Kovert J. O	In Al	tending (hysic:		Jula (A A 29d, D	- 1	(Month, Day, Year)
11. There	ירי ירי	7		V 54	140 (10	10	3 91
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF	DEATN (ITEM 27) (Type,	Print)			WA ?	202	7
ROBERT FIEL	15, 2007; 18	III Prince	hmeri	P in, o	mey,	my) 2	003	
31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S S	IGNATURE .					- 1	.17
0CT 01. 'Q1	Julia Davide	manhander.						
1C 10 100	-	2 shower						DHMN-16 Re

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BALLIMORE, MARYLAND 21215-0020	PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician.	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit p with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
OF VITAL RECORDS, P.O. BOX 68/60,	PHYSICIAN: The law requires that the death certificate be executed within 24 T	this certificate has been signed by the attending physician and completely filled in by the fu with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	irked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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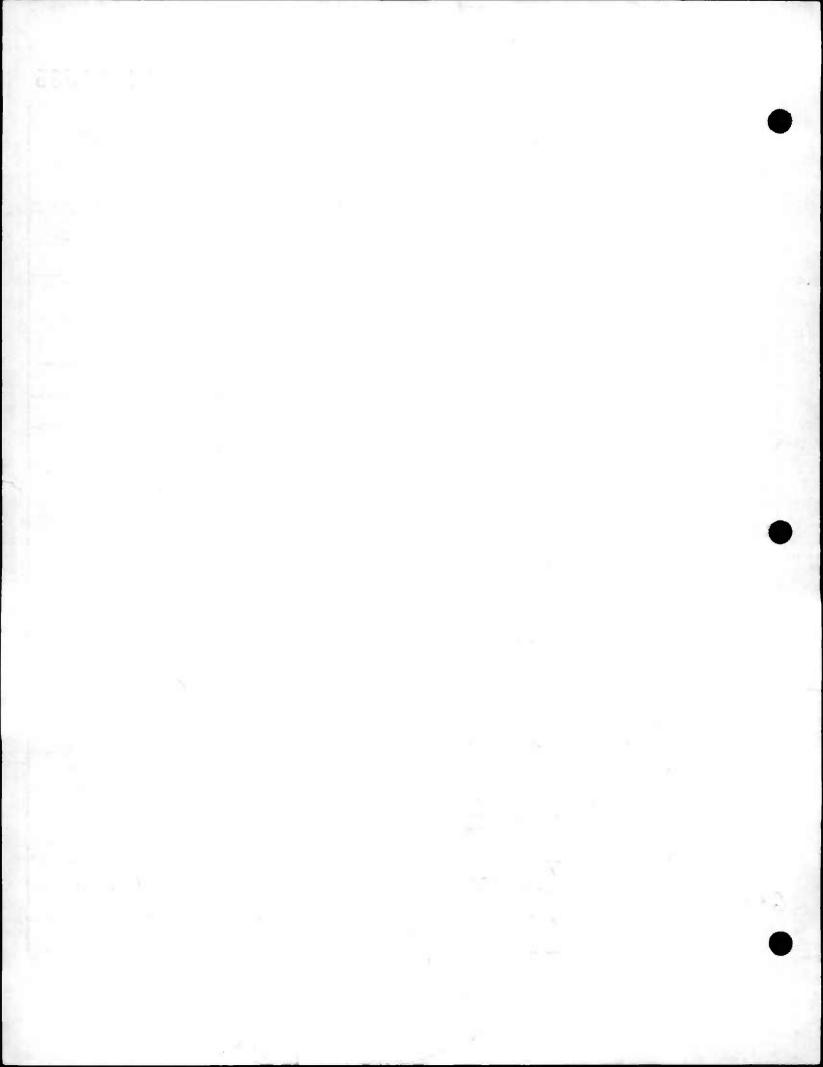
DIRECTOR: After the

TO THE HOSPITAL
TO THE FUNERAL C
be filed within 72 h
IMPORTANT: If II

DIVISION OF VITAL

Pages 1, 2, 3 st

2. DATE OF DEATH 3. TIME OF DEATH William H. Thompson October 04, 1991 02:40am M 4. SOCIAL SECURITY NUMBER 7. OATE OF BIRTH (Month, Day, Year) 1928 6. BIRTHPLACE (State or Foreign Country) 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 1 X M 2 | | YRS. West Virginia 234-42-9311 62 October 30, 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF OEATH 9c. COUNTY OF OEATH Montgomery General Hospital DIRECTOR Olney, Maryland Montgomery 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10a. STATE 10d. INSIDE CITY Maryland Silver Spring Montgomery 1 YES 2XXNO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10s. CITIZEN OF WHAT COUNTRY? 2905 Lindell Street 20902 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 ☐ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No- Black, White, stc.) 11. MARITAL STATUS If yes, specify Cuban, Maxican, Puarto Ri 1 Never Married 2 X Married BY 3 Widowed 4 Divorced White 4/1/47-8/20/48 COMPLETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) 1.2 College (1-4 or 5+) Refrigeration Mechanic Refrigeration Company 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Samuel Thompson Freddie Flynn 8 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Nellie M. Thompson 2905 Lindell Street, Silver Spring, Maryland 20902 20a. METHOD OF OISPOSITION
1 X Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name 10/7/91 ATE 20c. LOCATION -- City or Town, State Quantico National 4 Donation 5 Other (Specify) Cemetery Triangle, Virginia RODERT 300 West Montgomery Avenue Rockville, Maryland 20850-2805 21. SIGNATURE OF FUNERAL SERVICE LICENSEE M00846 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, Approximete shock, or heert feliure. List only one cause on each line. interval Between **Onset and Death** IMMEDIATE CAUSE (Final disease or condition nivator resulting in death) OR AS A CONSEQUENCE OF 100 CERTIFICATION Sequentially list conditions, E TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate cause. Enter UNDERLYING Di ei CAUSE (Diseese or Injury OUE TO JOR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMEO? 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2X NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) OTHER: 1 YES 2 10 patient 2 - ER/Outpatient 3 - DOA ing Home 5 Residence 8 D Other (Specify) 26s. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, lectory, offica building, etc. (Specify) 28I, LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 6 Could not be 4 Homicide 29a. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 20 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and man 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 3281 AND 10 (40 2 PLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 12016 Geor MB Red a 31. DATE FILED (Monte, Day, 30. REGISTBAR'S SIGNATURE p°

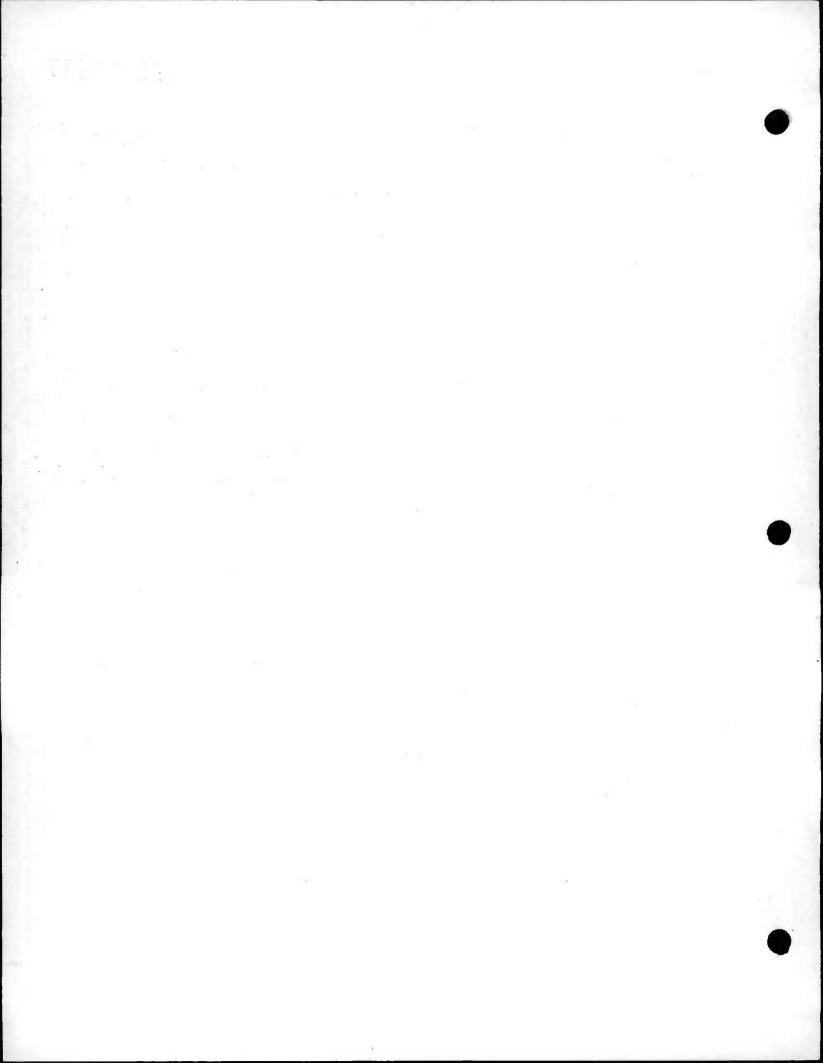


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1. DECEDENT'S NAME (First, Middle, Lest)	Thomps				DEATH	2. DAT MON		AY C	YEAR 3	TIME OF DEATH
4. SOCIAL SECURITY NUMBER	-	GE (In yrs. last birthda		R 1 YEAR	IF UNDER 24 HRS	. 7. DATE	OF BIRTH	7	6. BIRTHPL	ACE (State or Foreign
363-09-3518	1 💢 M 2 🗆 F	78 YRS	MONTHS	DAYS	HOURS MIN		th, Day, Year)		Country)	
Se. FACILITY NAME (If not institution, give str	eet and number)		9b. CIT	Y, TOWN O	R LOCATION OF		. 207		TY OF DEA	
Shady Grove Adven	tist Nursi	ng Ctr.	Roc	kvil	le			Mont	gomei	cv
RESIDENCE OF DECEDENT		100 (CITY, TOWN	ORLOCAT	TON					Od. INSIDE CITY
Maryland Montgo	mora		ockvi		TON .					LIMITS?
10e. STREET AND NUMBER	мету	1 1	OCKVI		. ZIP COOE			10a, CITIZ		AT COUNTRY?
12105 Hitching Po	st Lane			20	0852				ed St	
11. MARITAL STATUS	12. WAS DECEDENT EVE FORCES? 1 YI	R IN U.S. ARMED	13.	. WAS DEC	ENDENT OF HIS					- American Indian, White, atc.
1 Never Married 2 X Marriad	FORCES? 1 Y				2X NO Sp		Rican, etc.)		Black, \ Specify:	White, atc.
3 Widowed 4 Divorced										White
15. DECEDENT'S EDUC (Specify only highest grade of		16a. DECEDEN (Give kind	of work done	e durina mos	ON st of working	16	b. KIND OF BU	SINESS/INDU	JSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)		T use retired.)						
12 17. FATHER'S NAME (First, Middle, Last)	5	Sales	man		40 400745010		Advert			
John H. Thompson,	C ==					,		,		
19a. INFORMANT'S NAME (Type/Print)	21.	19b. MAIL	ING ADDRES	SS (Street a	Kathar				Cordel	
Eleanor H. Thompso	n .				g Post					20052
20a. METHOD OF DISPOSITION		20b. PLACE OF DISI						CATION C		20852
1 Burisi 2 Cremation 3 Remo	combment	other place) Gate of	Heave	n Ma	usoleum	1				, Marylan
21. SIGNATURE OF FUNERAL BEHVICE LICE		date of	IICUVC	II LICE	UDOTC UI		DIT	AGT 9	DITIL	, Marylan
			22	. NAME AN	D ADDRESS OF	FACILITY T	ohert	Δ P11	mphre	W Funeral
1 1 11 1 E	7		H	lome/l	Rockvil	le, I	obert nc. 3	A. Pu	mphre	y Funeral
· Mudt la	sry.	м0080	3 A	venue	Rockvil e, Rock	le, I ville	obert nc. 3 , Mary	A. Pu 00 We land	mphre st Mo 2085	y Funeral ontgomery 50-2805
23. PART I Enter the diseases, or canock, or heart fallura. L	omplications that cau	and the deeth. D	3 A	venue	Rockvil e, Rock	le, I ville	obert nc. 3 , Mary	A. Pu 00 We land	mphre st Mo 2085	y Funeral ontgomery 50-2805
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32. REGISTRAD'S SIGNATURE
Juna Davidon Pandall 31. DATE FILED (Month, Day, Year)
OCT 07 '91

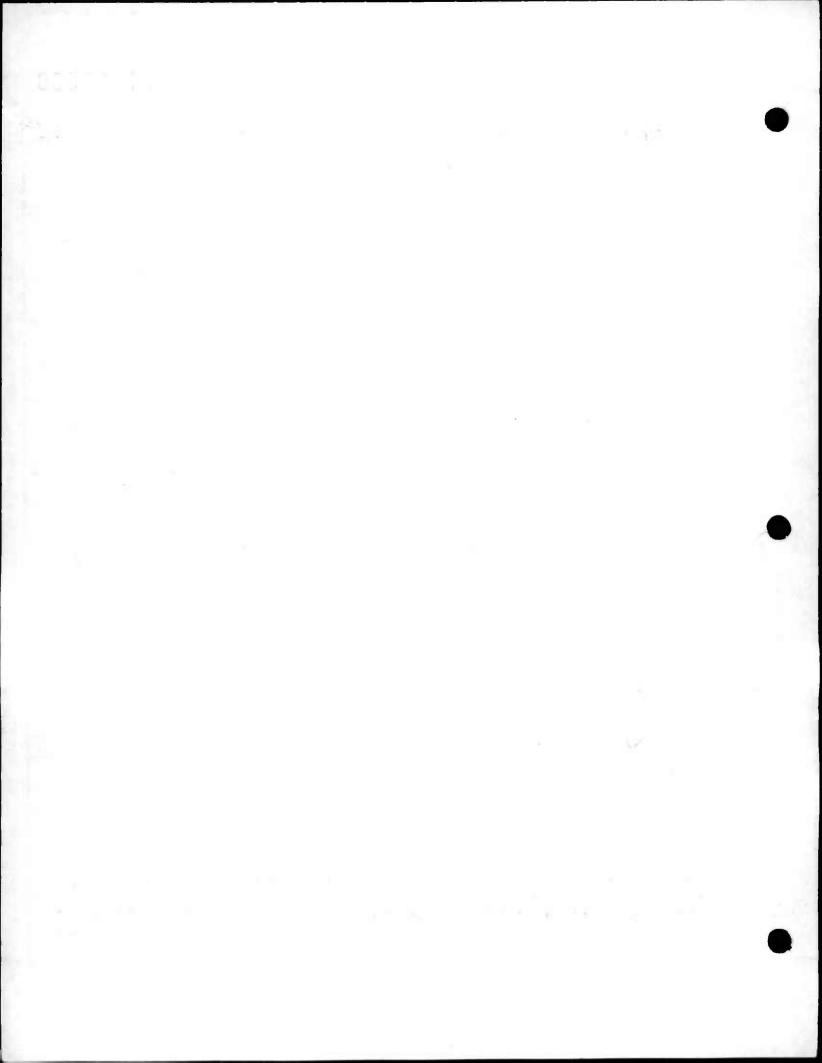
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68760, BALTIMORE, MARYLAND 21215-0020	scuted within 24 mours after death. Page 6 may be retained by the hospital or attending physici and completely filled in by the funeral director, page 5 should be detached for use as the burfat-huffal, cremation, or removal.	tic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Page filled within 72 hours after death with the State Deat, of Health and Mental Hydiene prior to burlal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	7. DECEDENT'S NAME (First. Middle, Last) 2. DATE OF DEATH MONTH Fidel G. Unite 2. DATE OF DEATH MONTH YEAR 3. TIME OF DEATH MONTH YEAR 2. DATE OF DEATH MONTH YEAR 3. TIME OF DEATH												3. TIME OF DEATH	
1		September 28,1991				8:45 A.M.								
)	4. SOCIAL SECURITY NUMB	ER	6. AGE (In yra	. last birthday)	IF UNDER 1 YE	7. DATE O	F BIRTH	8. BIRTH	INPLACE (State or Foreign					
	220-31-0628	YRS.	months D	TS HO	UPIS MIN.	April	April 24,1935			Philippines				
er.	9a. FACILITY NAME (If not in:					9b. CITY, TO	VN OR LC	CATION OF D	DEATH		9c. COU	INTY OF D	EATH	
FUNERAL DIRECTOR	Suburk		spital				Bet	hesda			Mon	tgom	ery	
EC	10a. STATE	10b. COUNT	Y		10c, CIT	Y, TOWN OR L	CATION						40.4 INDIDE OUT	
H	Maryland		Montgon	Orv		1, 101111 011 2		hesda					10d. INSIDE CITY LIMITS?	
7	10e. STREET AND NUMBER		101, ZIP						1 TYES 2 X NO					
H.	8880 Bradley	Rlvd						20817			VHAT COUNTRY?			
Ž I	11. MARITAL STATUS	BIVG	12 WAS DECEDENT	FVER IN II S	APMED		-		pines					
	1 Never Married 2 💢	YES 2	NO If yea, specify Cuban, Maxican					(Specify Yea can, atc.)	or No-	14. RACE Black	— American Indian, c, White, atc.			
BY	3 Widowed 4 Divor	rced	W TES, GIVE W	AN ON DATES		''	YES 2 X	NO Speci	Wy:			Speci	[‰] sian	
COMPLETED	15. DECE	EDENT'S EDU	CATION	16a	DECEDENT'S	USUAL OCCU	ATION		16b. H	(IND OF BUS	SINESS/INI		Stan	
	Elementary/Secondary (0-		College (1-4 or 5+)		life. Do NOT u	work done during se retired.)	most of v	working						
₫.	9		_		Drive	r/Gard	ener			Dome	stic			
Š	17. FATNER'S NAME (First, Mic						18.	MOTNER'S NA	AME (First, Mic	idle, Maiden	Sumame)			
BE (Narcisc	Unit	.e					Petr	ca Gar	igan	1			
TO B	19a. INFORMANT'S NAME (Ty	pe/Print)			19b. MAILING	ADDRESS (Str	et and Nu	imber or Rural	Route Number	City or Town	n, State. Zic	Code)		
F	Mrs. Jean P	. Ahm	ad			Bradle							20817	
	20a. METNOD OF DISPOSITIO			20b. PLA		OF DISPOSITION			DATE			City or Tox		
	Tight 2 Cremation 3 Removal from State Cametery cremetery or other place							terv	1					
	21 SIGNATURE OF FUNERAL	4 Donation 5 Other (Specify) 2 SIGNATURE OF FUNERAL SERVICE LICENSEE Gate of Heaven Cemetery 10/1/91 Silver Spring, MD 22. NAME AND ADDRESS OF FACILITY Robert A. Pumphrey Funeral											roy Funoral	
	Day.	1.56	N For	#	400348	HOM	∍/Be	tnesda	1-Chev	y Cha	se.	Inc.	. 7557	
-	RUCKL	w	7.9nu	LO.		Wis	cons.	in Ave	e., Be	thesd	a, M	D. 20	0814-3501	
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Shock, or heart fellure. List only one cause on asch line. Approximate Interval Between													
1	IMMEDIATE CAUSE (Final												Onset and Death	
	disease or condition resulting in death) CARLYONA DE TOLE LUNG DUE TO (OR AS A CONSEQUENCE OF):												1100	
- 1	DUE TO (OR AS A CONSEQUENCE OF):													
8	Sequentially list condition	Sequentially list conditions b.												
F	trany, leading to immediata DUE TO (OR AS A CONSEQUENCE OF):													
CERTIFICATION	CAUSE (Disease or injur		C. DUE TO	OD 45 4 000	SEQUENCE OF									
Ē	that initiated events resulting in death) LAST		DOE 10 (1	OH AS A CON	SECUENCE OF	7):								
ら	MI-11-12-20-1-18-1		d											
	PART II. Other aignifican	t condition	a contributing to	death but no	ot resulting	n tha underi	ring cau	se givan in	Part I. 24s. WAS AN AUTOPSY 24b. WE				WERE AUTOPSY FINDINGS	
MEDICAL		PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in F								PERFORMED?			AVAILABLE PRIOR TO COMPLETION OF CAUSE	
윤내			511						1	YES 2	X NO		OF DEATH?	
									_				1 TYES 2 NO	
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL													
22	EXAMINER? 1 YES NO 1 10 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Cook)													
¥	27. MANNER OF DEATH		28a. DATE OF II			4 Nursing F				-				
	1 Natural 5 🗌 P	ending	(Month, Day		28b. TIM	URY	WORK?		28d. DEŞÇF	RIBE NOW IN	JURY OCC	CURED		
2 Accident Investigation M 1 YES 2 NO														
									nd Number	or Rural Ro	oute Number,			
COMPLETED	29e. CERTIFIER													
린	(Check only	FYING PNYSH	CIAN: To the best of m	y knowledge,	death occurre	d at the time, o	ate and p	lace, and dua	to the cause	(a) and mane	nor an atal	ed.		
ဂ္ဂ် ဂြ	2 MEDIC	AL EXAMINE	R: On the basis of axa	mination and/	or investigatio	n, in my opinio	, death o	ccured at the	tima, data an	d place, and	dua lo lh	a cause(a)	and manner as stated.	
										29d. DATE	SIGNED /	(Month, Day, Year)		
BE	Kirmans W	Toll	_				10 -	957	7		16	- 2	£-6.	
요 🖟	30. NAME AND ADDRESS OF	PERSON WN	COMPLETED CAUSE	OF DEATH (I	TEM 27) (Type,	Print)	JV C	7 101 /			1	- 20	7 - 41	
	RICHARD	4	POLLE	~	1 5	0401	Can	NOT		A_ #	=606	100.	F-91 USINC, TON	
	31. DATE FILED (Month, Day, Ye	ear) p	32. REGISTRAR	'S SIGNATURE	7		-		1 Cmi				311-01-107	
	10T A 4 701	1	9. 1.	30									was	
	nct 01 '91	Su	his Davidson	Acadelle										



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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pa	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be
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1 - FOR STATE REGISTRAR		CERTIFICAT	IT OF HEALTH AND E OF DEATH	MENTAL HYGIEN REG. NO	-	1 28569						
1. DECEDENT'S NAME (First, Middle, L.	ASTOPALE CHERMAIN		ossen	2. DATE OF DEATH	Y-91 YEAR	3. TIME OF DEATH						
4. SOCIAL SECURITY NUMBER 212-62-3973	5. SEX 6. AGE (In yrs. 1 \(M 2 \(\) \(YRS. F UND	ER 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. OATE OF BIRTH	960 NO	THPLACE (State or Foreign						
14	9e. Facility Name (if not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 25 Featherwood Ct., Apt. #32 Silver Spring 9c. COUNTY OF DEATH Nontgomery Co											
10e. STATE 10b. CO	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION											
7321 Lot 1. G	sither Bood	ł.	101. ZIP CODE 21784		10g. CITIZEN O	1 VES 2 NO						
11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Ovorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2- IF YES, GIVE WAR OR DATES	₽NO	B. WAS DECENOENT OF HISP. If yes, specify Cuban, Maxic 1 YES 24 XNO Specify	can, Puerlo Rican, atc.)	or No- 14. R	ACE — American Indian, lack, White, atc.						
15. DECEOENT'S (Specify only highest (Elementary/Secondary (0-12)	grade completed)	OECEDENT'S USUAL (Give kind of work dorn life. Do NOT use retired ep. Cler	occupation e during most of working K of Court	Howard		ty Circ. C						
	d Van Fossen		18, MOTHER'S N He Ler	AME (First, Middle, Melden 1 Chermain	sumame) ne Eyle	er						
19a. INFORMANT'S NAME (Type/Print) Donald Sea	ling		ss (Street and Number or Rura ither Road									
20a. METHOD OF DISPOSITION 1 XBurlel 2 Cremetion 3 4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	Ramoval from Stata correctory	CE AND DATE OF DISP		9/27 Le	e Gore	, MD						
Cobushelle	Seed M	00535		Slack City, D		al Home nd 21043						
iMMEDIATE CAUSE (Final disease or condition resulting in death)	or complications that caused that are. List only one cause on each if	ina.	er the mode of dying, su		iratory srreat,	Approximata interval Batwee Onsat and Daa						
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
PART II. Other algnificant cond	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMEO? 1 YES 2 NO											
EXAMINER?												
27. MANNER OF DEATH	27. MANNER OF DEATH 20. OATE OF INJURY (Month, Day, Year) 28b. TIME OF 26c. INJURY AT WORK? 28b. TIME OF 26c. INJURY AT WORK? WORK?											
2 Accident Investigat 3 Suicide 6 Could not 4 Homicide datermine	261. LOCATION (Street a City or Town, State)	TION (Street and Number or Rural Route Number, r Town, State)										
	HYSICIAN: To the best of my knowledge, MINER: On the basis of examination and					refs) and manner on stated						
296. SIGNATURE AND TITLE OF CERT		<u> </u>	29c. LICENSE N			IED (Month, Day, Year)						
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF GEATH (Sansin	AUR B	Has	a ma						
31. DATE FILED (Month, Day, 30)	32 REGISTRAB'S SIGNATUR											

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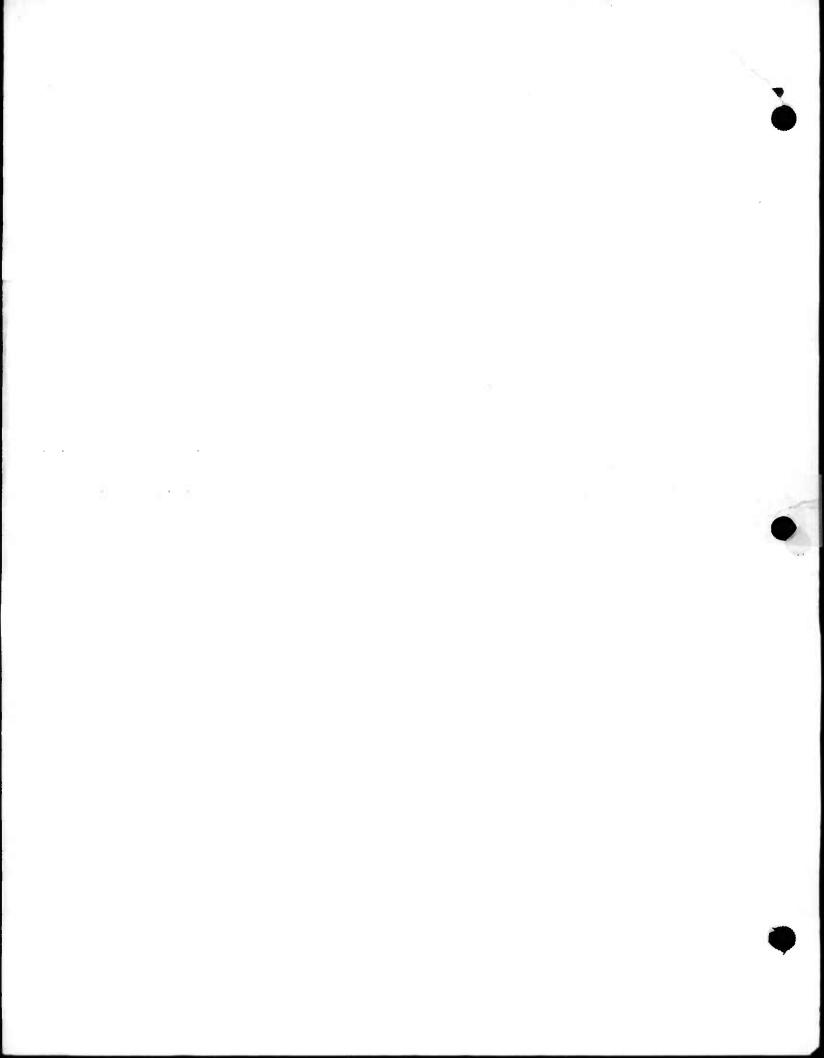
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x frours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunat-trained permit. Propre 1, 25.3 be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunat, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPA	RTMENT OF	HEALTH AND I	MENTAL HYGIEN REG. NO.		91 285/0			
	1. DECEDENT'S NAME (First, Middle, Last)	· · · · · · · · · · · · · · · · · · ·				100		3. TIME OF DEATH			
1	WILLIAM JOSEPH	VESPER				2. DATE OF DEATH MONTH DATE SEPTEMBER	"23 , "	99 4:50 P M			
P	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE ('in yrs. last birthday;	IF UNDER 1 YEAR	IF UNDER 24 HRS.		To.				
	137-34-7878	1 ₹ M 2 □ F 47	7 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) SEPT. 30,	1943 NI	cuntry)			
	9a. FACILITY NAME (If not institution, give :	street and number)		9b. CITY, TOWN	OR LOCATION OF DE	ATH	9c. COUNTY	OF DEATH			
8	NIH, THE CLINIC	AL CENTER		BETHES	DA, MARY	LAND	MON'	MONTGOMERY			
DIRECTOR	RESIDENCE OF DECEDENT	1	10d, INSIDE CITY								
분	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION										
-	PENNSYLVANIA MORRISVILLE 100. STREET AND NUMBER 100. CITIZEN OF 1										
IA!	NAME OF TAXABLE		OF WHAT COUNTRY?								
핒	580 SHERMAN LAN		U.S.A.								
교	100. STREET AND NUMBER 101. ZIP CODE 102. CITIZEN OF 103. CITIZEN OF 104. ZIP CODE 105. CITIZEN OF 105. CITIZEN OF 106. STREET AND NUMBER 106. STREET AND NUMBER 107. ZIP CODE 109. CITIZEN OF 109. CIT										
Bá	3 Widowed 4XXDivorced	IF YES, GIVE WAR OR D	ATES	1 🗆 YE	S 2 XNO Specify	y:		Specify: WHITE			
	15. DECEDENT'S EDU	CATION	16a. DECEDENT	S USUAL OCCUPAT	ION	18b. KIND OF BUS	SINESS/INDUST	rRY			
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give kind o	work done during muse retired.)	ost of working						
립	12		SUPPLY	SGT. US	ARMY	SUPPLY ARM	SGT. US	S. ARMY			
S S	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden					
	WILLIAM	 XXXXX 	XX VE	SPER	MARIE	Α.	BLU	UMETTI			
) BE	19a. INFORMANT'S NAME (Type/Print)				and Number or Rural	Route Number, City or Tow	n, State, Zip Coo	de)			
유	MARIE CUBBERLY		1146	KENNEDY	BLVD, BA	YONNE, NEW	JERSE	Y 07002			
	26g METHOD OF DISPOSITION 142 Burial 2 Cremation 3 Rem	20th			emetery, crematory or			or Town, State			
	4 Donation 5 Other (Specify)	TOVAL HOM STATE	Holy C	ross Ce	emetery	N.	Arli.	ngton, N.J.			
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSES /	/	22 NAME A	NO ADDRESS OF SA	TER FUNE					
	1	11/11/		3604	14+h S	treet, N	HAL II	Wash DC			
	23. PART I. Enter the discusses, or	complications that cause	d the death. Do	not enter the m	ode of dving, suc	h as cardled or respi	retory erreet	, Approximate			
	ahock, or heart fallure.	List only ona cause on a	sch line.		ooo or oying, out	es carares or resp.	inclory critical	Intarval Between Onset and Death			
	IMMEDIATE CAUSE (Final disease or condition	76940	15000	100 V	0 1	20	di da a				
	resulting in deeth)	B. DUE TO (OR AS	CONSEQUENCE	0F):		4 HAY					
-	disease or condition resulting in deeth) s. CARDIO FERRICATORY DUE TO (OR AS A CONSEQUENCE OF): LYMPHO MA DUE TO (OR AS A CONSEQUENCE OF):										
ᅙ	Sequentially list conditions, if any, leeding to immediate	DUE TO (OR AS /	CONSEQUENCE	OF):				6 MONTHS			
8	cause. Enter UNDERLYING CAUSE (Disease or injury	24iA	,					3 YEARLA			
	that initiated events	DUE TO (OR AS A	CONSEQUENCE	OF):							
CERTIFICATION	resulting in deeth) LAST	d									
2	PART II. Other significent condition	ns contributing to death I	out not resulting	In the underlyle	ng cause given in	Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS			
CAL						PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE			
<u>B</u>					-	1 _ YES 2	M MO	OF DEATH?			
2						_		1 123 2 1 110			
PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL			26. (PLACE OF DEATH (Ch	eck only one)					
Sic	EXAMINER? 1 ☐ YES 2 ☑ NO	HOSPITAL: 15 sympetient 2 - ER/Outs	patient 3 DOA	OTHER:	me 5 🗆 Realdenca	8 Other (Specify)					
¥	27. MANNER OF DEATH	28e. DATE OF INJURY	26b. T	ME OF 28c. II	IJURY AT	26d. DESCRIBE HOW	INJURY OCCUR	IED			
	1 Natural 5 Pending	N/A (Month, Day, Year)			YES 2 NO						
	2 Accident investigation										
TED	4 Homicide determined	building, atc. (Spe	спу)			City or Town, State;	,				
COMPLET	29a. CERTIFIER LOS CERTIFYING PHYS	SICIAN: To the best of my know	riedge, death occu	rred at the time, de	te and place and due	to the cause(s) and ma	nner en stated				
N N	anal and	ER: On the basts of exemination									
	29b. SIGNATURE AND TITLE OF CERTIFIE			1	29c. LICENSE NUI			IGNED (Month, Day, Year)			
BE	BING No	Youl UN			200. Elocitor No.			t. 24, 1991			
임	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DE	ATH (ITEM 27) (To	oe, Print)			Sept	24, 1991			
	BINH NGU	YEN	9000 F		E PIKE, B	ETHESDA, M	IARYLAN	D 20892			
	31. DATE FILED (Month, Day, Year) SEP 30 '91										

0

OHMH-18 Ray 1/89



	1. DECEDENT'S NAME (First, I									2. DATE OF E	DEATH DAY	Y	PYEAR 3	TIME OF DEATH														
		nn			inovich					10) (-		330 A														
	4. SOCIAL SECURITY NUMBE	ir.	5. SEX		In yrs. last birthday) YRS.	MONTHS 1	YEAR DAYS	HOURS	24 HRS. MIN.	7. DATE OF B (Month, Day Aug.	WRTH	000	6. BIRTHPI	LACE (State or Foreign														
1	577-74-4963	Alternation when	**	92	THS.	at DITY		D 1 001710			20,1																	
į.							ntor		ON OF DEAT	Н			NTY OF DEA	orge's														
B	Pineview Nu	EDENT	поше			CII	IILOI					LITIK	JE GE	orde a														
H	The state of the s	10b. COUNT				TY, TOWN OF		ION						Od. INSIDE CITY LIMITS?														
DIR.	Maryland	Pru	nce Georg	ge's	'	Clinto	_							YES 2 NO														
RAI	10e. STREET AND NUMBER	wata T	Dowler mer T		Doz. 24	e		ZIP CODE 20735					U.S.A	AT COUNTRY?														
FUNERAL	6600 North	gate i	12. WAS DECEDEN							ORIGIN? (S	nacify Yes			- American Indian,														
	1 Never Married 2 A		FORCES? 1	YES	2 XNO	lf.	yes, spe		n, Mexicen,	Puerlo Ricen		01110	Black, Specify:	White, etc.														
84	3 Widowed 4 Divorc	ced						X	apoony.					asian														
TED	15. DECE (Specify only	DENT'S EDU highest grade	CATION completed)		16a. DECEDENT'S	work done di			g	16b, KIN	D OF BUS	INESS/INE	DUSTRY															
Ē	Elementary/Secondary (0-1	12)	College (1-4 or 5	+)	IIIe. Do NOT		2010	+-22	,	177.0	- Co	N TO 100	ment															
COMPLET	12th 17. FATHER'S NAME (First, Mid	idle Leeti	N/A		Execut	TAG D	T			E (First, Middle			ment															
E CC	Matthew V		ovich					API STILL	osep]				avich															
0	19a. INFORMANT'S NAME (Typ.				19b. MAILIN	G ADDRESS	(Street an		- An	ute Number, C																		
2	Patricia And	drews			9519	Pryde	e Dr	rive	Clin	ton, I	Mary]	Land	2073	5														
	20a, METHOD OF DISPOSITIO	ON Bow	ount from State	20b	. PLACE OF DISPO								City or Town															
	4 Donatton 5 Other (TOVEL HOIN STATE	C	ledar Hi	ll Cer	nete	ery						aryland														
	21. SIGNATURE OF FUNERAL	SERVICE LI	CENSEE						SS OF FACI					ne, Inc.														
	Perianna	8	An	10.	7	60	633	Old	Alexa	ander	Ferr	cy Ro	d CLir	nton, Md														
	disease or condition resulting in death)	ei	Mu		ach line.					sa cerdiac				Onset and De														
ERTIFICATION		ons, liata NG	Mu OHE TO DUE TO		CONSEQUENCE O									Interval Betwo														
N: MEDICAL CERTIFICATION	Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injurthst initiated events resulting in death) LAST PART II. Other significen	ons, lists NG y	a E	O COR AS A	CONSEQUENCE OF CONSEQ	orbical Control of the control of th	ral	Try	you	ts el f		AUTOPSY MED?	Len 24b. 1	Interval Betw Onset and De Onset and De VERE AUTOPSY FINDING														
MEDICAL	Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injurthat initiated events resulting in death) LAST PART II. Other significen	ons, lieta NG y	oue to	O COR AS A	CONSEQUENCE O	Ullipia	Jack PL	Try e dr	you	to el [art 1. 248	Dev.	AUTOPSY MED?	Len 24b. 1	Interval Betw Onset and De Onset and De NERE AUTOPSY FINDI WALLABLE PRIOR TO DOMPLETION OF CAUS DEF DEATH?														
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	resulting in death) Sequentially list condition if sny, leading to immed cause. Enter UNDERLYIN CAUSE (Disease or injurthat initiated events resulting in death) LAST PART II. Other significents 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 XNO 27. MANNER OF DEATH	ons, lists NG y	Be contributing to	Illigorous A Company of the Company	CONSEQUENCE OF CONSEQ	OTHER 4XI Nural	26. PL	ace of DI	yfor given in P EATH (Check 6	art I. 24a	Devision of the second of the	AUTOPSY MED?	24b. 1	Interval Betw Onset and Do Nere Autopsy Findi WALLABLE PRIOR TO DOMPLETION OF CAUS DF DEATH?														
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COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significents Accident 3 Grands Suicide 4 Grands Gr	ons, lieta NG y r condition of the condi	HOSPITAL: 1 Inpatient 2 28e. DATE Of (Month, L) 28e. PLACE C building.	o death b	CONSEQUENCE OF CONSEQ	OTHER 4XI Nural ME OF JURY M	derlying 26. PL ing Home 28c. (Null Woot 1 V ry, office	ACE OF DI	given in P EATH (Check deldence 6	art I. 24a lart I. 24a lart I. 25a lart I	I. WAS AN PERFOR: VES 2 VOCATO NO (Street a www., State)	AUTOPSY MED? [X NO NJURY OC Ind Number Iner as stated due to til	24b.) CCURED r or Rural Ro ted. the cause(a)	Interval Betw Onset and De Onset and De WERE AUTOPSY FINDI WAIL ABLE PRIOR TO DOMPLETION OF CAUS OF DEATH? I YES 2 NO														
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BE COMPLETED BY PHYSICIAN: MEDICAL	resulting in death) Sequentially list condition if any, leading to immed cause. Enter UNDERLYIN CAUSE (Disease or Injurthst initiated events resulting in death) LAST PART II. Other significant cause in the sequence of th	ons, lieta NG y Int condition MEDICAL Pending mestigation Could not be setamined IFYING PHYS CAL EXAMINITY PERSON WITH THE PERSON WITH	HOSPITAL: 1 1 topatient 2 28e. DATE Of (Month, L) 28e. PLACE of building. BICIAN: To the best of a series of a	DOR AS A DOR	CONSEQUENCE OF CONSEQ	OTHER 4XI Nural ME OF JUHY M atreet, factor on, in my op	derlying 26. PL : :mg Homs 28c. INJL WOO 1	ACE OF DO	given in P EATH (Check deldence 6 NO and due to the tit end at the tit	art I. 24a art I. 24a l I [Other (Sp 226d. DESCRII City or 76 o the cause(a me, date and ser 2 8	Dev. a. WAS AN a PERFORM PERFORM VES 2 Decity) BE HOW IN (Street a www. State) a) and man a) place, and	AUTOPSY MED? [X NO NJURY OC and Number are as start d due to til 29d. DAT	24b.) CCURED To or Rural Ro Ted. The cause(a) TE SIGNED (OCT91	Interval Betw Onset and Do WERE AUTOPSY FINDI WAIL ABLE ON OF CAUS OF DEATH? I YES 2 NO Ute Number, and menner as state Month, Day, Year)														

rernment name) obavich tate, Zip Code) ind 20735 ION — City or Town, State land Maryland eral Home, Inc. Rd CLinton, Md 20735 ory srreat, Approximata Interval Between **Onset and Death** enter 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? TOPSY NO 1 | YES 2 | NO JRY OCCURED Number or Rural Route Number, as stated. us to the cause(s) and menner as stated. 9d. DATE SIGNED (Month, Day, Year) ▶ 10CT91 MD 20744 DHMH-16 Rev 1/89

3. TIME OF DEATH

REG. NO.

2. DATE OF DEATH

Madeline E. Wiggins

IF UNDER 1 YEAR | IF UNDER 24 HRS. DAYS

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IVISION OF VITAL RECORDS, P.O. BOX 68760,	programme Dancologan. The last consistent the doubt configurate he consisted withhis 24 hours
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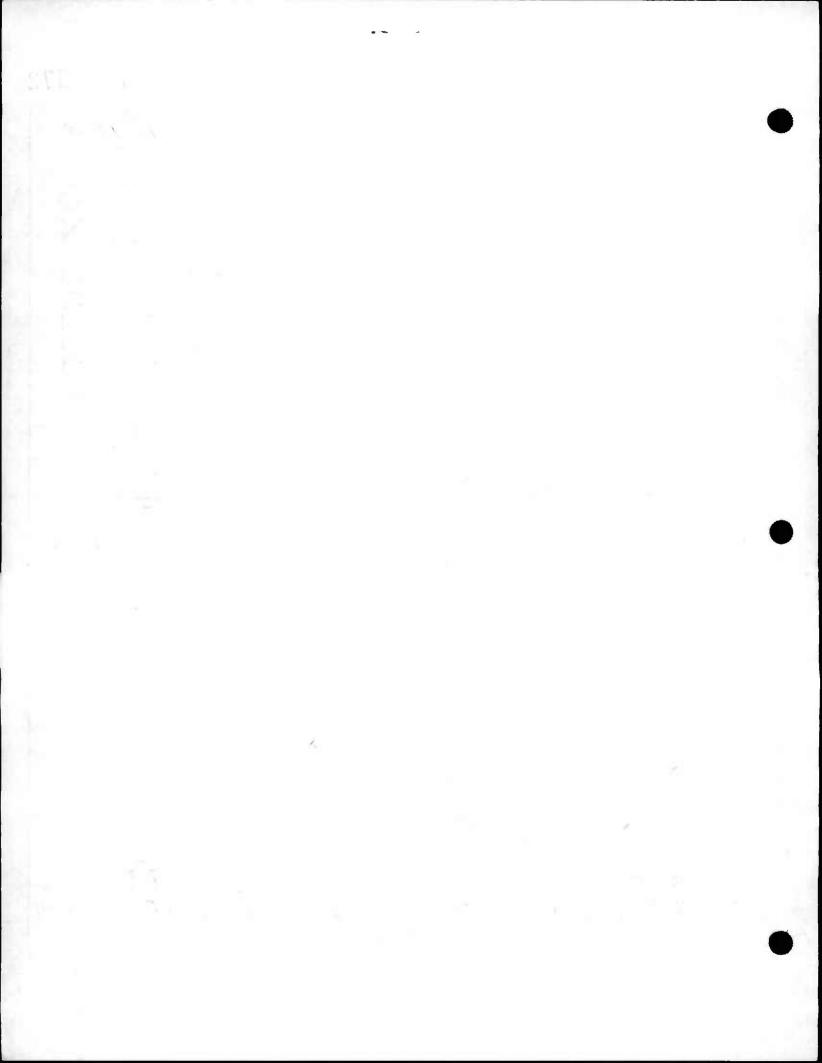
222=18-5315 58 3-23-33 9e. FACILITY NAME (If not institution, give street and number) 9h. CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF OEATH 252 Cayots Corner RD. DIRECTOR Chesapeake City Cecil RESIDENCE OF DECEDENT 10d. INSIDE CITY 1 YES 2 NO MD Cecil Chesapeake City 10e, STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 252 Cavots Corner Rd 21915

13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— 14. RACE — American Indian, Black, White, etc. 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2XXNO IF YES, GIVE WAR OR DATES If yes, specify Cuben, Mexicen, Puerto Ricar

1 YES 2 NO Specify: 1 Never Married 2 Married Specify: BY 3 Widowed 4 Divorced **Black** COMPLETED 15. DECEDENT'S EOUCATION 16a. OECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple College (1-4 or 5+1 Flementary/Secondary (0-12) supply asst. hospital 10 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Isabelle Nuble Edward Harris notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 2 Cvnthia Harris 252 Cavots Corner Rd. Chesaneake City 21915 pe 20a. METHOD OF DISPOSITION
1 \(\text{D} \) Buriel 2 \(\text{Cremation} \) Rei 20b. PLACE AND DATE OF DISPOSITION (Name of caretary, crematory or other place) Egernezer A.M.E. Cem. 20c. LOCATION -- City or Town, State OATE 4 Donation 5 Other (Specify) ________

21. SIGNATURE OF FUNERAL SERVICE LICENSEE Chesapeake City MD. Arnold Beard Funeral Service
P.O. Box 188 Havre de Grace, MD. examiner the medical 23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory streat, shock, or heert failure. List only one ceuse on each line. Interval Betwe Onaet and Deeth IMMEDIATE CAUSE (Final disesse or condition resulting in death) event, CERTIFICATION Sequentielly list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING . After this certificate has been signed by the attending physician death with the State Dept, of Health and Mental Hygiene prior to CAUSE (Diseese Dr Injury Injury, or other OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other algnificent conditione contributing to deeth but not resulting in the underlying ceuse given in Part i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 23 shows any 1 TYES 2 NO OF DEATH? 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATH (Check only one) Item OTHER 1 YES 2 NO ent 2 ER/Outpetient 3 DOA ng Home 5 Residence 6 🗆 Other (Specify) 4 - Nursk marked, or 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 8 Pending Investign 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide DIRECTOR: A 49 ETED | 6 Could not be 4 Homicide Item 28 R 1 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, date end place, end due to the cause(e) end menner ee stated, COMPL FUNERAL WITHIN 72 P HOSPITAL IMPORTANT: If 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date and place, end due to the cause(e) and mani-29b. SIONATURE AND TITLE OF CERTIFIER BE 記書記 28 2 0° 80 TOO Lilia Tavidson-Randall DHMH-16 Rev 1/89

e executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. In and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit in burial, cremation, or rethoval. BALTIMORE, MARYLAND 21215-0020



	1 - STATE REGISTRAR	OTALL OF MARKET		CATE OF	DEATH	REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Lest) 2. OATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH										
	RHODA	A.	WE	ELCH		10 - 2	- 199				
	4. SOCIAL SECURITY NUMBER					7. DATE OF BIRTH (Month, Day, Year)	6. 1	BIRTHPLACE (State or Foreign Country)			
	378-07-0255	1 M 2 X F 9	O YRS.	MONTHS DAYS	HOURS MIN.	7-29-1901		ARYLAND			
	9e. FACILITY NAME (If not institution, give stre	et end number)		9b. CITY, TOWN	OR LOCATION OF D	EATH	9c. COUNTY	OF DEATH			
DIRECTOR	MERIDIAN NURSING HO	OME		LA PLA	TA		CHARLES				
H	10e. STATE 10b. COUNTY		10c. CITY	, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?			
	MARYLAND CHARLE	ES		LA PLAT	A			1 X YES 2 NO			
FUNERAL	1 MAGNOLIA DRIVE,	RT. 2,		10	20646		10g. CITIZEN	OF WHAT COUNTRY?			
BY	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 NO	13. WAS DE If yes, s 1 YE	or No 14.	14. RACE — American Indian, Black, White, etc. Specify: WHITE					
6	15. DECEDENT'S EDUC/ (Specify only highest grade c	ATION completed	16e. DECEDENT'S U	USUAL OCCUPATI	ON out of working	16b, KIND OF BU	SINESS/INDUST	'RY			
COMPLETED	Elementary/Secondary (0-12) UNKNOWN	College (1-4 or 5+)	HOMEMAK!	retired.)	oat or working	N/A					
0	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Sumame)										
BEC	WILLIAM F. TURNER JULIA LUANNA LYON										
2	196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 754 HEATHROW AVE., LADY LAKE, FLORIDA 32159										
	20a METHOO OF OISPOSITION 1 Method 2 Cremetion 3 Remon		PLACE OF DISPOSI	ITION (Name of co	AL CEMET	20c. LO	CATION — City				
	4 Donation 5 Other (Specify)	NSEE.	niii di on								
	MICHAEL K. BLA	ANKENSHIP, MO	00857	P.0.	BOX 156.	WALDORF, 1	II FUNE MARYLAN	RAL HOME, INC.			
23. PART I. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or research and content and the deeth. Do not enter the mode of dying, such as cerdiac or research and content and								interval Between Onset and Death			
	PART ii. Other aignificent conditions	contributing to death bu	t not reaulting is	n tha undarivi	na cause givan in	Part i. 24a, WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS			
: MEDICAL						PERFO	24a. WAS AN AUTOPSY PERFORMEP? AM CO OF				
IAN	25. WAS CASE REFERRED TO MEDICAL			28. [LACE OF OEATH (C	heck only one)					
SIC		HOSPITAL: 1 Inpetient 2 ER/Outpet	tient 3 DOA	QTHER:		8 Other (Specify)					
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME	E OF 28c. IN	JURY AT	26d. OESCRIBE HOW	INJURY OCCUR	EO			
	Natural 6 Pending	(Month, Day, Year)	JUNI		ORK? YES 2 NO						
LED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY - building, etc. (Specifi	– At home, farm, s	treet, fectory, off	ce	261. LOCATION (Street City or Town, State	end Number or I	Rural Route Number,			
COMPLETED	anal	HAN: To the best of my knowle						euse(a) and menner ae stated.			
TO BE C	286. SIGNATURE AND TITLE OF CERTIFIER 20. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE OF DEA	TH (ITEM 27)(7)00,	Print)	DS 0	62g	29d. DATE SI	O S G I			
	L BY	cuto.	Sun	50	961	. 1					
	31. DATE FILED (Month, Day, Year)	32. REGISTRAT'S SIGNATURE GENERAL MARTINE									

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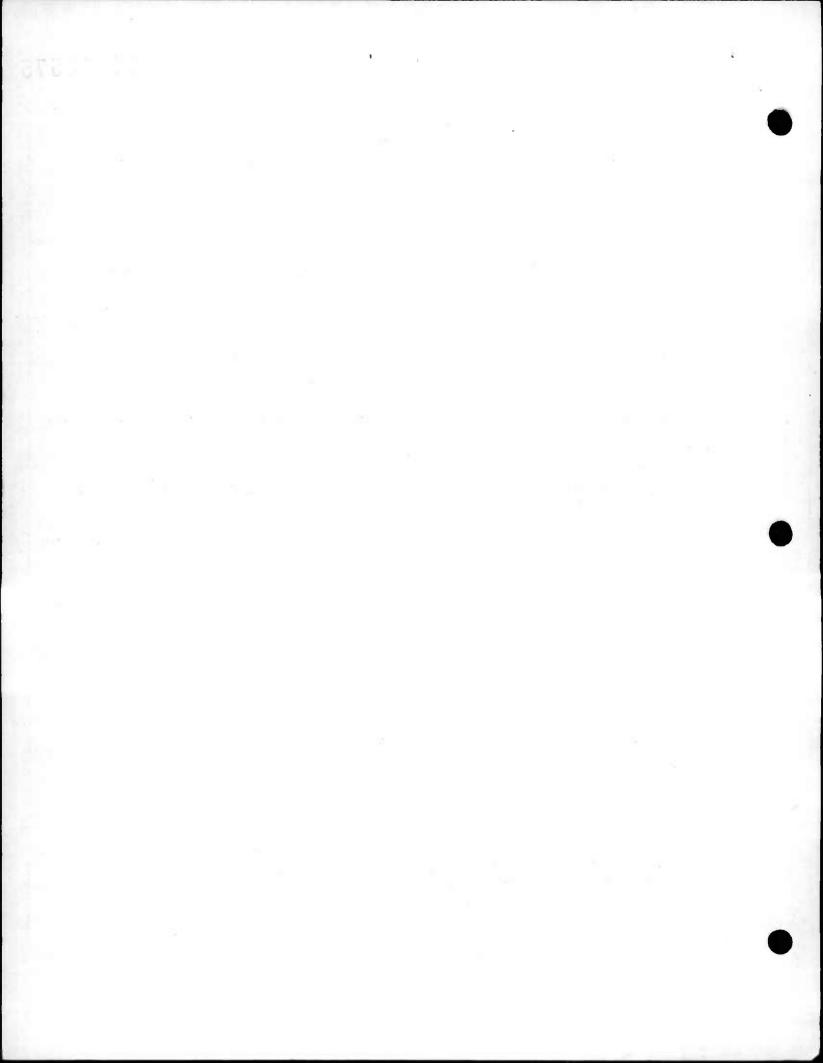
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: Il item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	SIAIE UP I	WANTLAND C	ERTIF	ICATE	OF DE	HANDM ATH	REG. NO.	_		
	1. DECEDENT'S NAME (First, Middle	e, Lest)	,					2. DATE OF DEATH			3. TIME OF DEATH
	Brantley	Lee	l	Na	士大心	5 , SI	· .	9 32	_	YEAR	0335
-	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH							BIRTHP	LACE (State or Foreign		
, 1	220-32-123		81	YRS.	MONTHS	DAYS HOUR	S MIN.	3 -30-1	510	Country)	
-	9a. FACILITY NAME (If not institution				9b. CITY,	TOWN OR LOCA	TION OF DEA		9c. COUNT	Y OF DE	ATH
0	PENINSULA GE		TAL			SALISB	URY		W	ICOM	ICO
DIRECT	RESIDENCE OF DECEDE	COUNTY		1 40 . 00							
E.				10c. CI	Y, TOWN OF					1	Od. INSIDE CITY LIMITS?
	Maryland W	Worcester_			Pocor						YES 2 NO
A						10f. ZIP CO	17.00		10g. CITIZE	EN OF WH	AT COUNTRY?
FUNERAL	2614 Brantley	12. WAS DECEDEN	T FUED IN II O A		Live		21851				SA
BY FL	1 Never Married 2 Merrie 3 Widowed 4 Divorced	FORCES? 1	YES 2	NO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or I if yes, specify Cuban, Maxican, Puarto Rican, alc.) 1 YES 2 NO Specify:					4. RACE - Black, Specify:	– American Indian, Whita, alc.
8	15. DECEDENT'S EDUCATION 15- DECEDENT'S EDUCATION									white	
COMPLETED	(Specify only highest grade completed) (Give kind of work done during most of working										
7	8	College (1-4 or 5	•)		,	Moto 1	07.770.014				
MO	Restaurant & Motel owner 17. FATHER'S NAME (First, Middle, Lest)										
EC	18. MOTHER'S NAME (First, Middle, Lest) Robert Lee Watkins Manie Justis										
0	19a. INFORMANT'S NAME (Type/Pris		T 10	h MAII INC	ADDRESS						
유	mainta Abbridge (Sireer and Number of Rural Houte Number, City or Town, State, Zip Code)										
1	20a. METHOD OF DISPOSITION 20b BLACE AND DATE OF DISPOSITIONAL AND DATE OF										
	1 Cermetion 3 Removal from State 20. Flore And DATE OF DISTOST HOME (Page 4) DATE 20c. LOCATION - City or Town, State cembery, crematory or other place)										
	21. SIGNATURE OF FUNERAL SERV		ISt. M	ary t	he vi	rgin F	pis.	10/3 Poc	moke	City	Md.
1	D +10	mu el				lson F					
	1000 B	Musan			PC	BOX 6	4. Poc	comoke, Mo	1. 21	851	
	23. PART I. Enter the disease shock, pr heart fa	es, or complications the allure. List only one ceu	t caused the de	eath. Do r	not enter ti	ne mode of c	lying, such	as cerdiec or reapi	atory arrec	et,	Approximata
	IMMEDIATE CAUSE (Finel		a day								Onset and Desti
	disesse or condition										
	DUE TO (OR AS A CONSEQUENCE OF):										
Z	Sequentially list conditions,										
Ě	If any, leading to immediate										
일	CAUSE (Disease or injury		(OR AS A CONSE								
ĒI	that initieted evente resulting in deeth) LAST	500.10	(OR AS A CONSE	OUENCE OF	-):						
CERTIFICATION	d										
	PART II. Other significent cor	ditions contributing to	deeth but not i	resulting i	n the und	erlying cause	given in Pa	art i. 24s. WAS AN		24b. W	ERE AUTOPSY FINDINGS
MEDICAL								PERFORI			MILABLE PRIOR TO OMPLETION OF CAUSE
								1 🗀 YES 2	U NO	1	F DEATH?
										1	YES 2 NO
<u> </u>	25. WAS CASE REFERRED TO MEDI	CAL		_		28. PLACE OF	DEATH /Check	nah onel			
PHYSICIAN:	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2	ER/Outpatient 3	□ DOA	OTHER:						
ᆂᆘ	27. MANNER OF DEATH	28a. DATE OF	INJURY	28b. TIM		Bc. INJURY AT		Other (Specify)	IIIDY OCCU	050	
	1 Netural 5 Pending		ny, Year)		URY	WORK?		ou. DESCRIBE HOW IN	JOHT OCCU	NED	
B	2 Accident Investig 3 Suicide 8 Could r	28e. PLACE OF	F INJURY — At ho	me, lerm, s				81. LOCATION (Street ar	ad Akumbar as	Dumi Cou	N. Alizantina
E I	4 Homicide determi		etc. (Specify)				٦	City or Town, State)	na reamon or	HUVET FIOLE	ie rumber,
	29a. CERTIFIER 1 CERTIFYING	PHYSICIAN: To the heat di	mu knowleden de								
COMPLETED	(Check only one) 2 MEDICAL EX	AMINER: On the basis of a	my knowledge, de	y knowledge, death occurred at the lime, date and place, and due to the cause(s) and menner as a							
	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as steted. 29b. SIGNATURE AND TITLE DECERTIFIER										
H H	290. SIGNATURE AND TITLE GE.CE	SUPIER	7		1	29c. Li	CENSE NUMBE	ER			onth, Day, Year)
ဍ ြ	30. NAME AND ADDRESS OF PERS		- AF 5	W-			337	76	10	-1-9	/
	4.		OF BEATH (ITE	W 27) (Type,	Print)		Mi	2100			
	31. DATE FILED (Month, Day, Year)	reside de	· 17 800	2	14LIS	BURY	INS	21801			
7	net vol	diela Jour	ason-Rand	480							



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	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mouns at	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or remi

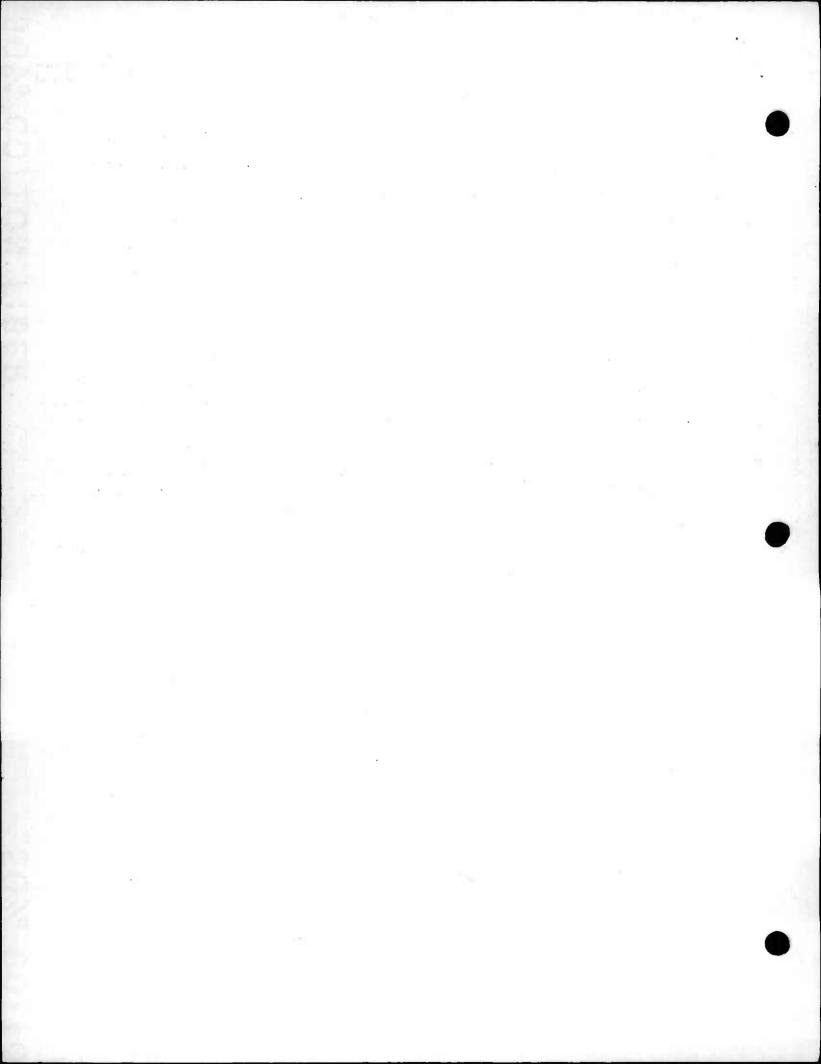
	1 - STATE REGISTRAR	STATE	OF MARYL	AND / DEPAR CERTIF				MENTA	L HYGIEN	E			
/	1. DECEDENT'S NAME (First, Mid-	110, Last) 2 E Virgi	nidle	sh				2. DATE	tober V	⁵ 5 1	997	3. TIME OF DEATN 9:00 pm	
	4. SOCIAL SECURITY NUMBER 219 - 28 - 90	5. SEX	6. AGE (In yrs. lest birthday) 89 YRS.	MONTHS 1	YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) Feb. 28, 1902 Maryland				PLACE (State or Foreign Y) YLand	
LOR	90. FACILITY NAME (If not institute Golden Oaks Nesidence of December 1)	lursing Ho			96. CITY, TOWN OR LOCATION OF DEATH Laurel Prince George								
DIMECIO		.county Howard			10c. CITY, TOWN OR LOCATION Savage								
FUNERAL	8315 Savage	Builford R	oad				21P CODE					1 YES 2 NO VNAT COUNTRY? S.A.	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Marria 3 Widowed 4 Divorced	force	CEDENT EVER IN 37 1 YES GIVE WAR OR DA	2 NO	NO If yee, specify Cuban, Maxican, Puerto					or No—	: — American Indian, i, Whila, alc. fy: White		
COMPLETED		it's EDUCATION lest grade completed) College (1	4 or 5+)	(Give kind of life. Do NOT u	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) TOUS EWIFE					BINESS/INC	DUSTRY		
BE COM	17. FATNER'S NAME (First, Middle, Richard Reele	.y			18. MOTNER'S NAME (First, Middle, Meiden Surname) Annie Gavigan								
2	190. INFORMANT'S NAME (Type/Print) Gerald Welsh 190. MAILING ADDRESS (Street and Number or Pairal Route Number, City or Town, Stete, Zip Code) 8315 Savage Guilford Road, Savage, Maryl 200. METNOD OF DISPOSITION 200. PLACE OF DISPOSITION (Name of cometery, cremetory or 200. LOCATION — City or Town												
	20a. METNOD OF DISPOSITION 1 M Burlai 2 Cremation 3 4 Donation 5 Other (Spe 21. SIGNATURE-OF FUNERAL SE	lge Me	e Memorial Park Dorsey, Maryland										
	· DeWitt	Lag Com	Max		Do 31	nal 3 T	dson Fu albott 1	neral	l Home, Laurel	P.A. Ma	ryla:	nd 20707	
CERTIFICATION	23. PART I. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiec or reapiratory arrest, shock, or heart fellure. Liet only one cause on each line. IMMEDIATE CAUSE (Final disease or condition reaulting in death) a. Cardio ful morrary arrest, and the cause of the									Approximate interval Between Onset and Death Mihrates Years Years			
										WERE AUTOPSY FINDINGS			
N: MEDICAL	R (eve	ova vasc	ular a	cciden	<i></i>				PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? 1 YES 2 NO	
SICIAN	25. WAS CASE REFERRED TO ME EXAMINER? 1 YES 2 NO	HOSPIT		setlent 3 🗆 DOA	OTHER:		ACE OF DEATN (C						
Y PHY	27. MANNER OF DEATN 1 X Natural 5 Pend 2 Applicant Invest	(1	ATE OF INJURY fonth, Day, Year)	26b. TII		8c. INJU	URY AT	1	SCRIBE NOW I	NJURY OC	CURED		
TED B	3 Suicide 6 Cou	3 Suicide 6 Could not be 28e. PLACE OF INJURY — AI the building, etc. (Specify)							CATION (Street and or Town, State)	and Number	or Rural F	loute Number,	
COMPLE	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.												
BE	296. SIGNATURE AND TITLE OF CERTIFIER THE STATE OF CE				29c. LICENSE NUMBER D 39532					29d. DATE SIGNED (Month, Day, Year)			
O		RSON WHO COMPLET	Te St	1	e, Print)	M	D 20	707					
	31. DATE FILED (Month, Day, Year)		GISTHAR'S SIGN		5.02				·				



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OSPITA	UNERAL	ANT: II
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 27 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, he find within 70 hours after death with the State Deat of Health and Mental Hotelee prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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1 -	FOR STATE REGISTRAR		STATE OF MA			ICATE				MENTA	REG. NO	_			
1. 0	DECEDENT'S HAME (First, A Ruthora		er Whit	0						MONT	of DEATH D	29.	YEAR	3. TIME OF DEA	N HT
4.5	SOCIAL SECURITY HUMBE			B. AGE (In yrs. last t	birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7 DATE	OF BURTH		8 BIRT	HPI ACE (State or	Foreign
1 2	21-44-8581		1 M 2 XF	84	YRS. MONTHS DAYS HO				MIN.	NOV.	7, Day, Year)	1906	Fair	rchance,	РΔ
	. FACILITY HAME (If not inst	itution, give stre	et and number)		-	9b. CITY	, TOWN C	R LOCATI	ON OF DE		2-19		NTY OF I		IA
e C	Calvert Mano	r Nurs	sing Home	. Inc.		Ris	ino	Sun,	MD			C	ecil		
	ESIDENCE OF DECE		21.6	,		1120	11.6	Juli	1.10				CCLI		
¥ 10e		10b. COUNTY			10c. CITY, TOWN OR LOCATION								10d. IHSIDE CIT	Y	
āD	elaware	New (Castle		Wil	ming	ton							1 WES 2 HO	
d 10e	. STREET AND HUMBER						101	. ZIP COD				10g. CIT	ZEH OF	WHAT COUHTRY?	
1 3	8821 Eunice	Ave.,	Dunlinde	n Acres				198	08	Ţ			U.S.	Α.	
3 [MARITAL STATUS Never Married 2 Nover Wildowed 4 Divorce	larried	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2 X HO						i? (Specify Ye Rican, atc.)	s or Ho—	14. RAC Blac Spec	E - American Inc ok, White, etc. offy: White		
		DENT'S EDUCA		16a. DEC	EDENT'S	USUAL O	CCUPATIO	OH .		160	KIND OF BU	SINESS/IH	DUSTRY		
8 17.	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)					work done se retired.)	during mo	at of working	ng						
8	yrs. high	-/		Bea	anti	cian					Beauti	cian			
0 17.	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S HAME (First, Middle, Maiden Surmame)														
	Andrew Yeager Bessie Y. Searing														
100									1	0000					
	Joyce Ventura (daughter) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19808 3821 Eunice Ave., Dunlinden Acres, Wilmington, DE														
204	20b. PLACE OF DISPOSITION 20c. LOCATION — City or Town, State														
19	X Burial 2 Cremetion Donation 5 Dother	3 Remov	ral from State	Silve:	(ec						1			laware	
	SIGNATURE OF FUHERAL		Sobre /	14 4			HAME A	HD ADDRE	SS OF FA	CILITY				-	
	· Nichor	40	. Heis	llelli	•						al Ho			nc. , Dela	ware
23	3. PART I. Enter the dis	easea, Dr CD	mplications that	caused the dea	th. Do	not enter	the mo	de of dy	ing, auc	h aa can	diac Dr reap	iratory ar	rest,	Approxi	
100	ahock, or ha		lat Dniy Dna caus	e Dn each ilne.										Onset a	
di	disease or condition resulting in death) a. Consequence of:								mino	रिज					
						<i>r-y</i> :								Yh:	
Se Se	Sequentially list conditions, Due to (or As A Consequence of):										24				
K Ca	If any, leading to immediate cause. Enter UNDERLYING										j				
2 0	CAUSE (Disease or injury C.														
	that initiated events resulting in death) LAST														
3 _		d.													
	ART ii. Other aignificen	t conditions	contributing to c	leath but not re	sulting	in the u	nderlyln	g cause	given in	Part I.	24a. WAS AI	N AUTOPSY	24	b. WERE AUTOPSY AMAILABLE PRID	
ICAL											1 TYES			COMPLETION DI	
												14		OF DEATH?	1 NO
															,
BY PHYSICIAN: MED	WAS CASE REFERRED TO	MEDICAL					26. P	LACE OF D	EATH (C)	heck only o	20)				
200	EXAMIHER?		HOSPITAL:	EB/Outpetlant 2	7.004	OTHE	R:								
¥ =	MANNER OF DEATH		26a. DATE OF I		28b. TII	-		URY AT	esidence	6 Oth	SCRIBE HOW	IN HIRY OC	CUREO		
ā	1 Netural 5 P		(Month, De)			JURY	WC	PRK? YES 2 [7 40	200. DE	SCHIBE HOW	INJURY OC	CONED		
m	- Colonia	rvestigation	28a PLACE OF	INJURY — At hom	a form	eteral for				004 1 04	ATION (Come)	and Musik	0	Route Number,	
E E		ould not be etermined	building, a	tc. (Specify)	10, 101111,	atroot; too	iory, once			City	or Town, State)	or norm	Plotte Number,	
COMPLETED	anal		IAN: To the best of n												
8			: On the basis of ex	mination englor in	ive at i gati	on, in my	opinion, (aantn occu	rea at the	time, dati	end place, a	nd due to t	ne cause	(s) and manner as	stated.
LI 291	b. SIGNATURE AND TITLE	OF CERTIFIER	1	0	A -	^		29c. LIC	EHSE NU	MBER	MBER 29d. DATE SIGNED (Month, Day, Year			r)	
2 30.	Ileel	1	1 aug li	or c	M	-		0	-11	115		1	1-2	7-41	
30.	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (1) EM 27) (7) PA PATTY SING SUN SUN SUN SUN SUN SUN SUN SUN SUN SUN														
31.	DATE FILED (Month, Day, Y	bar)	32. REGISTRAF	R'S SIGHATURE		,	. (1		1 1	, 0 ,	- 17	11/		
	OCT 02 '91 Selic Davidson-Rendelle														



TO BE COMPLETED BY FUNERAL DIRECT

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day Year) 91

32. REGISTRAR'S SIGNATURE

91-5813-017								91	2857	7
- STATE OF I	MARYLAND /	DEPARTA	MENT OF H	IEALTH AND DEATH	MENTA	HYGIEN				
. OECEDENT'S NAME (First, Middle, Last)					2. DATE	OF OEATH			3. TIME OF DEAT	н
Richard Eugene	Wag	aman,	Jr.		1 O	0.5	AY 1	991	1:22	PN
. SOCIAL SECURITY NUMBER 5. SEX 1 7 M 2 7 F	6. AGE (In yrs. lac		UNDER I YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Month, Day, Year) Country)					
e. FACILITY NAME (If not institution, give street and number)	20	94	CITY TOWN	OR LOCATION OF D		5//1	1 00 000	JNTY OF E	rk, PA	
Physicians Memorila F	lospita		LaPla					arle		
PA 10b. COUNTY YORK		10c. CITY, T	own or local	Townsh:	ip				10d. INSIDE CITY	
0e. STREET AND NUMBER				. ZIP CODE			10a, CI	IZEN OF 1	1 TYES 2 X	NO
108 Farmview Drive				17404				US	A	
. MARITAL STATUS 12. WAS DECEDEN	T EVER IN U.S. AR	MED	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN	? (Specify Yes	or No-	14. RAC	E - American India	n,
Never Merried 2 Merried FORCES? 1 Wildowed 4 Divorced FF YES, GIVE V	MAR OR DATES	40		2 NO Speci		licen, etc.)		Spec	k, White, etc. "y: White	3
15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(G	ive kind of work	JAL OCCUPATION	ON st of working	16b.	KIND OF BU	SINESS/IN	DUSTRY		_
Elementery/Secondery (0-12) College (1-4 or 5	+) life.	Do NOT use re	tired.)		17		- M			
12 Saw Operator Kitchen Manufact 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Meiden Surname)								acture	[1	
Richard Eugene	Wagama	n. Sr		Jacqu	AME (First, A	ne O	Sumame)	vema	ın	
e. INFORMANT'S NAME (Type/Print)				nd Number or Rural						
Richard E. Wagaman, S	Sr. "	108 F	armvi	ew Driv	ve.	York.	n, State, Zi	p Code)	7404	
a, METHOD OF DISPOSITION Burlel 2 Cremation 3 X Removal from State	20b. PLACE	AND DATE OF D	SPOSITION (Na		OATI			City or To	own. State	
□ Donation 5 □ Other (Specify)	Holv	Savio	r Cem	. 10/9	9/91					1
. SIGNATURE OF JUMERAL SERVICE LICENSEE		04110	22. NAME AN	O ADDRESS OF FA	CILITY					
Kohert E -len	. ,		1						. Main	St
3. PART i. Enter the diseases, or complications the	it caused the de	eth Do not	Spri	ng Grov	ve,	PA	173	62		
arrock, or neart failure. List only one cat	use on each line		omer the me	ae or aying, auc	ir as caru	iac or reap	ratory at	reat,	Approxima intervai Be	tween
MMEDIATE CAUSE (Final lisease or condition									Onsat and	Daath
sease of condition a. CHES	OR AS A CONSE	DUENCE OFF	37							
-	(
equentially list conditions, DUE TO	(OR AS A CONSEC	DUENCE OF):								
ause. Enter UNDERLYING AUSE (Disease or injury										
nat initiated events	(OR AS A CONSEC	DUENCE OF):								
aulting in death) LAST										
ART ii. Other significant conditions contributing to	death but not r	eaulting in th	e underlying	Cause alven in	Port I	24a. WAS AN	ALITONON	Tan		
			- and only in	Cuaso given in	rant i.	PERFOR	MED?	240	AVAILABLE PRIOR TO COMPLETION OF CA	O
					- 1	1 VES 2	□ NO		OF DEATH?	USE
		-			- 1				YES 2 N	0
. WAS CASE REFERRED TO MEDICAL			26 81	ACE OF BEATH 10						
EXAMINER? 1 ☑ YES 2 ☐ NO 1 ☐ Inpetient આ	EB/Outputlant 0		HER:	ACE OF DEATH (Ch						
MANNER OF DEATH 28e. OATE OF		28b. TIME OF		5 Residence			thim on			
1 Netural 5 Pending (Month, D	Pay, Year)	INJURY	WO	RK?		CRIBE HOW II				
3 Suicide 26e. PLACE O	1991 FINJURY — At hor	1:001							cycle a	C C
4 Homicide determined	etc. (Specny)				City o	TION (Street or Town, State)				
Atamana	n dirt					s Cre			eway	
Check only Check only Check only Check only MEDICAL EXAMINER: On the basic of examiners	my knowledge, dec xemination end/or i	nth occurred at	my opinion, de	end place, end due eath occured at the	to the caus	e(e) e <i>nd</i> men end place, en	ner ee ata d due to ti	ted. he csuse(e) end menner es sta	ded.
SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI	MBER		29d. DAT	E SIGNEO	(Month, Day, Yeer)	
munita minu	W	M					▶.			
NAME AND ADDRESS OF PERSON WHO COMPLETED CAUS				0.0	. F		10	0.6	1991	

TO BE COMPLETED BY FUNERAL DIRECTO

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

REGISTRAR		CERTIFI	CATE OF	DEATH	REG. NO	D.			
	SETTA) WAG	1164		2, DATE OF OEATN MONTH	DAY	145° 0.00	3. TIME OF DEATH 5:46 A M	
4. SOCIAL SECURITY NUMBER 220-40-0445	5. SEX 6. AGE ((In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year)			PLACE (State or Foreign	
9a. FACILITY NAME (If not institution, give str		55.00	AL 0/2/ 20/4				-	cock,MD	
				OR LOCATION OF E			TY OF OE		
Washington Co.	nospitai		Hagerstown, MD Washington						
10e. STATE 10b. COUNTY			TOWN OR LOCA	TION				10d, INSIDE CITY LIMITS?	
Maryland Wa	shington	На	ncock					1 TYES 2 X NO	
Quaker Creek			10	21740	0		U.S.	A .	
11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced	12. WAS OECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DO	2 XNO	If yes, sp	ENOENT OF NISPA ecity, Cuban, Mexic 2 NO Spec	ANIC ORIGIN? (Specify Years, Puerto Rican, etc.)	- American Indian, Whita, etc.			
15. DECEDENT'S EDUC	ATION	18a. DECEDENT'S U	ISUAL OCCUPATION	ON	16b. KIND OF BI	ISINESS (IND.)		ilte	
(Specify only highest grade of Elementary/Secondary (0-12)	completed) Callege (1-4 or 5+)	(Give kind of wo	ork done during mo retired.)	ast of working	IOD. KIND OF BU	JSINE35/INDU	JSINY		
12		Home	emaker						
17. FATNER'S NAME (First, Middle, Last)				18. MOTNER'S N.	AME (First, Middle, Maide	n Sumame)			
	ssell Waug				ie Divilb				
19a. INFORMANT'S NAME (Type/Print)					Route Number, City or To				
John Wai	ıgh	Quak	er Cre	ek Apts	s. # 407,	Hanc	ock	, MD-21740	
20a. METNOD OF DISPOSITION 1 △ Burlel 2 □ Cremation 3 □ Remo	val from Stata cem	PLACE AND DATE OF	F DISPOSITION (Ne	ame of	OATE 20c. L	OCATION — C	Ity or Tow	rn, Steta	
4 Donetion 5 Other (Specify)	- G:	réenway	Cemet		10-991 Be	rkele	y S	pgs.WV	
Col. 18.14	Merson		Hunt		erson Fu			me s.WV 25411	
23 PART L Entar the disasses, or co	mplicationa that caused	the daath. Do no	ot enter the mo	de of dying, au	ch as cardiac or rear	iratory arre	at.	Approximate	
shock, or heart failure. L IMMEDIATE CAUSE (Final	ist only one cause on a	ach line.						Interval Between Onsat and Death	
44	PONTINE	HEMOR	RHA/a	E				C 600	
Touching in county	DUE TO (OR AS A	CONSEQUENCE OF)	:					3 MRS.	
Sequentially list conditions, b.	HYPERT	ENSION	(
if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):	:						
CAUSE (Disease or injury	0.000 000 000 000								
that initiated eventa resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):							
d.								-	
PART II. Other aignificant conditiona	contributing to death be	ut not reaulting in	the underlying	g cause given in			24b. V	WERE AUTOPSY FINDINGS	
					PERFO		(AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATN?	
								1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (C)	heck only one)				
1 TES 2 NO	1 Inpatient 2 KER/Outpo			e 5 🗆 Residence	8 Other (Specify)				
27. MANNER OF DEATN 1 N Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJUI		URY AT RK?	28d, DESCRIBE NOW	INJURY OCCU	JRED		
2 Accident Investigation				ES 2 NO					
3 Suicide 6 Could not be detarmined	28s. PLACE OF INJURY building, etc. (Speci	— Al home, farm, atr	eet, factory, office		281. LOCATION (Street City or Town, State	and Number o	r Rural Roo	ute Number,	
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICI CHECK ONLY ONE) 2 MEDICAL EXAMINER:	AN: To the best of my knowle On the besis of examination	edge, death occurred and/or investigation,	at the lime, data in my opinion, d	and place, and due	to the cause(s) and ma	nner sa stated	d. cause(a) a	and manner as atated.	
29b. SIGNATURE AND TITLE OF CERTIFIER	^			29c. LICENSE NU				Month, Day, Year)	
Zdward /	Smal M.D					D MA	7/	1991	
30. NAME AND ADDRESS OF PERSON WHO		TN (ITEM 27) (Type, P				I OC	1 61		
EDWARD BYRD	M.D. 1198 1	CENLY A	VE ITA	6-ERSTO	WA MD.	21740)		
OCT, 2017-5,91	32. REGISTIAARS SIGN	riden And	102						

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AT	2	EG	Sa	1 2
TO THE UNCOTABLE OB ATTENDIAL DEVICENS The law requires that the death next force he assessed within the terms of the death of the death next force to the death of the death	5	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pa	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must b
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E	2 1	2	8	₹

J. E. BROWN
31. DATE FILED (Month, Day, Year)

OCT 0 3 °9 1

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

MC USNR
32. REGISTRAR'S SIGNATURE

hia Davidson

	FOR	STATE OF MA	ARYLAND /	/ DEPAI	RTMEN	IT OF I	IFAITH AND	MENTAL H	VCIEN	5	1	2857	9
	1. DECEDENT'S NAME (First, Middle, List)		C	ERTIF	ICAT	E OF	DEATH		EG. NO			3. TIME OF OEA	74
	LILIANE AGNES	WOLFF						MONTH	D.	Y	YEAR		Р
1			6. AGE (In yrs. le:	of historians	- INO	ER 1 YEAR		Septem		30,.		8:45	M
1	330-46-8960	1 🗆 M 2 📉 F	5. AGE (III yrs. Ia:	YRS,	MONTHS	-	IF UNDER 24 HRS. HOURS MIN.	June 2	(Yeer)	915	Countr	NPLACE (State or Forty) HAITI	oreign
3	9a, FACILITY NAME (If not institution, give street	et and number)			9b. CIT	Y, TOWN	OR LOCATION OF E		-		NTY OF D		
DIRECTOR	NATIONAL NAVAL MI	EDICAL C	ENTER				BETHES	SDA		M	ONTG	OMERY	
DIRE	10a. STATE 10b. COUNTY MARYLAND MOI	NTGOMERY		10c. CIT		OR LOCAT			10d, INSID LIMIT:				
1	10e. STREET AND NUMBER	NIGORIEKI			T	OTOM				1 TYES 2 3	CNO		
FUNERAL	8212 BUCKSPARK	LANE WE	ST			101	20854			24.7		STATES	
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT FORCES? 1 IF YES, GIVE WAI	EVER IN U.S. AR	MED (10	13	If yea, sp	ENDENT OF NISPA	an, Puerlo Ricen.	ecify Yes	or No	Black	- American Indi k, White, etc.	en,
D BY	3 Widowed 4 Divorced 15. DECEDENT'S EDUCAT			22274710	1 ☐ YES 2 NO Specify:						Speci	Black	
COMPLETED	(Specify only highest grade co.	College (1-4 or 5+)	(G	ECEDENT'S Sive kind of to b. Do NOT us	work done	during mo	ON est of working	16b. KIND	OF BUS	SINESS/INI	DUSTRY		
MP	HOUSEWIFE OWN HOME									Ξ			
ш													
00	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stets, Zip Code)												
5	Gladys Mentor Howa	rd					ARK LANE					20854	
	20s. METNOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remove 4 Donetion 5 XOther (Specify) Ent	on State	20b. PLACE A cemetery, cre Gate	AND DATE OF THE	of DISPO	SITION (Ne	nme of usoleum	DATE	20c. LO	CATION -	City or To	wn, State	1 an
	21. SIGNATURE OF FUNERAL SERVICE LICEN				22	NAME AT	IN ANDRESS OF F	CHITY Dob	2	.ver	Sbrr	ng, Mar	утан
	> Jeffen 171	A	M0068	39	Ho W.	ome/E	Bethesda Isin Ave	-Chevy	Chas	A. Ese, I	umpn nc.	rey Fund 7557	erai
	23. PART V Emer the diseases, Dr con shock, Dr heart failure. Lis	mplications that cause	causad tha de	ath. Do r	not ante	r tha mo	da of dying, suc	ch aa cardiac d	or respi	ratory an	rest,	Approximation Ap	ata
										Onset and			
	DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (O	PR AS A CONSEC	QUENCE OF	-):								
ERTIF	CAUSE (Disease or injury that initiated events resulting in daath) LAST	DUE TO (O	PR AS A CONSEC	NENCE OF	ን:								
0	PART II. Other significant conditions of	contributing to de	eath but not r	neuitina i	n the se	ndadata.		Bras Inc					
PHYSICIAN: MEDICA			201	daviung .	II the G	unanym.8	Canaa Aisaii III		PERFOR			WERE AUTOPSY FII AVAILABLE PRIOR COMPLETION OF C	то
回								- 120	YES 2	□ NO		OF DEATH?	
÷								_				1 TES 2 X N	10
A	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF DEATH (Ch	ant est one)					
Sic	EXAMINER? 1 YES 2 NO 1	IOSPITAL:	P/Outpatient 3	□ BOA	OTHE	R:							
并	27. MANNER OF DEATH	28a. DATE OF IN	JURY	26b. TIME	E OF	28c. INJL	5 ☐ Realdence	6 U Other (Spec		ILIBY OCC	TIPED		
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day,	Year)	INJI	URY M	WOI	RK? ES 2 NO	200. DZQOMBL	. 11011 111	JOH, OC	ONED		
	3 Suicide a Could not be determined	26e. PLACE OF II building, etc	NJURY At hor c. (Specify)	me, ferm, s	treet, fac	tory, office		28f. LOCATION City or Tow	(Street ai	nd Number	or Rural Ro	oute Number,	
	29a, CERTIFIER V												
COMPLETE	(Check only one) 2 MEDICAL EXAMINER: (N: To the best of my On the best of exam	r knowledge, der nination and/or i	sth occurre	d st the t	time, date :	and place, and due	to the cause(e)	and men	ner aa stet	ed.		
	29b. SIGNATURE AND TITLE OF CERTIFIER					Johnson, de			Hace, and	due to th	e cause(a)	and manner as st	ated.
8	The second secon	mo como	115/1/2				29c. LICENSE NUI	#BER				(Month, Day, Year)	
ဍ	30. NAME AND ADDRESS OF PERSON WHO C									00	tobe	r 1, 19	91

NATIONAL NAVAL MEDICAL CENTER BETHESDA, MD 20889-5000

		1. DECEDENT'S NAME (First, Middle, Last)	FIELDER)	2. DATE OF DEATH WONTH	DAY 50 9/	9 YEAR 3. TIME OF DEATH						
(P)	4. SOCIAL SECURITY NUMBER 578-01-6200	12M2 🗆 F	(In yrs. last birthday) 7 8 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	/3 Ma	BIRTHPLACE (State or Foreign Country) aryland				
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	HOI	99. FACILITY NAME (If not institution, give a 8828 Hunting Lane RESIDENCE OF DECEDENT	# 201			or Location of DE	EATH	Prince	of DEATH e Georges				
nit. Pages 1	DIRECTOR	106. STATE 10b. COUNTY	6		L ause				10d. INSIDE CITY LIMITS? 1 YES 2/1/2 NO				
ptysician. bunal-transit permit. Pages	FUNERAL		ing Laxe			A. ZIP CODE		U.S	S.A.				
ending physici as the burial-l	BY	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	# WAS DECEDENT EVER 1	2 NO	If yes, s		HC ORIGIN? (Specify \ п, Puarto Ricen, atc.) //		RACE — American Indian, Black, White, etc. Specify: White				
the hospital or attend detached for use as once.	PLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION	16a. DECEDENT'S	USUAL OCCUPATI work done during m se retired.)	ION ost of working	186. KIND OF E	road	FRY				
d by the ho	BE COMPL	17. FATHER'S NAME (First, Middle, Last) Arthur P. Waltor	1			Edna	ME (First, Middle, Maid Marquess						
y be retained age 5 should be notified	5	196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 38 Midway Ave. Laurel, MD. 20723 206. METHOD OF DISPOSITION 206. PLACE AND DATE OF DISPOSITION (Name) DATE 206. LOCATION — City or Town, State											
death. Page 6 mar tuneral director, p. examiner must		1X Burlet 2 Cremation 3 Removal from 5 Other (Specify) Of cemetary, crematory or other place) Cedar Hill Cemetery 10/3/91 Suitland, MD.											
24 hours after death. Page 6 may be retained by the hospital or attending physician. filled in by the funeral director, page 5 should be detached for use as the buriat-tran ion, or removal.		23. PART I. Enter the diseases, or shock, or heart sellure.	complications that cause List only one cause on a					Suitlar	nd, MD. 20746				
rted within 24 completely fille ial, cremation, c event, the		disease or condition resulting in death)	DUE TO (OR AS	A CONSEQUENCE O	CAN	CER.							
ficate be execu physician and ne prior to bur ner traumatic	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury											
death certification attending partial Hygien	CERTIF	that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): d											
requires that the ceen signed by the of Health and Me shows any injury	MEDICAL	PART II. Other eignificant condition	na contributing to death	but not reaulting	in the underlyle	ng cause given in	PERF	AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
ySician: The law secrificate has but the State Dept. Id, or Item 23:	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	tostient 3 DOA	OTHER:	PLACE OF DEATH (Ch	10 m 20 m						
NG PHYSICIA frer this certif eath with the marked, or	ву РНУ	27. MANNER OF DEATH 1 Naturat 8 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. Till	ME OF 28c. IN	JURY AT YORK? YES 2 NO	28d. DESCRIBE HO	V INJURY OCCUR	IED				
L DR ATTENDING P DIRECTOR: After the hours after death of them 28 is marf	ETED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Spi	Y — At home, farm, ecify)	street, factory, off	Ce	28f. LOCATION (Stre City or Town, Str		Rural Route Number,				
\$ 32 =	COMPL	one) MEDICAL EXAMINI							euse(e) end manner as stated.				
TO THE HOSPI TO THE FUNEF OF filed within	TO BE	29b. SIGNATURE AND TITLE OF CERTIFIE	mo by	EATH (ITEM 27) (See	a Print)	29c. LICENSE NUI	P/5	29d. DATE SI	PORED (Month, Day, Year)				
4		30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) Colodo Land Bellowille Hosp E.D. 31. DATE FILED (Month, Day, Yegr). 32. REGISTRAR'S SIGNATURE.											
IUH		OCT 0 2 91	32. REGISTRAR'S SIG	lson-Aandal	e.								

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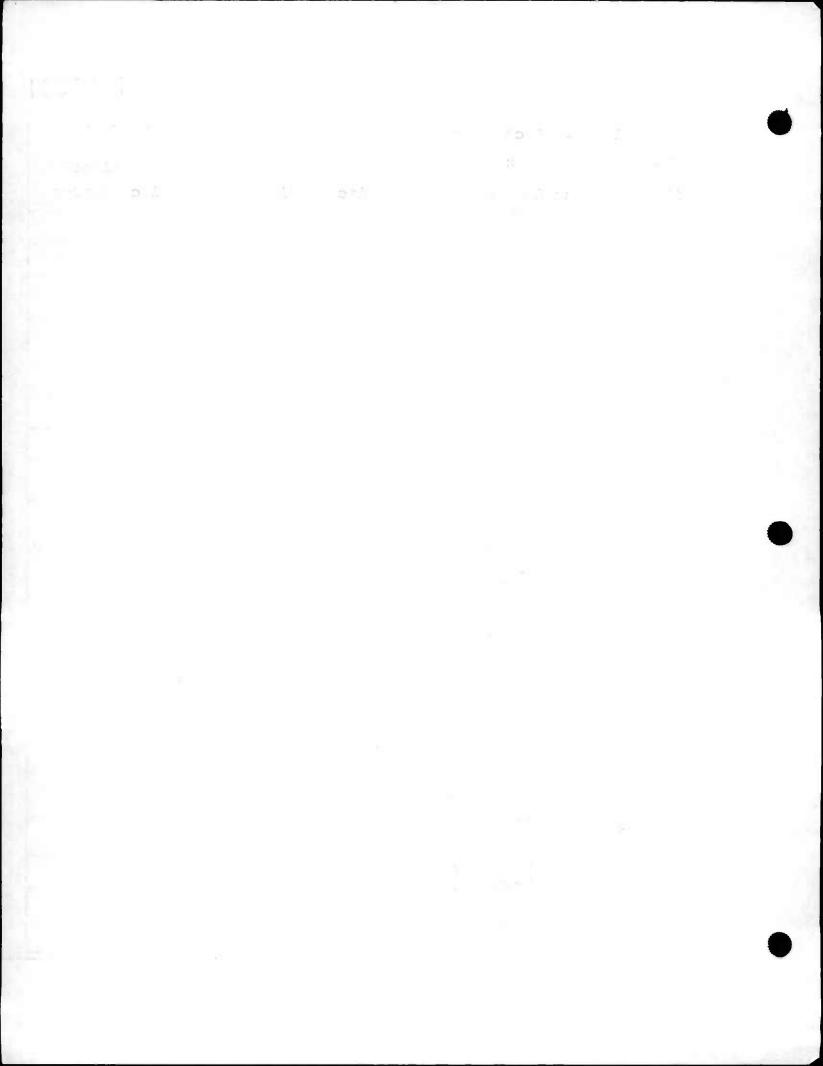
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TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to bunal, cremation, or removal.	IMPORTANT: If Hem 28 is marked, or Hem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
- 22	2	8	-

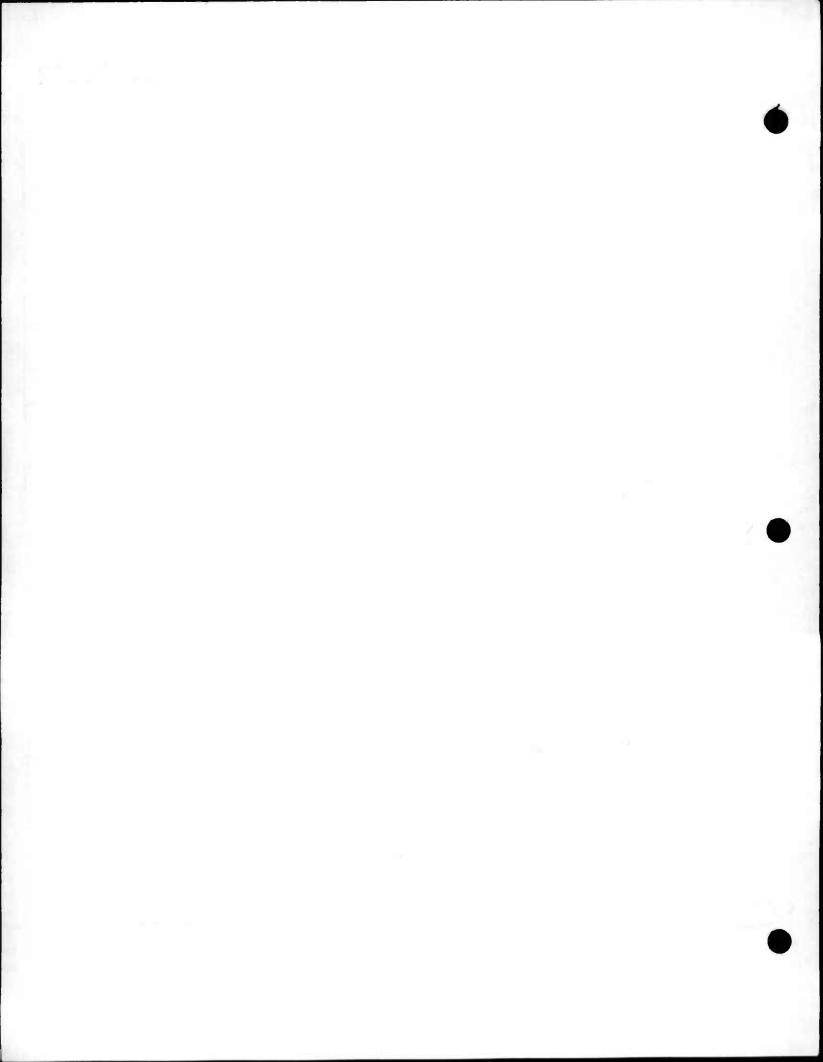
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART CERTIFIC			MENTAL HYGIEN REG. NO		91	285	8
1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH			ME OF DEATH	A
Marie W.	Winchester				09 23	199	1 6:	17	М
4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.	BIRTHPLAC Country)	E (State or Foreig	jn n
577-05-2069	1 □ M 2 10 F 84	YRS.	DAYS DAYS	HOURS MIN.	087867	907 B	.,	more	MD
Se. FACILITY NAME (If not institution, give	and the second second			OR LOCATION OF O		9c. COUNTY	OF DEATH		
Villa Rosa Nu	rsing Home		Mitc	hellvil	le	Prin	ce G	eorge	5
RESIDENCE OF DECEDENT 10a, STATE 10b, COUN	TY	10c, CITY.	TOWN OR LOCA	TION			104	INSIDE CITY	_
MD Prin	ce Georges							LIMITS?	
IOe. STREET AND NUMBER	ce Georges	Bow		f. ZIP CODE		10g. CITIZEN	31		
2814 Stonybrook	Drive			20715					
11. MARITAL STATUS	12. WAS DECEDENT EVER IF	U.S. ARMED	13. WAS DE		NIC ORIGIN? (Specify Y	Unite	RACE - A	merican Indian.	
Never Married 2 Merried	FORCES? 1 YES		If yes, s		an, Puerto Rican, atc.)		Black, Whi Specify:	te, etc.	
₩Idowed 4 Divorced		NO		L M COPACI	No		upecny.	White	
15. DECEDENT'S ED (Specify only highest gra		16a. DECEDENT'S U	SUAL OCCUPATI	ON net of working	16b. KIND OF BI	USINESS/INDUS	TRY		
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	retired.)	out or working					
12		Secr	etary		Atto	rney			
7. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, Maide	n Sumeme)			
Samuel Charles	<i>N</i> ilson			Netti	e Parlett				
e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural	Route Number, City or To	wn, State, Zip Co	ide)		
Marriott W. Win	chester Sr.	2814	Stonybr	ook Driv	e Bowie M	arvland	2071	.5	
0e. METHOO OF DISPOSITION S Burlet 2 Cremetion 3 Re	mount from State	PLACE AND DATE	OF DISPOSITION	/Name		OCATION — City			
□ Donation 5 □ Other (Specify)	Co	cemetary, crematory of edar Hill	Cemete	ry	Sı	uitland	Mary	land	
1. SIGNATURE OF FUNERAL SERVICE	JCENSEE		22. NAME A	ND ADDRESS OF FA	ACILITY				
* Kodent E	CITIMO	Possi			uneral Ho				
22 PADT I Enter the diseases o	complications that save	יושטי.	1 10000	Annapol	is Rd. Boy	vie Mar	vlanc		
23. PART I. Enter the diseases, o shock, or haert failure	r complications that cause. List only ons cause on a	the death. Do no ech line.	ot anter the m	ode of dying, suc	ch as cardlec or ree	piretory erres	t,	Approximete Interval Bety	
MMEDIATE CAUSE (Finel								Onset and D	
diseese or condition	B. HYOCARDIA	LL FAIL	URE -	CONCES	7 I VE HEA	ert Fai	LURZ	2 MON	T#.
Sequentially list conditions,	LINTERATA			DEFE	CT - CON	CEN17	TAL		
f any, leading to immediate cause. Enter UNDERLYING		CONSEQUENCE OF			· Ta Q		i	30YEA	00
CAUSE (Disease or Injury	MYOCARD	CONSEQUENCE OF	DE CC	NPAR	110 0	·.		JO 1 - 1E	
that initiated events	CERE			141161	M -HEMI	DIEC	m	4 YEA	DS
	d. CERE	KEL	- MC	OLLA	VI -112/41	PLEG	in	TIVA	10
PART II. Other significant conditi	ons contributing to death t	ut not resulting in	the undarlying	g cause given in		N AUTOPSY		E AUTOPSY FIND	
						ORMED?		LABLE PRIOR TO PLETION OF CAU	
		-			1 YES	2 MENO		EATH?	
							J ''	YES 2 NO	
S. WAS CASE REFERRED TO MEDICAL			26 5	LACE OF DEATH (C	back ontropel		1		
EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:						_
7. MANNER OF DEATH	1 Inpatient 2 ER/Outs 28e. DATE OF INJURY	28b. TIME		ne 5 □ Residence	8 Other (Specify) 28d. DESCRIBE HOW	IN HIPV COOLE	250		
1 Natural 5 Pending	(Month, Day, Year)	INJU	IRY W	ORK?	200. DESCRIBE HOW	INJUNT OCCUP	NED		
				YES 2 NO					_
2 Accident Investigation		— At nome, tarm, at	reet, ractory, on	CO	281. LOCATION (Stree City or Town, Stet	end Number or	Rural Route	Number,	
2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY building, etc. (Spe								
2 Accident Investigatio 3 Suicide 8 Could not be 4 Homicide determined	building, etc. (Spe								
2 Acoldent 3 Suicide 4 Homicide 8 Could not be determined 9e. CERTIFIER (Check only)	building, etc. (Spe	ledge, death occurre	d at the time, dat	e end place, end du	e to the cause(e) end m	enner ee stated.			
2 Accident 3 Suicide 8 Could not be determined 9e. CERTIFIER Check only	building, etc. (Spe							manner as state	ıd.
2 Accident 3 Suicide 4 Homicide 8 Could not be determined 9e. CERTIFIER (Check only one) 2 MEDICAL EXAMI	VSICIAN: To the best of my know NER: On the besis of examination				e time, data and place,		ceuse(e) end		ed.
2 Accident 3 Suicide 4 Homicide 8 Could not be determined 19e. CERTIFIER (Check only one) 2 MEDICAL EXAMI	VSICIAN: To the best of my know NER: On the besis of examination			29c. LICENSE NU	e time, data and place,	and due to the c	ceuse(e) end		ed.
2 Accident 3 Suicide 8 Could not be determined 4 Homicide determined 29e. CERTIFIER (Check only	/SICIAN: To the best of my know NER: On the besis of examination	n and/or Investigation	, in my opinion,	29c. LICENSE NU	e time, data and place,	and due to the c	ceuse(e) end		ed.
2 Accident 3 Suicide 4 Homicide 8 Could not be determined 9e. CERTIFIER (Check only one) 2 MEDICAL EXAMI 19. SIGNATURE AND TITLE OF PERTIF	VICIAN: To the best of my know NER: On the best of examination HER WHO COMPLETED CAUSE OF DE	n and/or investigation 4 4 EATH (ITEM 27) (Type,), in my opinion, Print)	29c. LICENSE NU	e time, deta and place, iMBER	29d. DATE S	euse(e) end	th, Day, Year)	
2 Accident 3 Suicide 8 Could not be determined 4 Homicide 8 Certifying PH' (Check only one) 2 MEDICAL EXAMI 296. SIGNATURE AND TITLE OF SERTIF	/SICIAN: To the best of my know NER: On the besis of examination	ATH (ITEM 27) (Type,), in my opinion, Print)	29c. LICENSE NU	e time, data and place,	29d. DATE S	euse(e) end	th, Day, Year)	



	61.2	-
BALTIMORE, MARYLAND 21215-0020	ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1.2. A page 1.2 that the State Dent of Health and Marial Hurlians prior in burial prematers.	Is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
60,	within 2 npletely 1	vent, th
SION OF VITAL RECORDS, P.O. BOX 68760,	NOING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after de t. After this certificate has been signed by the attending physician and completely filled in by the find theath with the State Dent of Health and Mental Hunlane prior in huisal, committing or comment.	other traumatic
DS, P.	the death of the attend	injury, or
ECOR	quires that signed by Health and	ows any
TAL R	The law ret	ım 23 sh
JF VI	rySician: is certifica	ed, or its
NOIS	R: After the	Is mark
DIVIS	OSPITAL DR ATTE UNERAL DIRECTO	Item 28
	HOSPITAL FUNERAL within 72	TANT: IF
	D THE	IMPOR
1	2	Y

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF H	IEALTH AND	MENTAL HYGIEN		1 20002
	1. DECEDENT'S NAME (First, Middle, Last					2. DATE OF DEATH		3. TIME OF DEATH
	Rosalie W					09 2		7 • 45 pm M
1	173-32-1200	5. SEX 8. AGE ((In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8	. BIRTHPLACE (State or Foreign Country)
1)	94. FACILITY NAME (If not institution, give		51 YRS.			9-4-40		Pa.
1	SOUTHERN MAR		ITAL	9b. CITY, TOWN C	OR LOCATION OF DE	HTA		Y OF DEATH CE GEORGES
5	RESIDENCE OF DECEDENT						1 2 7 7 1 4	CH GHORGES
DIRECT			10c. CIT	Y, TOWN OR LOCAT				10d, INSIDE CITY LIMITS?
	Md. Prir	nce George's		Morning				1 TYES NO
FUNERAL	6802 Woodland	Dond		101	20746			N OF WHAT COUNTRY?
¥	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	1110 48450				_	Inited States
	1 Never Married 2 Neverled	FORCES? 1 YES	2XX10	II yes, sp	ecity Cuben, Mexice	IIC ORIGIN? (Specify Yen, Puerto Ricen, etc.)	s or No- 14	I. RACE American Indien, Black, White, atc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	ATES	1 TYES	2XXNO Specify	<i>r</i> :		Specify: White
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad	JCATION	18. DECEDENT'S	USUAL OCCUPATION	N	16b. KIND OF BU	StNESS/INDUS	
9	Elementary/Secondery (0-12)	College (1-4 or 5+)	life. Do NOT us	vork done during mo se retired.)	st of working			
MP	12		Tele	phone Op	erator	AT	T&'	
8	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden		
BE	Frank Dutkewyz	SC				che Mulich		
70	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow	n, State, Zip Co	ode)
	Robert L. Wils	son, Jr.		Same as	10a-10f.			
	20e. METHOD OF DISPOSITION PCXBuriel 2 Cremation 3 Ren	noval from State 20b.	PLACE AND DATE O	OF DISPOSITION (Na	me of	DATE 20c. LO		y or Town, State
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI		Resurrec		etery 10		linton	
	21. SIGNAL ONE OF FUNERAL SERVICE LI	CENSEE		22. NAME AN	D ADDRESS OF FA	Lee Fu	meral	Home, Inc.
	Shannon	W. Kam	ura 1	Clint	on,Md. 2	ander Ferr	ту коас	1
	23. PART I. Enter the diseases, or	complications that caused	the death Do n	ot enter the mo-	de of dying, auci	n aa cardiac or reapi	Iratory arrea	t, Approximate
	IMMEDIATE CAUSE (Final	List only one cause on ea	ich line.					Interval Between
}	disease or condition resulting in death)	Propo	i for	(ye		っしょり		Street and Death
	•	DUE TO (OR AS A	CONSEQUENCE OF	ک رینو	ž.		0	
Z	Sequentially list conditions,	· CAL	up c	rete	10te	コトーリノ	FORCH	`
Ĕ	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF	7: 7				
5	CAUSE (Disease or Injury	C. CLEA	1800	0_'				
Ē	that initiated eventa resulting in death) LAST	DUE TO (OH AS A	CONSEQUENCE OF	7:				
CERTIFICATION		d						
	PART II. Other algnificant condition	na contributing to death bu	ut not reaulting is	n the Underlying	cause given in			24b. WERE AUTOPSY FINDINGS
S		Hype	i vet	cem	3	PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE
Ä						1 TYES 2	□ NO	OF DEATH?
ž								1 TYES 2 NO
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			28. PL	ACE OF DEATH (Che	ck only one)		
XS.	1 TYES 2 NO	HOSPITAL: 1 Ainpetient 2 ER/Outpe		OTHER: 4 Nursing Home	5 - Residence	8 Other (Specify)		
H	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJL	IRY AT	28d. DEŞCRIBE HOW II	NJURY OCCUR	ED
BY	1/Natural 5 Pending 2 Accident Investigation	101		M 1 🗆 Y				
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Special	At home, ferm, st	treet, factory, office		281. LOCATION (Street a City or Town, State)	nd Number or I	Rural Route Number,
						ony or rown, dietay		
교	290. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my knowle	idge, death occurre	d at the time, date	and place, and due	to the cause(e) and men	ner se stated.	
COMPLETED	one) 2 MEDICAL EXAMINE	ER: On the back of examination	and/or investigation	i, in my opinion, da	ath occured at the t	lima, date end pleca, en	d due to the co	suse(e) end mennar as stated.
BEC	29b. SIGNATURE AND TITLE OF CERTIFIE	0.11	0-010		29c. LICENSE NUM	BER	29d. DATE SI	GNED (Month, Day, Year)
	tom; t	in coffee	up u	MILA			19.	20.51
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type,	Print) 292	66000	your 1	250	म(0)
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE	C((r	itm N	14. 2	0735	
1	(ボ.) ひつ つし	guna vavidso	1-Marian					1

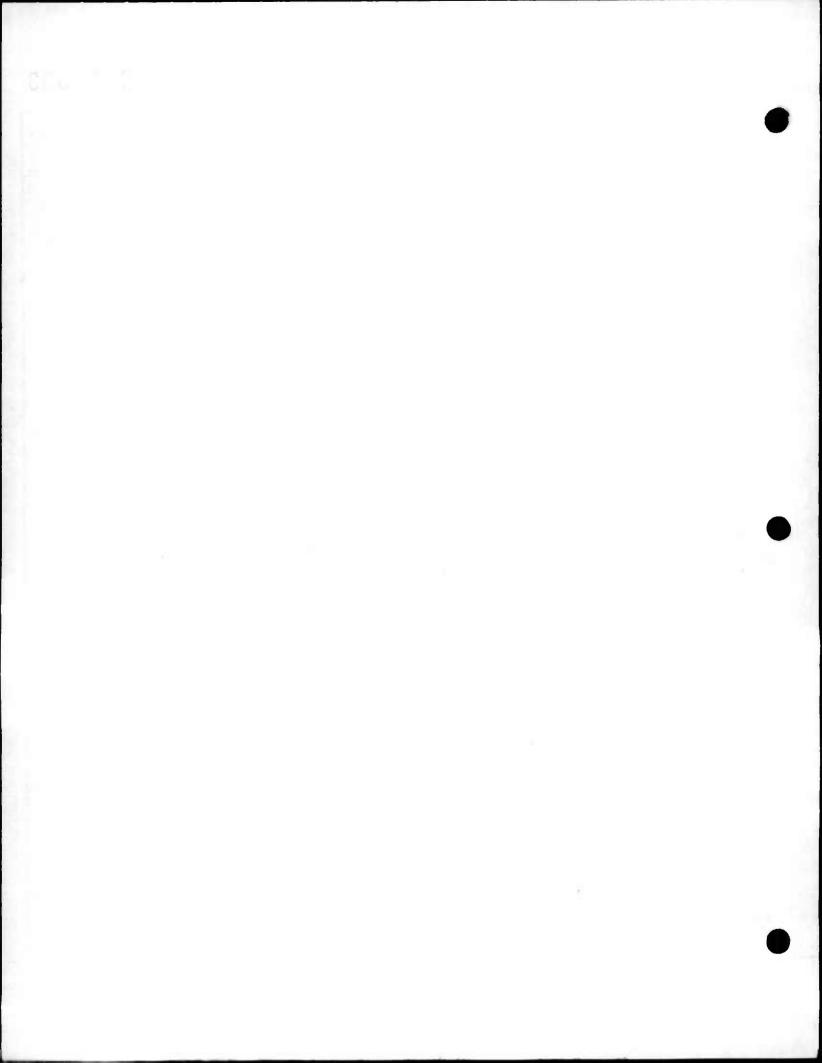


1 - FOR STATE REGISTRAR

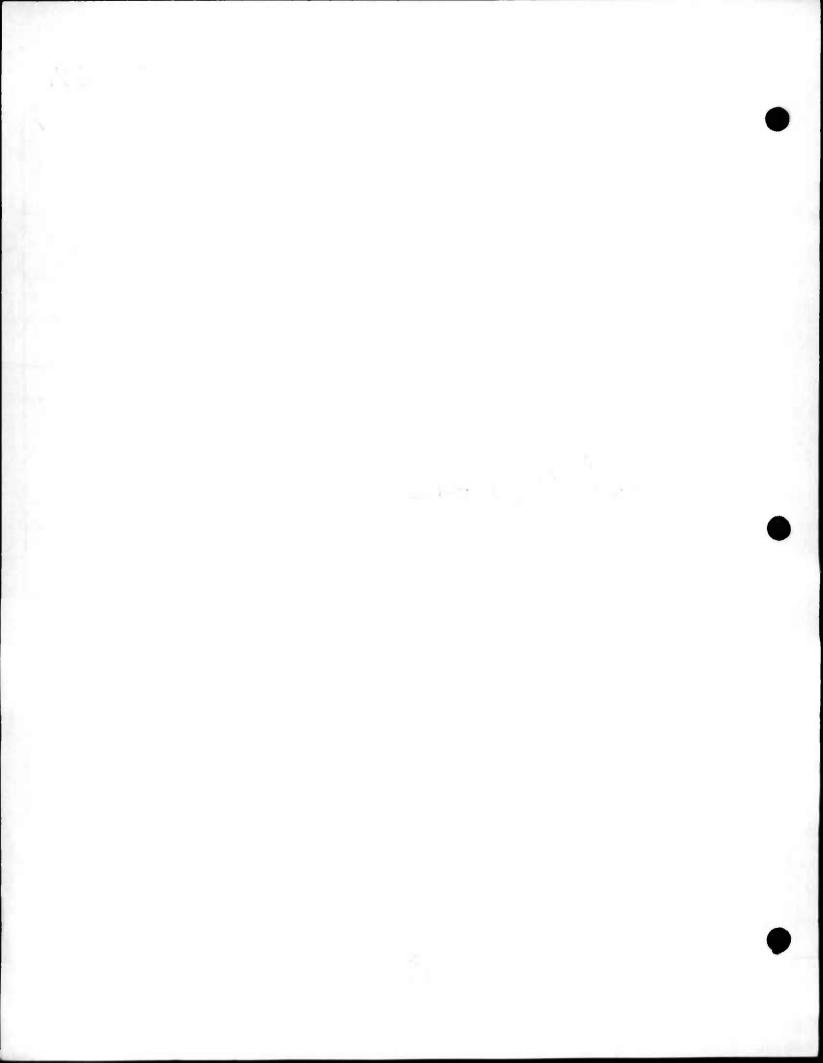
1. DECEDENT'S NAME (First, Middle, Last)

		1. DECEDENT'S NAME (First, Middle, Last) RURAL WARREN							2. DATE OF DE	DAY	YEAR	3. TIME OF DEATH
()	ÞΥ	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER 1 Y	FAR #	F UNDER 24 HRS.	7. DATE OF BIF	02	91	06:55 A:M
	=1	242-70-7497	1 🔀 M 2 🗆 F	44	YRS.			OURS MIN.	(Month, Day,	Year)	Count	
phoods		Sa. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TOWN OR LOCATION OF DEATN						oson, N.C.
e5	DIRECTOR	PRINCE GEORGE'S		CENTER			VERI					GEORGE'S
Page	EC	10a. STATE 10b. COUNT	Υ		10c. CITY, TOWN OR LOCATION						10d. INSIDE CITY	
permit. P		Maryland 100. STREET AND NUMBER	P.G.		Bla	adens						LIMITS? 1 XYES 2 NO
	FUNERAL						100	P CODE				WHAT COUNTRY?
trans	쀨	5213 Newton S	12. WAS DECEDEN	T FUED 11 11 0 1 0				0710	U.S.A NIC ORIGIN? (Specify Yea or No			
21215-0020 al or attending physician. for use as the burial-transit	ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W 1970 -	XYES 2 N	IO IMED	II yı	s, specify	y Cuban, Maxica	n, Puarto Rican,	cify Yes or No- Hc.)	Blec	E — Americen Indian, k, White, atc. Black
21215-0 al or attending for use as the	8	15. DECEDENT'S EDU	CATION	16a. DE	CEDENT'S	USUAL OCCU	PATION		16b. KIND	OF BUSINESS/		Juck
21 for u	COMPLET	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +		Do NOT us	work done durii se retired.)	g most of	f working				
the hospital detached to	MPI	12th grade			ast	erer			Gov	ernme	nt.	
AN the hor detach	8	17. FATNER'S NAME (First, Middle, Last)					18	. MOTHER'S NA				
ज देव ≺	BE (Owen Warren						Pearl	Thomp	son		
MARYLAND retained by the hospit should be detached notified at once.	10 E	19a. INFORMANT'S NAME (Type/Print)		198	. MAILING	ADDRESS (St					Zip Code)	
	-	Mildred Butler	Warrer	1 52	13 1	Newto	n S	treet	Blad	ensbu:	ra, N	1d 20710
m > 8 =		20a. METNOD OF DISPOSITION 1 🂢 Burlat 2 □ Cremation 3 □ Rem	oval Irom Stata	20b. PLACE	ACE AND DATE OF DISPOSITION (Name of DATE 20c, LOCATION — City or Town, State							
MOR age 6 m director, er must		4 Donation 5 Other (Specify) Harmony Memorial Park Landover,										Maryland
Fea F		21. SIGNATURE OF FUNERAL SERVICE EN	CENSEE			22 NAA	E AND A	Bacon	Finer	al Hor	me.	
S after deat by the fun removal.		· Mad	ore	_	*							Wash. DC
be executed within 24 hour cian and completely filled ir for to burial, cremation, or raumatic event, the me	CATION	Interval Between Onset and Death Due to join as a consequence of: Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING										
eath certific attending pl tral Hygiene y, or othe	CERTIFICATION	CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO	OR AS A CONSEC	HUENCE OF	ŋ:	GOVERNMEN 18. MOTHER'S NAME (First, Middle, Meiden Surmeme) Pearl Thompson RESS (Street and Number or Rural Route Number, City or Town, State, Ziviton Street Bladensbur POSITION (Name of Bacon Facility Lando 22. NAME AND ADDRESS OF FACILITY W. H. Bacon Funeral Homm 3447 14th Street, N.W. Inter the mode of dying, such as cardiac or respiratory and such as card					
KECOKO: requires that the seen signed by the of Health and M shows any inju	N: MEDICAL	PART II. Other significant condition	gnificant conditions contributing to death but not resulting in the underlying						PERFORMED? AMAII COM OF D			WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO
N: The law ficate has the State Dept tem 23	S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					6. PLACE	OF DEATH (Che	ck only one)			
SICIAN: The Certificate the State	PHYSICIAN:	1 YES 2 LNO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER: 4 Nursing	Home 5	Rasidence	8 Other (Speci	fy)		
PHYSIC this ce with th	표	27. MANNER OF DEATH	26a. DATE OF (Month, De		26b. TIM		INJURY	AT			CCURED	
DING PHYS After this of death with s marked,	ΒY	t Actural 5 Pending Investigation										
TTENDI TTOR: A after da	0	3 Suicide 6 Could not be determined	28a. PLACE Of building,	F INJURY — At horetc. (Specify)	ne, larm, s	treet, factory,	offica		261. LOCATION (City or Town	Street and Numb State)	ber or Rural F	loute Number,
対対は	COMPLET	CENTIFIEN COME ONLY MEDICAL EXAMINE	CIAN: To the best of ex	my knowledge, des	nth occurre	d at the time,	data and	place, and dua	to the cause(a) at	nd manner as s	teted.) and manner as stated.
E HOSPI E FUNE I within		200 SIGNATURE AND TITLE OF CENTIFIE					-	c. LICENSE NUM				
TO THE HOSP TO THE FUNE The filed within	TO BE	30. HAME AND ADDRESS OF PRESCH WH	COMPLETON CAVIS	E OF DEATH WYEN	275 /2	Briant	1	7-20	64	3	ATE SIGNED	10/91
(5)		, V			ary report	10000			• • • • • • • • • • • • • • • • • • • •		్	
_		OFT OL GOOD TO SEE THE OFF	LA Davidson	R'S TRINATURE								

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



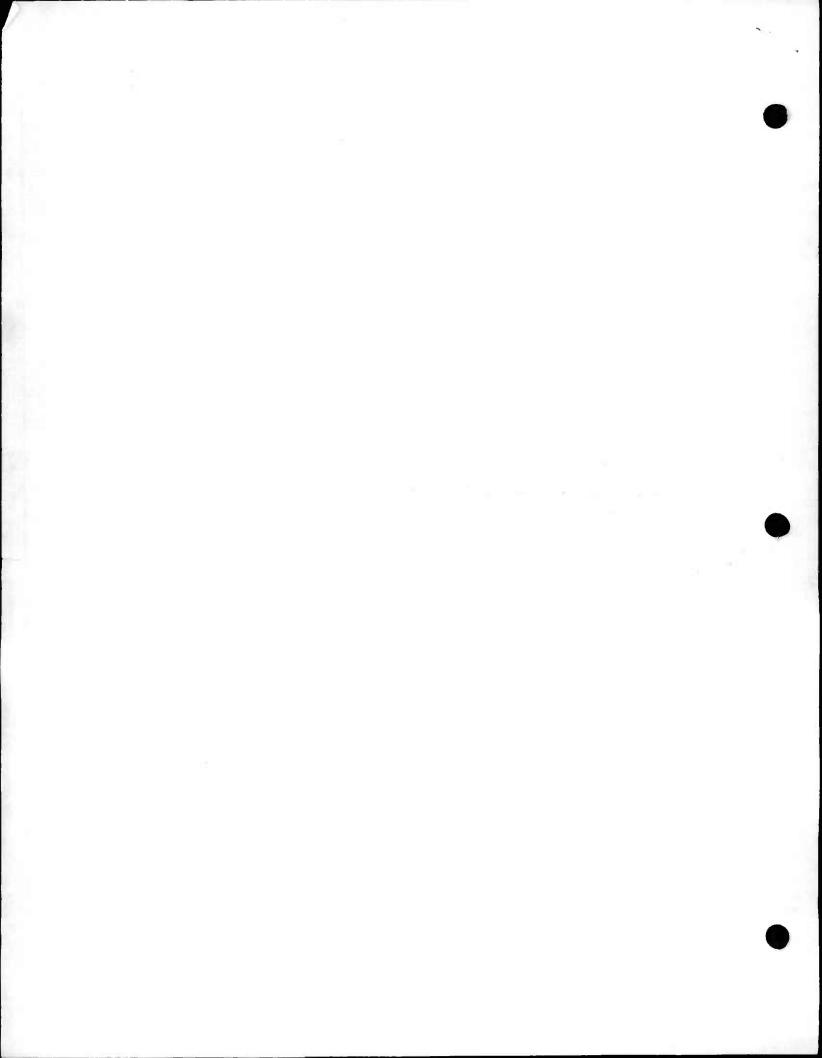
D Ho	DECEDENT'S NAME (First, Middle, Last ROSEMAR SOCIAL SECURITY NUMBER								
DR.	A POOLAL DECUMPTY MILLIAMOR	Y Halstead	u	ENER	2.0	ATE OF DEATH DAY	YEAR 3. TIME OF D		
4	215-54-5428 9a. FACILITY NAME (If not institution, give	1 □ M 2 🗷 F 41	YRS. MONT	HS DAYS HOURS	MIN. 10	ATE OF BIRTH forth, Day, Year) 1/26/49	a. BIRTHPLACE (State of Country) Washington		
ECTO	Prince George's			Chever 1			ounty of DEATH Prince Georg		
E		ce George's		on LOCATION erdale			10d. INSIDE C LIMITS? 1 XX YES 2		
FUNERAL	5704 Eastpines D	rive		101. ZIP CO	zip code 10g. Citizen of what 20737 U.S.A.				
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 NO	13. WAS DECENDENT If yes, specify Cui 1 YES 2 XN	onn, Mexicen, Pue	IGIN? (Specify Yes or No- rto Rican, atc.)			
ETED	15. DECEOENT'S EO (Specify only highest grace (Secondary (0-12)		16e. DECEOENT'S USUA (Give kind of work di life. Do NOT use retin	one during most of won	king	16b. KIND OF BUSINESS/			
MP I	12 17. FATHER'S NAME (First, Middle, Last)	None	Homemake		THERE MAKE (C)	Own Home			
ш	Howard Halstead					st, Middle, Maiden Surname tzpatrick)		
TO B	Eileen Ward		lumber, City or Town, State,						
- 1 9-	1X Burlat 2 Gramatists 3 Res 4 Donation 5 Other (Soych) 21. BIONATURE OF FUNCTION 22. BIONATURE OF FUNCTION 23. BART I E	Garage But	an	^{22. NAME AND ADDR} Francis G 4739 Balt	ess of FACILITY asch's imore A	Sons Funera	Spring, Ma Al Home, PA Sville, MD 2		
eur, me med	21 PART I. Eater the diseases, or allock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on each	the death. Do not sr	iter the mode of d	ying, auch as c	ardiac or reapiratory	arrest, Approx Interval Onset s		
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A C		rotie	car	lis or	seul		
CAL C	PART II. Other significant condition	na contributing to death but	t not resulting in the	underlying ceuse	given in Part I.	. 24a. WAS AN AUTOPS PERFORMED?	AVAILABLE PRI		
N: MEDIC			The state of the s			1 TES 2 NO	COMPLETION OF DEATH?		
SIC	25. WAS CASE MEFERRED TO MEDICAL EXAMINER? 1 YES 2 1 NO	HOSPITAL: 1 Inpatient 2 ER/Outpat		28. PLACE OF IER: Nursing Home S - F	DEATH (Check only				
ву РНУ	27. MANNER OF DEATH 1 Natural S Pending 2 Accident Investigation	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?		DEŞCRIBE HOW INJURY O	OCCURED		
ETED	3 Suicide 8 Could not be determined	28a. PLACE OF INJURY — building, atc. (Specify	- At home, farm, atreet,	factory, office	281. L	OCATION (Street and Numb lity or Town, State)	per or Rural Route Number,		
릴	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS 2 MEDICAL EXAMIN	ER: On the beat of my knowled	dge, death occurred at the	e time, date and plac ry opinion, death occu	e, end due to the	cause(a) and manner as s	tated, the ceuse(a) and menner as		
TO BE CON	29b. SIGNATURE AND TITLE OF CERTIFIE	alla			ENSE NUMBER		ATE SIGNED (Month, Day, Yea		
	HUTONSO VIZ	CE, MD. 10	TH (ITEM 27) (Type, Print)	ton Di	2 26	ato ma	20777		



BALTIMORE, MARYLAND 21215-0020

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DIVISION OF VITAL RECORDS, P.O. DOA 50/50,	SPITAL DR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours	NERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in b
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	C.	R
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	PI	EB.
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,	1. DECEDENT'S NAME (First, Middle, Last) CHARLES CECIL W							2. DATE OF DEATH MONTH D	5 1	3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER 216-09-3313	5. SEX 1 🛣 M 2 🗆 F	6. AGE (In yrs. Ia:	si birthday) YRS.	IF UNDER 1 YE MONTHS DA		IDER 24 HRS.	7. DATE OF BIRTH (Month - 27-11	8.	BIRTHPLACE (State or Foreign Country) WV				
or	9a. FACILITY NAME (If not institution, give				9b. CITY, TO	WN DR LOC	ATION OF D	EATH	9c. COUNTY					
5	Sacred Heart Hos	pital			Cumbe	rlan	<u>d</u>		gany					
DIRECTOR	Md. Alle				y, town on L Luke	OCATION				10d. INSIDE CITY VLIMITS? 1 1 YES 2 NO				
UNERAL	112 Mullen A						21540		US	OF WHAT COUNTRY?				
BY F	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 XI	IRMED 13. WAS DECENDENT OF HISPANIC DRIGIN? (Specify Yea or No— If yes, specify Cuben, Maxican, Puerto Rican, etc.) 1 YES 2X NO Specify: 12. RACE — Arr Black, White Specify:										
LETED	15. DECEDENT'S EOI (Specify only highest grad Elementary/Secondary (0-12)	JCATION e completed) College (1-4 or 5 d	(G	CEDENT'S ive kind of a Do NOT us	USUAL OCCUP work done during se retired.)	PATION g most of we	orking	18b, KIND OF BU						
COMPL	Unknown 17. FATHER'S NAME (First, Middle, Last)		We	stvac	co Emp		<u></u>			cturing				
E C		Charles Wesley Wiltison					OTHER'S NA Neli	ME (First, Middle, Malden a Snyder	Surname)					
0 BE	19a. INFORMANT'S NAME (Type/Print)	estey Wil		b. MAILING	ADORESS (Str	eet and Nun			n. State Zip Coo	fe)				
۲	Cecelia Wiltison 112 Mullen Ave. Luke, Md. 21540													
	20a. METHOO OF OISPOSITION 1													
	4 Donation 5 Other (Specify)	CENSEE 7	-	Philo	os Ceme	etery	10	-8-91 We	sternp	ort, Md.				
	23. PART I. Enter the diseases, or	150	ral	2	Boa 111	al-Wa L Chu	rch S	Funeral H t. Western	port.	Md. 21562				
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evants resulting in death) LAST	b. DUE TO	(OR AS A CONSEC	OUENCE OF	VIA					Interval Be Onset and				
MEDICAL	PART II. Other significant condition URO SE DO Remail	death but not r	PERFORMED AWAIL COME 1 YES 2 NO DF DE						24b. WERE AUTOPSY FINE AMAILABLE PRIOR TO COMPLETION OF CAI OF DEATH? 1 YES 2 NO					
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	asen	ar	OTHER:	S. PLACE OF	DEATH (Ch	ock only one)	ОВли	the kung				
Ì Ì	1 YES 2 LAND 27. MANNER OF DEATH	1 Pinpatient 2 28a, OATE OF		DOA 28b. TIMI	4 - Nursing I	INJURY AT	Rasidenca	8 Other (Specify) 28d. DESCRIBE HOW I	Mark Cooling					
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, De	ny, Year)	INJ	URY	WORK?	. □ NO	200. DESCRIBE HOW I	NJUHY OCCURE	:0				
	3 Suicide 8 Could not be determined	28a. PLACE Of building,	F INJURY — At ho etc. (Specify)	me, farm, s	treet, factory, o	office		281. LOCATION (Street a City or Town, State)	and Number or R	ural Route Number,				
TE	29a. CERTIFIER (Check only 1 CERTIFVING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.													
→	one) 2 MEDICAL EXAMINI	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as st. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)												
TO BE COMPLETE	2 MEDICAL EXAMINI 29b. SIGNATURE AND TITLE OF CERTIFIE	rem	29b. SIGNATURE AND TITLE OF CERTIFIER											



3. TIME OF DEATH

4:45 PM

Theodore

Howard

Williams

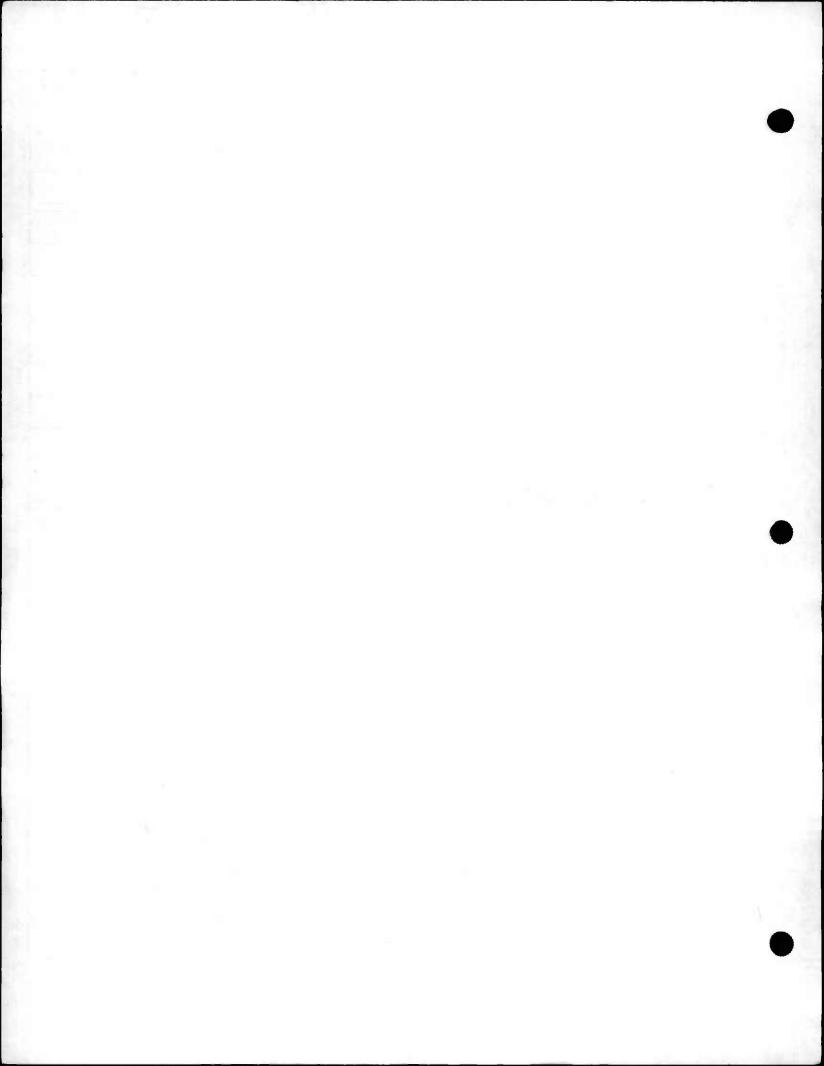
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28,

2. DATE OF DEATH MONTH Sept. 2

		2,	
BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	led in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 3, 2, 3 he filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1	4. SOCIAL SECURITY NUMBER 578-14-1342	5. SEX	6. AGE (In yrs. les		IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF Month, B	BIRTH gs Year)	0.1	BIRTHPLA	CE (State or Foreign
		1 X M 2 - F	70	YRS.						0,19			
~	9e. FACILITY NAME (If not institution, give a						OR LOCATI		ATH		9c. COUNT	Y OF DEATH	
0	17 Hyacinth Cour	t			G	aith	nersb	urg			Mon	tgome	ry
S	10e. STATE 10b. COUNT	Ÿ		10c. CI	ry, town	OR LOCA	TION					104	. INSIDE CITY
DIRECTOR		gomery			aith		1077						LIMITS?
A	10e. STREET AND NUMBER						. ZIP COD						COUNTRY?
FUNERAL	17 Hyacinth Cour		T EVER IN U.S. AS		1 40		2087					S.A.	
B	1 Never Married 2XXMarried 3 Wildowed 4 Divorced	FORCES?	YT EVER IN U.S. AR I ☑ YES 2 ☐ I MAR OR DATES II	40	- 1	If you, ap	PENDENT Concepts Cube	n, Mexica	IIC ORIGIN? (S n, Puerto Rica /:	Specify Yee in, atc.)	or No— 1	Black, Wi	American Indian, lite, etc. White
COMPLETED	15. DECEDENT'S EDL (Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5	+) (G	ive kind of Do NOT u	ise retired.)		ON ost of worki	ng			SINESS/INDUS	STRY	
₹ I		3	1 1:	nves	tor					nanc			
BE CO	17. FATHER'S NAME (First, Middle, Lest) Howard Williams								me (First, Midd y Wask		Sumeme)		
	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	G ADDRES	S (Street	and Numbe	or Rural	Route Number,	City or Town	n, Stata, Zip C	ode)	
유	Pearce B. Young		1	7 Hy.	acin	th C	t.,	Gait	hersbu	rg, l	MD 208	378	
	20e. METHOD OF DISPOSITION 1 1 Burlal 2 Cremation 3 Ren	noval from State	20b. PLACE					10	/3/91		CATION — CH		
	4 Donation 6 Other (Specify)	ceuses I	KOCK	cre		_							
100	1/10/60	11			- 1								Sons, Inc. C 20016
	23. PART I. Entar the diseases, or ahock, or heart failure.	complications the	at caused the da	ath. Do	not ente	r tha mo	oda of dv	ing. suc	h aa cardiac	c or read	ratory arres	it.	Approximata
TION	IMMEDIATE CAUSE (Final disease or condition resulting in daath) Sequentially list conditions, if any, leading to immediate	a. Cardi		OUENCE (OF):								Interval Between Onset and Death
CERTIFICATION	cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	OR AS A CONSE	OUENCE C	OF):								
	PART II. Other algnificant conditio	na contributing to	death but not	reaulting	In the u	nderlyln	Calise	alven In	Part I 24	Ia. WAS AN	ALITOPSV	24h WE	RE AUTOPSY FINDINGS
MEDICAL	Tym Happa v Renign Prospanic Nympetension	monoclona. Hyputtion	nly	pathy						PERFOR	MED?	COL	MLABLE PRIOR TO MPLETION DF CAUSE DEATH? YES 2 NO
AN:	- WINGLANT OF	1000 600	HIDALL 4	ast	9901	1110	M	15					
Ö	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE	26. P	LACE OF E	EATH (Ch	eck only one)				
YSI	1 TYES 2 NO	1 🗆 Inpetient 2	☐ ER/Outpatient 3	DOA	4 □ Nu	rsing Hor	ne 5 💢 R	eeldence	6 🗆 Other (S	Specify)			
BY PHYSI	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26a. DATE O (Month,	F INJURY Day, Year)	28b. Til	ME OF IJURY M	W	JURY AT ORK? YES 2 [□ NO	28d. DESCR	NBE HOW I	NJURY OCCU	IRED	
	3 Suicide a Could not be 4 Homicide determined	28e. PLACE building	OF INJURY — At he i, etc. (Specify)	ome, farm,	street, fac	ctory, offic	00			ON (Street li Town, State)	and Number o	r Rural Route	Number,
COMPLETED	enel enel	BICIAN: To the best of											d manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	Dhip Su	wind 1)				29c. LIC	H39X	MBER - M	در		SIGNED (MO	onth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON W	NO COMPLETED CAI	USE OF DEATH (ITE				D.	-	-1		D 000	050	
	Philip J. Schwar 31. DATE FILED (Morth, Day, Year) NCT 02 1	32. REGISTR	15225 AR'S SIGNATURE	Snad	y Gr	ove	Koad	, Ko	CKVILI	le, M	D. 208	850	



	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPART	TMENT OF H	EALTH AND DEATH	MENTA	L HYGIEN		2 1	4000		
	1. DECEDENT'S NAME (First, Middle, Last) Marion P.	Wolf	f				OF DEATH		3	. TIME OF DEATH 5:30 P		
	4. SOCIAL SECURITY NUMBER 277 62 2201	1 - M 2 24 F 90	(In yrs. last birthday) YRS.	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7 DATE	OF BIRTH (h, Day, Year)		Country)	ACE (State or Foreign Ohio		
IOR	90. FACILITY NAME (If not institution, give 9133 Vendome Driv			Bethes	da da			9c. COUNT	tgome			
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT Maryland Monto	y		town on Locatethesda	TION				- 1	Dd. INSIDE CITY LIMITS?		
FUNERAL	100. STREET AND NUMBER 9133 Vendome Driv	7e		101	20817			1 □ YES 2 ☑ 10g. CITIZEN OF WHAT COUNTRY? United States				
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR D	2 X NO	If yes, sp	ENDENT OF HISPA ecity Cuben, Mexic 2 NO Speci	an, Puarto	N? (Specify Yea Rican, etc.)		. RACE -	American Indian, White, atc.		
COMPLETED	15. DECEDENT'S EDL (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	18a. DECEDENT'S U (Give kind of we life. Do NOT use School	ork done during mo retired.)	DN st of working	C	hio Puschool	blic				
BE CO	17. FATHER'S NAME (First, Middle, Lest) Morris Perkin	ıs				Kenne	edy					
5	19a. INFORMANT'S NAME (Type/Print) David A. Wolff 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9133 Vendome Drive, Bethesda, Maryland 2081											
	20b. PLACE AND DATE OF DISPOSITION (Name of commeter), cremation 3 Gremoval from Stala 2 Donation 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE M00689 20b. PLACE AND DATE OF DISPOSITION (Name of commeter), crematory or other place) WestView Cemetery 10-05-91 Brunswi								mphr	nio ey Funera 7557		
CERTIFICATION	23. Part thus the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cardiec or respiratory arrest, heart feliure. List only one ceuse on each line. IMMEDIATE CAUSE (Fined disease or condition resulting in deeth) ———————————————————————————————————											
CAL	PART II. Other significent condition Cerebral Vascul		out not resulting in	the underlying	cause given in	Pert i.	24a. WAS AN / PERFORI 1 YES 2	MED?	OF	ERE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO		
PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 [X] YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outp		OTHER:	ACE OF DEATH (Ch							
ВУ РНУ	27. MANNER OF DEATH 1 X Natural 5 Pending 2 Accidant Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c, INJU	F 5 X Residence		r (Specify)	JURY OCCUR	IED			
	3 Suicide 8 Could not be determined	28e, PLACE OF INJURY building, etc. (Spec	28e, PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify)					281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLETED	29a. CERTIFIER (Check only one) 1 X CERTIFYING PHYSI 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER	CIAN: To the best of my know	ledge, death occurred n end/or investigation,	at the time, date	and place, and due ath occured at the 29c. LICENSE NUI	time, data	se(a) and menr	due to the c				
TO BE	30. NAME AND ADDRESS OF PERSON WH Fred A. Gill, M.I	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, P	Chevy	D 01119		and 20	▶ Sep		er 30, 19		
	31. DATE FILED (Month, Day, Year) OCT 01 91	1,32. REGISTRAR'S SICH		, chevy	chase, i	Har y	.ana z	.013	<u></u>			

(-1.)

3. TIME OF DEATH

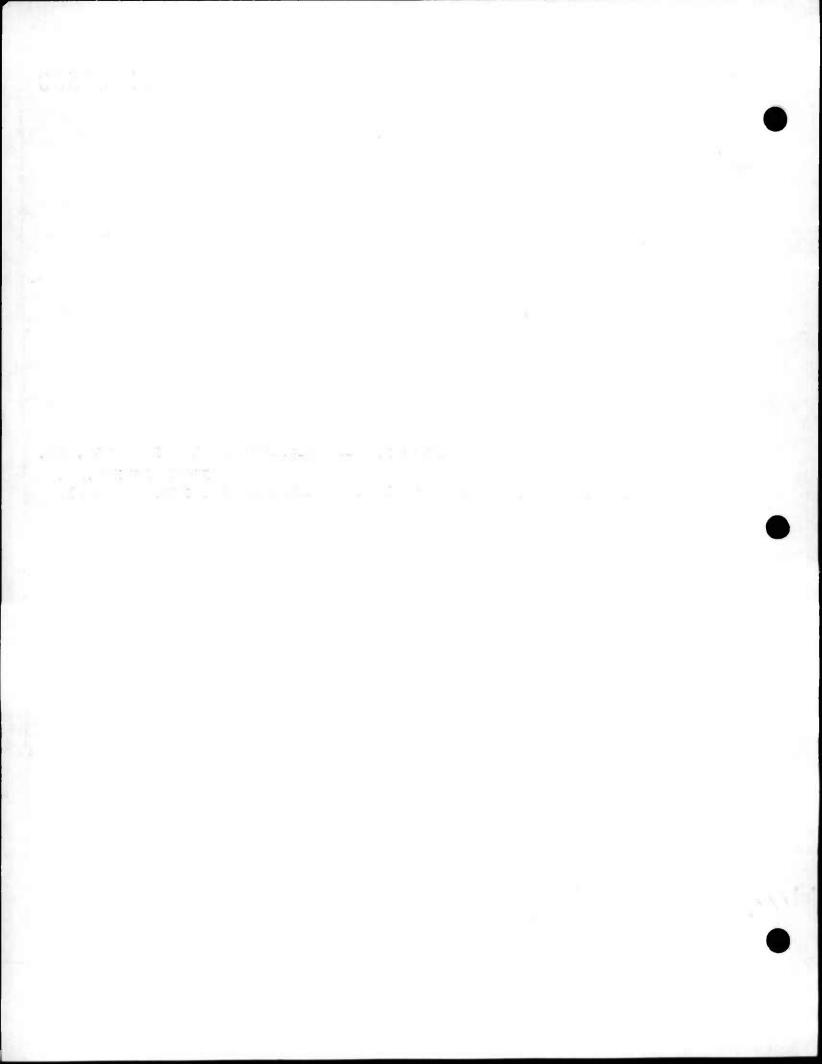
REG. NO

2. DATE OF OEATH

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

OCT 1 1991 YEAR AUSTIN SHERWOOD WISE 12:10 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign MONTHS DAVS HOURS 1 M 2 F 263-70-3051 YRS NOV 19 1944 FLORIDA 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF GEATH FUNERAL DIRECTOR 3 NATIONAL NAVAL MEDICAL CENTER BETHESDA MONTGOMERY RESIDENCE OF DECEDENT Pages 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY **ALABAMA** HOUSTON DOTHAN permit. TX YES 2 NO 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? use as the burial-transit 1807 FIELD CREST APARTMENTS 36301 hours after death. Page 6 may be retained by the hospital or attending physician. UNITED STATES 11. MARITAL STATUS 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuban, Maxican, Puarto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married BY 3 Widowed 4 Divorced Specify 1962 -1982 WHITE COMPLETED 16a. OECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 18b. KIND OF BUSINESS/INDUSTRY (Specify only highest be detached for Elementary/Secondary (0-12) 12 U. S. NAVY **DEFENSE** 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) notified at AUSTIN SHERWOOD WISE FLOREEN HAYSLIP should b 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 page 5 s SHARON L. WISE 1807 FIELD CREST APARTMENTS. DOTHAN. AL 36301 pe 20s. METHOD GE DISPOSITION
1 Surial 2-A Cremation 3 Removel from State
4 Donetion 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of must OATE 20c. LOCATION - City or Town, State director, CHAMBERS CREMATORY 10/3/91 RIVERDALE, MD. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY funeral SILVER SPRING, MD. filled in by the fi M00091 W. W. CHAMBERS CO. INC. 20910 medical 23. PART i. Enter the diseeses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximete ehock, or heart feliure. List only one ceuse on each line. intervai Between **IMMEDIATE CAUSE (Finel** the Onset and Death n and completely fille to burial, cremation, diseese or condition resulting in death) TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremati LEIOMYOSARCOMA event. DUE TO (OR AS A CONSEQUENCE OF) traumatic CERTIFICATION Sequentieily list conditions. if any, leading to immediate cause. Enter UNDERLYING OUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or Injury other that initisted eventa DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 6 PART II. Other aignificent conditions contributing to deeth but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS shows any AVAILABLE PRIOR TO COMPLETION OF CAUSE 1X YES 2 □ NO 1 YES 2 X NO Dept. PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL this certificate has with the State Dirked, or Item 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Dinpetlant 2 ER/Outpetlant 3 DOA 1 YES 2 X NO OTHER: 4 🗆 Ni te 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH marked, 28a. OATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. OEŞCRIBE HOW INJURY OCCURED 1 Natural 5 Pending ВҮ 1 YES 2 NO 2 Accident 28a. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicida 28 is 8 Could not be detarmined 60 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide COMPLET MPORTANT: If item 29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. E OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) ► 200T9 MA5753 (NJ) 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) NATIONAL NAVAL MEDICAL CENTER SHERIS. LT, MC, USNR BETHESDA, MD 20889-5000 32. BEGISTRAB'S SIGNATURE



3. TIME OF DEATH

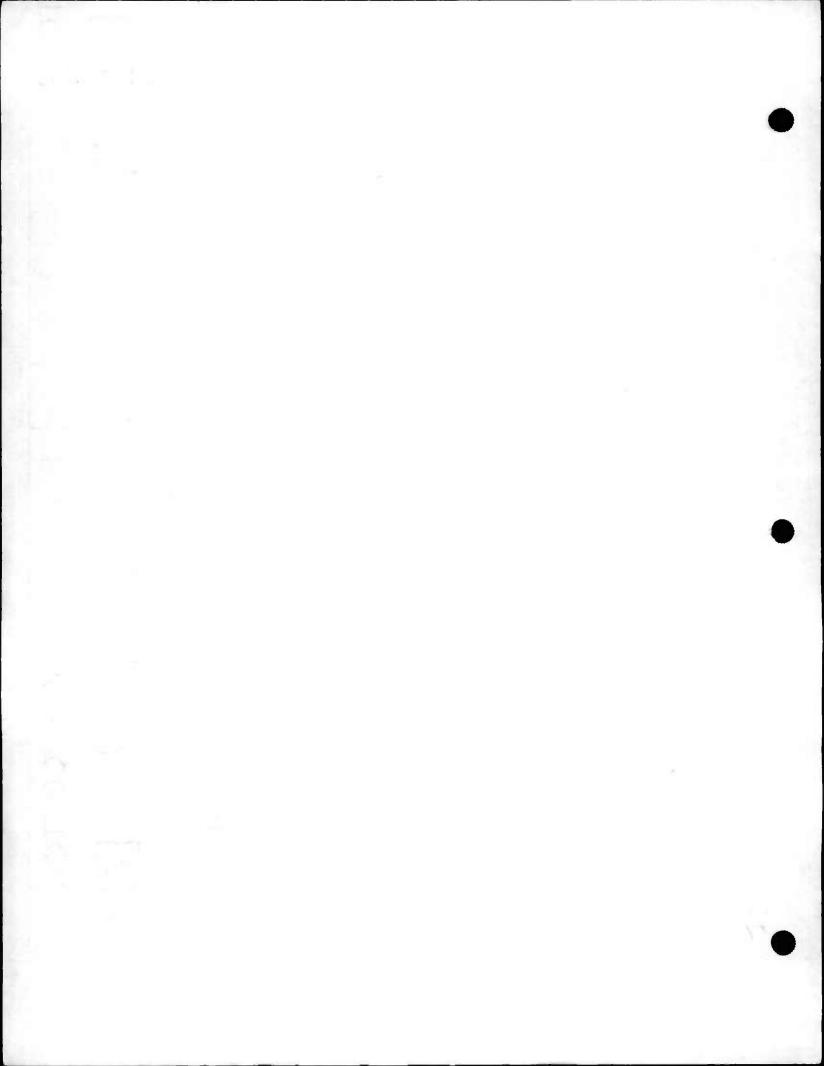
YEAR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fill be filled within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burfal, cremation	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	medical examiner must be notified at once.

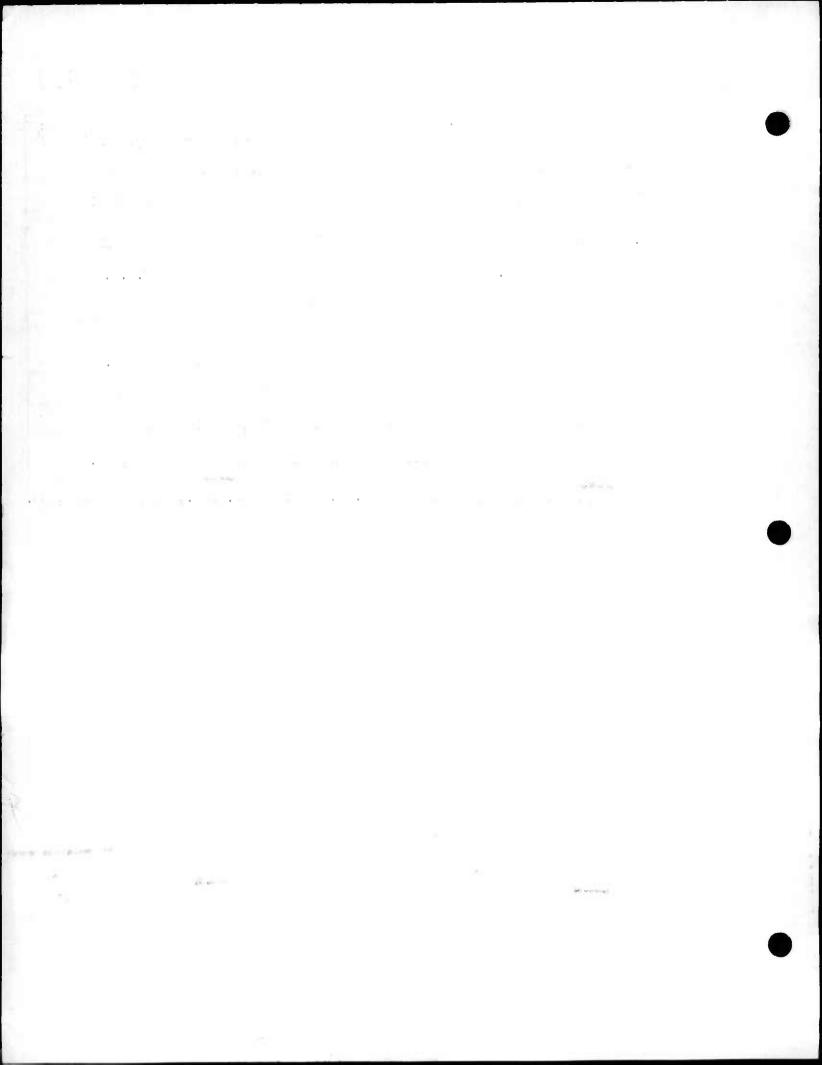
TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

Edna Hazel		Vickery		Ţ	Wool:	fende	n		Oc.t	- 2.	1991	YEAR	8:00 P M
4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. In			EN 1 YEAR	IF UNDER	24 HRS.	7 DATE OF	E BIRTH			LACE (State or Foreign
250-05-7463		1 M 2 F	79	YRS.						20, 1	912	Sout	h Carolina
9a. FACILITY NAME (If not institution, give street and number)						STY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH						ATH	
6422 Ridge I	6422 Ridge Drive Beth							nesda Montg					mery
-	Ob. COUNT	Y		10c. CI	TY, TOWN	OR LOCAT	ION						10d. INSIDE CITY
Maryland	Mo	ntgomery			Beth	iesda							LIMITS?
10e. STREET AND NUMBER		911 31				101.	ZIP COD	E			10g. CITI		HAT COUNTRY?
6422 Ridge I	rive							20	816			U.S	.A.
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorce	13	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify of the specify Cuban, Maxican, Puarto Rican, atc.) 1 YES 2 \(\bigcit \) NO Specify:					pa or No- 14. RACE — American Indian, Black, White, atc. Specify: White						
15. DECEO (Specify only h	ENT'S EDU	CATION completed)				OCCUPATIO		0.7	18b. K	CIND OF BUS	INESS/IND	USTRY	
Elementary/Secondary (0-12		College (1-4 or 5	+)	. Do NOT L	use retired.	.)							
12			Te	elegr	aph	Oper.	ator		W	ester	n Un	ion	
17. FATHER'S NAME (First, Midd									AME (First, Mic	ddle, Maiden	Sumame)		
John P. Vi		У					Li		Vicke				
19a. INFORMANT'S NAME (Type		(5)							Route Number				20070
Deborah Olip				_				ane,	Gait	_	0.		
20s. METHOD OF DISPOSITION X Burlel 2 Cremetion 4 Donation 5 Other (S	pecify)				In (POSITION Lemet	ery		10-5	Bre	ntwo		laryland
21. SIGNATURE OF FUNERAL	SERVICE LI	CENSEE	0		2	LOSED	h Ga	ss of fa wler	S So	ns. T	nc.	N.W.	
mia	Land	las in	elso			_	oseph Gawler's Sons, Inc. N.W. 130 Wisconsin Ave., Wash. D.C. 20016						
IMMEDIATE CAUSE (Fine) disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST													
PART II. Other significent	condition	ns contributing to	deeth but not	reaulting	j in the	undarlying	j ceuse	given in		24a. WAS AN PERFOR 1 YES 2	MED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:					ACE OF E	DEATH (C	heck only one)			
1 XYES 2 NO		1 - Inpatient 2		3 DOA	4 N	ursing Hom	• 5X R	aaldence	8 🗆 Other	(Specify)			
27. MANNER OF DEATH 1 Netural 5 Pe 2 Accident Im	F INJURY Day, Year)	26b. TI	WO	JURY AT 28d. DESCRIBE ORK? YES 2 NO			RIBE HOW I	IOW INJURY OCCURED					
3 Sulcide 8 Could not be detarmined 26e. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)									oute Number,				
conton only	AL EXAMIN						eath occu		e time, data a		d dua to th	he cause(a)	and manner as stated.
30. NAME AND ADDRESS OF F												1	
Marta A. Sci	hneid	ler, M.D.	, 5401 1	Mac A	Arth	ur B1	vd.,	NW,W	Vashin	gton.	D.C.	2001	6
OCT 07 'S	31		avidson-A	hadel	2								5.6
													DHMH-18 Ray 1/8

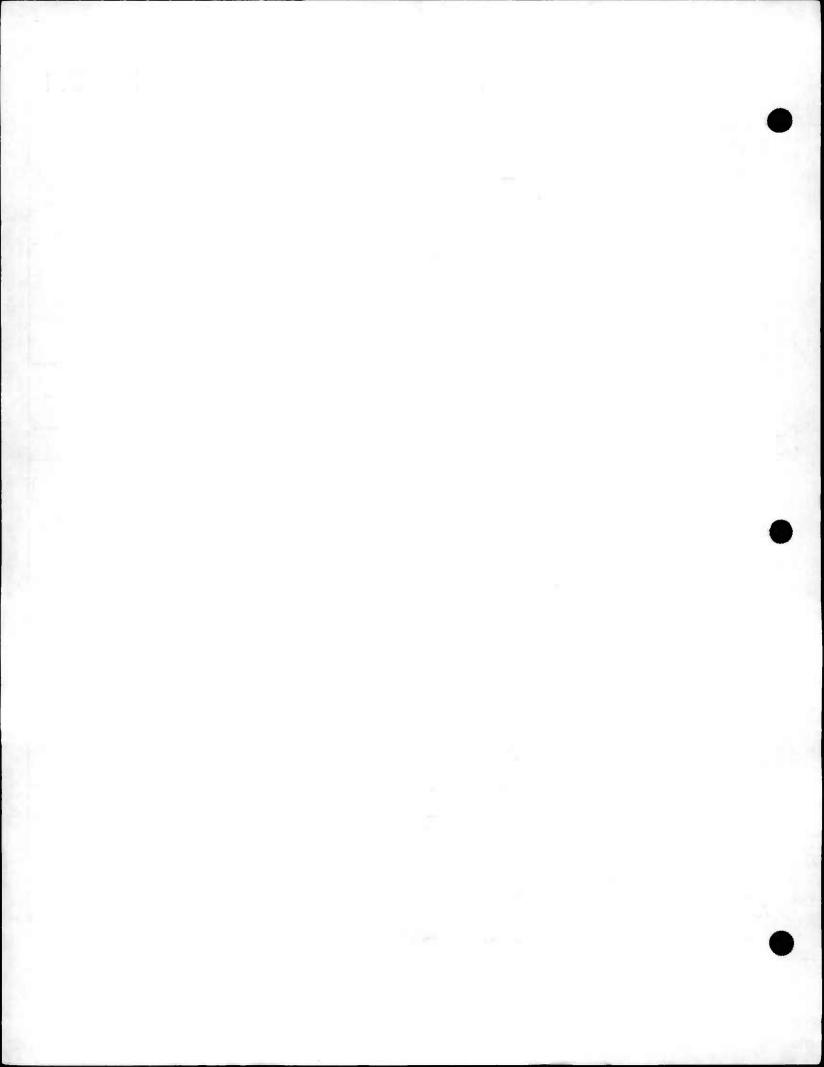


	_	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	AND / DEPAR CERTIF	TMENT OF H	HEALTH AND	MENTAL	HYGIENE REG. NO.	71 20090				
	1	1. DECEDENT'S NAME (First, Middle, Last) 305CPh		Visma	IAN		2. DATE O MONTH	OF DEATHLO 4/9.	YEAR 2 20 PM				
21215-0020 all or attending physician. for use as the burial-transit permit. Pages 1, 2, 3 should ETED BY FUNERAL DIRECTOR	2)	4. SOCIAL SECURITY NUMBER 223-16-1905 90. FACILITY NAME (If not institution, give st	1X M 2 D F 71	(In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF DE	7. DATE OF (Month)	Day, Year) E 1, 1917	8. BIRTHPLACE (State or Foreign, Country) OHIO				
	CTOR	SUBURBAN HOS	SPITAL			ETHESDA	EAIn	11	TY OF DEATH NTGOMERY				
		MD. 106. COUNTY MD. MONT	Y PGOMERY	10c. CITY		SINGTON		10d. INSIDE CITY LIMITS? 1 KYES 2 NO					
	JNERA	9808 OLD SPR		2004		20895		υ	I.S.A.				
	B	1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 ☐ YES IF YES, GIVE WAR OR OAT	2 X NO	Il yee, spi	CENDENT OF HISPAN Decity Cuben, Maxice 5 2 NO Specify	n, Puerto Ric	14. RACE — American Indian, Black, White, etc. Specify:					
21 for u	PLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementery/Secondary (0-12)	CaTION completed) College (1-4 or 5+)	Ille. Do NOT use	vork done during mo: e retired.)	DN ost of working	18b. K	KIND OF BUSINESS/INDU	STRY				
	COMP	17. FATHER'S NAME (First, Middle, Last)		DAJ	LESMAN	18. MOTNER'S NA	ME (First, Mic	INSURANC	E CO.				
RYL ned by ti	ا س ا <i>ه</i>	JAMES 190. INFORMANT'S NAME (Rene/Bring)	BLAINE			MAF	RY H	ESTER FR	RAVEL				
	TO BE	199. INFORMANT'S NAME (Type/Print) I.ARRY WISMAI		PO I	BOX 190) , SEQU		r, City or Town, State, Zip CIASHINGTON,					
ALTIMORE, leath. Page 6 may be funeral director, page		20e. METNOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remo		PLACE AND DATE OF etery, crematory or oth CHAMBET		eme of	DATE 0/7/9	20c. LOCATION — CI	ity or Town, State				
- 0-	examiner must	21. SIGNATURE OF FUNERAL SERVICE LICE	ambered	M00091	W. W.	OCHAMBER	20910 RS CO. INC SILVER SPRING. MD						
records, P.O. BOX 68760, equires that the death certificate be executed within 24 hours aft en signed by the attending physician and completey filted in by of Health and Mental Hyglere prior to burial, cremation, or remo	or other traumatic event, the ERTIFICATION	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or reapiratory arrest, ehock, or heert failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
	23 snows any injury AN: MEDICAL C	PART II. Other significant conditions	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO										
SICIAN: The la certificate has the State De	SIC!		HOSPITAL:		OTHER:	ACE OF DEATN (Che							
After the death v	BY PHY	27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	INJURY 28b. TIME OF 28c. INJURY AT				a () Other (Specify) 28d. DE\$CRIBE HOW INJURY OCCURED					
		3 Suicide 8 Could not be 4 Homicide datermined	28e. PLACE OF INJURY — A1 home, ferm, atreet, factory, office building, etc. (Specify)				281. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
N N N	= 🔄	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner se stated. MEDICAL EXAMINER: On the basic of exemination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) end menner se stated.											
TO THE HOSPI TO THE FUNE De filed within	TO BE	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Year) (0 44 44 44 44 44 44 44 44 44 44 44 44 44											
6		31. DATE FILED (Month, Day, Year) OCT 07 '91	SE REGISTRAR'S SIGNAT	William en Trypo, P	108A	XSICHAN	u LA	H Docuvi	100 MD 20800				



DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	ours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	redical examiner must be notified at once.

	AGE (In yrs. lest	YRS.	F UNDER 1 YEA	A HOURS	24 HRS. 7. MIN.	Oct. DATE OF BIRTH (Month, Day, Year) 06 23		BIRTHPLACE (State or Foreign Country)
1 XM 2 F		YRS.	MONTHS DAY	A HOURS		(Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
Drive			9b. CITY, TOV				09	TY4 1-
YTAL				VN OR LOCATI	ON OF DEATH		9c, COUNTY	Utah OF DEATH
YTAL			Ret	hesda			Mont	
							1 Mont	gomery
ontgomery		10c. CITY,	TOWN OR LO	CATION				10d. INSIDE CITY LIMITS?
		Bet	hesda					1 YES 2 NO
				10f. ZIP COD	E		10g. CITIZEN	OF WHAT COUNTRY?
Drive				208	16		U	S A
FORCES? 1	YES 2 X N	MED IO	If yes	, specify Cube	en, Mexican, P	ORIGIN? (Specify Y verto Ricen, etc.)	es or No- 14.	RACE — American Indian, Black, White, etc. Specify: WHITE
	16a. DE	CEDENT'S U	JSUAL OCCUP	PATION		18b. KIND OF B	USINESS/INDUS	TRY
	(Gi	ive kind of wo Do NOT use	ork done during retired.)	g most of world	ng	TI-dead	Chaha	
3	A	dmini	istrat	or		United	states	s Government
				_	HER'S NAME	(First, Middle, Maide	n Sumama)	
nard William	ns			I.a	vinia	Larkin		
		b. MAILINO	ADDRESS (Str				own, State, Zio Co	ode)
2								
					cre.			0816
Removal from State	of cemetary.	crematory of	or other place		j			
E LICENSEE	Dalt	_ьаке	20 NAM	Cemet	ery	10/51 S	alt Lak	e City, UT
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161	22/0	Lon	5130) Wisc	onsin	Ave, NW,	Washing	ton, DC 20016
C								
4								
				lying cause	given in Pa	PERF	ORMED?	24b. WERE AUTOPSY FINOID AWAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
AE.			2	6. PLACE OF	DEATH (Check	only one)		
HOSPITAL:	R/Outnetlant 2	□ DOA	OTHER:					
							V INJURY OCCUR	RED
(Month, Day,	Year)	INJU	URY	WORK?	100	Dayonibe not		
ion	NJURY - At he	me ferm =				H LOCATION /S-	of and Alimhas	Rural Route Number,
28a PLACE OF	c. (Specify)					City or Town, Sta	te)	real reals rullius,
28e. PLACE OF i building, et								
HYSICIAN: To the best of m								
HYSICIAN: To the best of m				on, death occu		ne, date and placa,	and due to the o	
HYSICIAN: To the best of m				on, death occu	ered at the tim	ne, date and place,	and due to the d	cause(s) and manner as state
HYSICIAN: To the best of m	mination and/or	Investigation	n, in my opini	on, death occu	ared at the tim	ne, date and place,	and due to the d	SIGNED (Month, Day, Year)
HYSICIAN: To the best of m	OF DEATH (ITE	Investigation	n, in my opini Print)	29c. LIC	cense number	ne, date and place,	29d. DATE S	BONED (Month, Day, Year)
	FORCES? 1 IF YES, GIVE WARR EDUCATION rade completed) College (1-4 or 5+) 3 nard William Removal from State E LICENSEE Or complications that course. Metast DUE TO (0 d. DUE TO (0 d. Ctive pulmo	FORCES? 1 YES 2 No IF YES, GIVE WAR OR DATES EDUCATION rade completed) College (1-4 or 5+) 3 Pard Williams Completed of cemelary Salt ELICENSEE Or complications that caused the deare. List only one cause on each line. Metastatic C. DUE TO (OR AS A CONSECT. DUE TO (OR AS A CONSECT. C. OUE TO (OR AS A CONSECT. C. CITIVE pulmonary d: HOSPITAL:	EDUCATION rade completed) College (1-4 or 5+) 3 Admin: Admin: Admin: Admin: Admin: Admin: Admin: Admin: Admin: Admin: Admin: Admin: Beamoval from State Cob. PLACE AND OATE of cemetary, crematory. Salt Lake Fall Carcin Due to (or as a consequence of the conseque	FORCES? 1 VES 2 NO If yes If yes IF YES, GIVE WAR OR DATES EDUCATION Practice completed) College (1-4 or 5+) 3	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO NOT use retired.) College (1-4 or 5+)	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 MO 1 YES 2 MO 1 YES 2 MO 1 YES 2 MO Specify:	12. WAS DECEDENT EVER IN U.S. ARMED PORCES? 1 VES 2 MO IF YES, GIVE WAR OR DATES EDUCATION TO Specify: The YES, GIVE WAR OR DATES 16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working like. Do NOT use retired.) Administrator 18. MOTHER'S NAME (First, Middle, Maldet) Lavinia Larkin 19b. MAILINO ADDRESS (Street and Number or Parial Route Number, City or R 5605 Ontario Circle. Bethesda 20b. PLACE AND OATE OF DISPOSITION (Name of Content of Company, commistory or other place) Salt Lake City Cemetery 10/5 S ELICENSEE 20b. PLACE AND OATE OF DISPOSITION (Name of Content of Company, commistory or other place) Salt Lake City Cemetery 10/5 S TO ME AND APPRESS (Street and Number or Rural Route Number, City or R 5605 Ontario Circle. Bethesda 20c. to Company, commistory or other place) Salt Lake City Cemetery 10/5 S TO ME AND APPRESS (SET AND APPRESS) OF EASTH ON SONS, 5130 Wisconsin Ave, NW, Or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or real research. List only one cause on each line. Metastatic carcinoma of colon DUE TO (OR AS A CONSEQUENCE OF): a. DUE TO (OR AS A CONSEQUENCE OF): d. Ritiona contributing to deeth but not resulting in the undarlying cause given in Part I. 24e. WAS, PERF 1 YES ALL HOSPITAL: 1 Impatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Xesidence 6 Other (Specify)	12. WAS DECEDENT EVER IN U.S., ARMED PROPERTY OF HISPANIC ORIGIN? (Specify Yea or No 14 Pee, specify Chan, Marican, Puerfo Rilean, etc.) 14 Pee, specify Chan, Marican, Puerfo Rilean, etc.) 14 Pee, specify Chan, Marican, Puerfo Rilean, etc.) 14 Pee, specify Chan, Marican, Puerfo Rilean, etc.) 14 Pee, specify Chan, Marican, Puerfo Rilean, etc.) 14 Pee, specify Chan, Marican, Puerfo Rilean, etc.) 15 Pee, specify Chan, Marican, Puerfo Rilean, etc.) 15 Pee, specify Chan, Marican, Puerfo Rilean, etc.) 16 Pee, specify Chan, Marican, Puerfo Rilean, etc.) 16 Pee, specify Chan, Marican, Puerfo Rilean, etc.) 16 Pee, specify Chan, Marican, Puerfo Rilean, etc.) 16 Pee, specify Chan, Puerfo Rilean, etc.) 17 Pee, specify Chan, Puerfo Rilean, etc.) 18 Pee, specify Chan, Puerfo Rilean, etc.) 18 Pee, specify Chan, Puerfo Rilean, etc.) 18 Pee, specify Chan, Puerfo Rilean, etc.) 18 Pee, specify Chan, Puerfo Rilean, etc.) 18 Pee, specify Chan, Puerfo Rilean, etc.) 18 Pee, specify Chan, Puerfo Rilean, etc.) 18 Pee, specify Chan, Puerfo Rilean, etc.) 18 Pee, specify Chan, Puerfo Rilean, etc.) 18 Pee, specify Chan, Puerfor Rilean, etc.) 18 Pee, specify Chan, Puerfor Rilean, etc.) 18 Pee, specify Chan, Puerfor Rilean, etc.) 18 Pee, specify Chan, Puerfor Rilean, etc.) 18 Pee, specify Chan, Puerfor Rilean, etc.) 18 Pee, specify Chan, Puerfor Rilean, etc.) 18 Pee, specify Chan, Puerfor Rilean, etc.) 18 Pee, specify Chan, Puerfor Rilean, etc.) 18 Pee, specify Chan, Puerfor Rilean, etc.) 18 Pee, specify Chan, Puerfor Rilean, etc.) 19 Pee, specify Chan, Puerfor Rilean, etc.) 19 Pee, specify Chan, Puerfor Rilean, etc.) 19 Pee, specify Chan, Puerfor Rilean, etc.) 19 Pee, specify Chan, Puerfor Rilean, etc.) 19 Pee, specify Chan, Puerfor Rilean, etc.) 19 Pee, specify Chan, Puerfor Rilean, etc. 19 Pee, specify Chan, Puerfor Rilean, etc.)



TO BE COMPLETED BY FUNERAL DIRECTOR

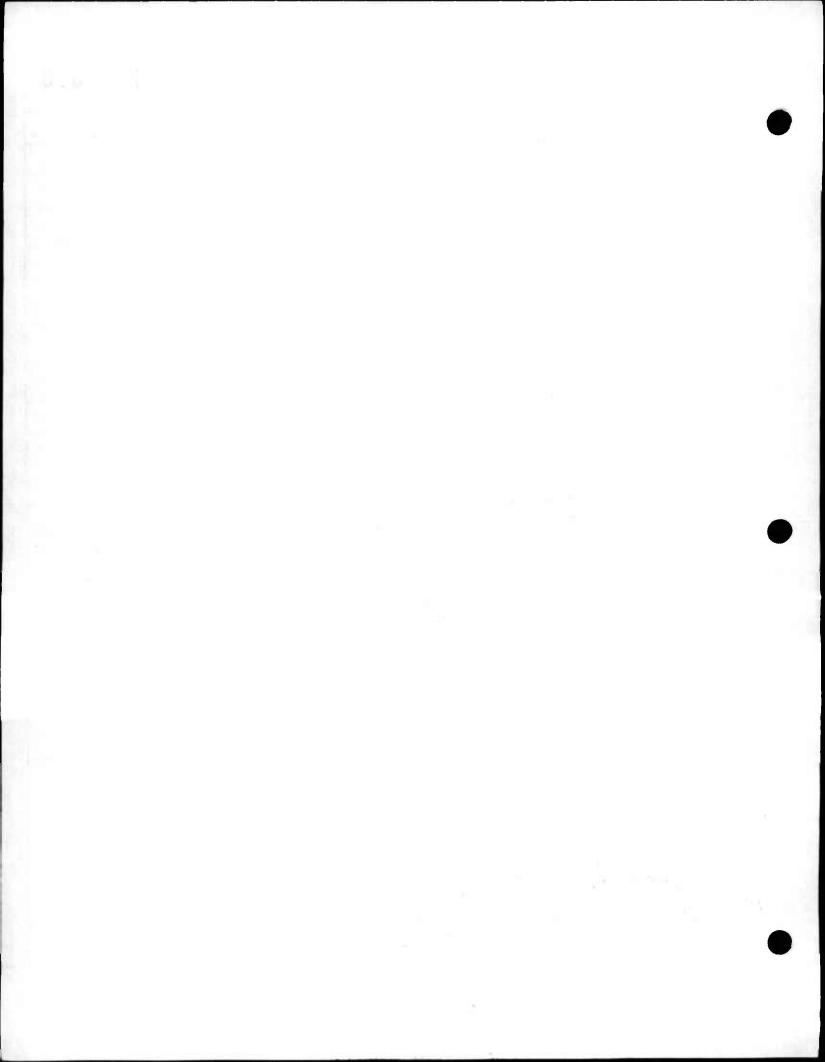
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FUNE	within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	TTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be not

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1. DECEDENT'S NAME (Firs					ICATE OF				REG. NO.			
	t, Middle, Last)							2. DATE OF				3. TIME OF DEATH
450007		MARTIN I	WONG					Oct.	3,199	1 4	YEAR	0029
4. SOCIAL SECURITY NUM			6. AGE (In yrs. less	t birthday)	IF UNDER 1 YEAR	IF UNDER		7. DATE OF	BIRTH			PLACE (State or Foreign
212-52-118		1 X M 2 🗆 F	81	YRS.	MONTHS DAYS	HOURS	MIN.	June	1, 19	10	Country	China
9a. FACILITY NAME (If not is	nstitution, give stre	et and number)			9b. CITY, TOWN	OR LOCATE	ON OF DE			9c. COUN	TY OF DE	
SUBURBAN HOS		100			BETHES	DA				MONT	GOME	RY
RESIDENCE OF DE	10b. COUNTY			ton CITY	Y, TOWN OR LOCA				1/			
TARYLAND		COMERY	92	100								10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER	-	- SOMEKI		Chr	EVY CHAS	L ZIP CODE	10					1 X YES 2 NO
3524 HAMLET	P DI ACE									10g. CITtZ		HAT COUNTRY?
11. MARITAL STATUS		12. WAS DECEDENT	EVER IN U.S. ARI	MED		0815	E HICDAN	IC ORIGIN? (S	1			ina
Never Married 2 2 3 Dive	Married	FORCES? 1 [IF YES, GIVE WA	YES 2 YN	o	If yes, sp	ecify Cuba 2X NO	n, Maxica	n, Puarto Rica	in, atc.)	No-	Black, Specify	- American Indian, White, atc.
15. DEC	CEDENT'S EDUCA by highest grade co	TION			USUAL OCCUPATI			16b, KII	ND OF BUSIN	ESS/INDU	ISTRY	Olicheal
Elementary/Secondary (College (1-4 or 5+)	(Gh	Do NOT us	vork done during me e retired.)	ost of workin	ng .					
		5	DIE	LOMA	T- REP.	of (CHINA	A D	IPLOM	ATTC	COR	P.
7. FATHER'S NAME (First, M	fiddle, Last)							ME (First, Midd		-	0010	
9a, INFORMANT'S NAME (Type/Print)		19b	MAILING	ADDRESS (Street	and Number	or Rural F	loute Number,	City or Town,	State, Zip (Code)	
Yung Wong		on)	2	9 A1	den Roa	d, Gr	eenv	rick,	Conne	cticu	ut O	6831
De. METHOD OF DISPOSIT	on 3 🗆 Remove	al from State	20h PLACEA	NDDATEO	E DISPOSITION /N	ame of		DATE	200 1 000	TION O		
☐ Donation 5 ☐ Other			Lambe	rt's	Cove C	emete	ry	10-5	Marti	ha's	Vin	eyard, Mas
1. SIGNATURE OF FUNERA	L SERVICE LICEN	ISEE	. ^		22. NAME A	ND ADDRES	SS OF FAC	YTLIK				
Mile	Mars	08/1	ho Da.					s Son				0016
3. PART I. Enter the d	iseasea, or cor	mplications that	caused the dea	th. Do n	ot anter tha mo	da of dyi	ng, such	as cardiac	Dr respirat	Dry stra	at.	Approximate
anock, or h MMEDIATE CAUSE (Fir	eart islidie. Lit	nt only one cause	on aach iine.							,	,	Interval Between
lisease or condition		MYNCA	DOIL		NEAD		- 1					Unset and Del
sourcing in death)	a.		NU INA			1	2 0 1					
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	lons, diate	DUE TO (O	SCLERATION AS A CONSECUTION AS A CONSECU	UENCE OF	CARDIO	VEC	i NUN	HR :	DISE	760	سي	NOTE INDEF
sny, leading to imme- ause. Enter UNDERLY	ing	DUE TO (O	OR AS A CONSEO SCLERATION OF AS A CONSEON	UENCE OF	CARDIO	VEC	NUM	K :	DISE	360		INDEF
l sny, leading to imme ause. Enter UNDERLYi CAUSE (Disease or inju hat initiated events	ing c.	`	OR AS A CONSECUTOR AS A CONSEC		,	VEC	i VLA	the :	DISE	B6 (INDEF
f any, leading to imme- cause. Enter UNDERLY CAUSE (Disease or inju- hat initiated events	ing c.	`			,	VKC	i VLA	the 3	DISE	AS C		ACUTE INDEF
I sny, leading to imme- ause. Enter UNDERLYI AUSE (Disease or inju hat initiated events eaulting in death) LAS	ing c.	DUE TO (O	R AS A CONSEO	UENCE OF):							
sny, leading to imme- ause. Enter UNDERLY AUSE (Disease or inju- hat initiated events eaulting in death) LAS	ing c.	DUE TO (O	R AS A CONSEO	UENCE OF):			Part I. 24e	. WAS AN AU	TOPSY ED?	24b, 1	WERE AUTOPSY FINDING
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I sny, leading to imme- ause. Enter UNDERLY! AUSE (Disease or inju- hat initiated events eaulting in death) LAS ART II. Other eignifica	T d.	DUE TO (O	R AS A CONSEO	UENCE OF	n the underlying	g cause g	ilven in I	Part i. 24e	. WAS AN AU	TOPSY ED?	24b. \	WERE AUTOPSY FINDING AAIL ABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
siny, leading to immeause. Enter UNDERLYI AUSE (Disease or injuntational initiated events securiting in death) LAS ART II. Other significations was case referred to EXAMÍNER?	ont conditions of the conditio	DUE TO (O	eath but not re	VENCE OF	n the underlying	g cause g	ilven in I	Part I. 244	PERFORME YES X	TOPSY ED?	24b. \	WERE AUTOPSY FINDING: AAIL ABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
I sny, leading to immeause. Enter UNDERLY! AUSE (Disease or injunt initiated events eaulting in death) LAS ART II. Other significations. S. WAS CASE REFERRED TO EXAMINER? YES 2 NO	ont conditions of the conditio	DUE TO (O	eath but not re	DENCE OF	26, PL OTHER:	g cause g	ilven in I	Part i. 244	PERFORME YES X	TOPSY 50?	246.	WERE AUTOPSY FINDING: AAIL ABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
I any, leading to immeause. Enter UNDERLY! AUSE (Disease or injunt initiated events eaulting in death) LAS ART II. Other eignifications. WAS CASE REFERRED TO EXAMINER? YES 2 NO MANNER OF DEATH Natural 5	ont conditions of the conditio	DUE TO (O	R AS A CONSECUENT OF THE PROPERTY OF THE PROPE	VENCE OF	26. PL OTHER: 4 □ Nursing Hom OF 28c. INJ	g cause g	EATH (Checalderical (Checalderica) (Part i. 24e 1 [ck only one) 5 Other (Sp 28d. DESCRII	PERFORME YES X Decity) BE HOW INJU	TTOPSY ED?	246.	WERE AUTOPSY FINDING: AAIL ABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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smy, leading to immeause. Enter UNDERLYI AUSE (Disease or injunt initiated events eaulting in death) LAS ART II. Other eignifications are several initiated events eaulting in death) LAS ART II. Other eignifications are several initiated events are several initiated events. Authoritist are several initiated events are several initiated events are several initiated events. Accident are several initiated events are several initiated events are several initiated events. Accident are several initiated events are several initiated events are several initiated events. Accident are several initiated events are several initiated events are several initiated events. Accident are several initiated events are several initiated events are several initiated events. Accident are several initiated events are several initiated events are several initiated events. Accident are several initiated events are several init	O MEDICAL Pending Investigation Could not be determined	DUE TO (O	RAS A CONSECUTION OF THE PROPERTY OF THE PROPE	DOA 26b. TIME 18/JU 230(16, farm, st	28, PL OTHER: 4 Nursing Hom OF 28c. INJ RY WO I Toreet, factory, officed at the time, date	ACE OF DE	EATH (Checaldence of No	Part I. 244 1 [ck only one) 3 □ Other (Sp 28d. DESCRII COLL 26f. LOCATIO City or To	PERFORME YES X YES X Occity) BE HOW INJU AFS E IN (Street and wm, State)	JRY OCCU Number or If I constitute in the state of the	RED AT Aural Roo	WERE AUTOPSY FINDING MAIL ABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? I YES 2 NO HOME Ute Number,
smy, leading to immeause. Enter UNDERLYI AUSE (Disease or injuntational initiated events equiting in death) LAS ART II. Other eignifications and initiated events equiting in death) LAS ART II. Other eignifications are initiated events equiting in death) LAS ART II. Other eignifications are initiated events are initiated events are initiated events. ART II. Other eignifications are initiated events are initiated events are initiated events. Are initiated events are initiated events are initiated events are initiated events. Are initiated events are initiated events are initiated events are initiated events are initiated events. Are initiated events are initiated events are initiated events are initiated events are initiated events. Are initiated events are initiated events are initiated events are initiated events. Are initiated events are initiated events are initiated events. Are initiated events are initiated events are initiated events. Are initiated events are initiated events are initiated events. Are initiated events are initiated events. Are initiated events are initiated events are initiated events. Are initiated events are initiated events are initiated events. Are initiated events are initiated events are initiated events. Are initiated events are initiated events are initiated events are initiated events. Are initiated events are initiated events are initiated events are initiated events are initiated events. Are initiated events are initiat	O MEDICAL Pending Investigation Could not be detarmined TFYING PHYSICIA CCAL EXAMINER:	DUE TO (O	RAS A CONSECUTION OF THE PROPERTY OF THE PROPE	DOA 26b. TIME 18/JU 230(16, farm, st	28, PL OTHER: 4 Nursing Hom OF 28c. INJ RY WO I Toreet, factory, officed at the time, date	ACE OF DE	EATH (Checaldence of No	Part I. 244 1 [ck only one) 3 □ Other (Sp 28d. DESCRII COLL 26f. LOCATIO City or To	PERFORME YES X YES X Occity) BE HOW INJU AFS E IN (Street and wm, State)	JRY OCCU Number or If I constitute in the state of the	RED AT Aural Roo	WERE AUTOPSY FINDING MAIL LABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
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Y YES 2 NO MANNER OF DEATH Natural 5 2 Accident Suicide 6 4 Homicide Check only one) D. SIGNATURE AND TITLE	O MEDICAL Pending Investigation Could not be determined CAL EXAMINER:	DUE TO (O CONTributing to de COSPITAL: Inputant 2 2 2 26a. DATE OF IN (Month, Day 26a. PLACE OF I building, std	eath but not re	DOA 29b. Time INJU 2 300 th occurred to oc	26. PL OTHER: 4 Nursing Hom OF 26c. INJ BY WO 1 1 1	G cause g ACE OF DE 5	EATH (Checaldence to NO and due to the total tot	Part i. 244 1 [ck only one) 3 □ Other (Sp 28d. DESCRII COLL 28f. LOCATIO City or 76 to the ceuse(se)	PERFORME YES X Decity) BE HOW INJU AFS E IN (Street and wwn, State) and menner place, end decided.	JRY OCCU Number or r se stated tue to the c	PRED ATT Purel Roo Cause(a)	WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? I YES 2 NO HOME ute Number,
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getra in

	1 - STATE REGISTRAR	STATE OF MAR	YLAND / DEP/ CERTI	RTMENT OF	F HEALTH AND OF DEATH	MENT	AL HYGIEN REG. NO.	E	1	20000	
1	1. DECEDENT'S NAME (First, Middle, La	Roberta	Wasser			MON			YEAR	3. TIME OF DEATH	
1	4. SOCIAL SECURITY NUMBER		GE (In yrs. last birthda	y) IF UNDER 1 YE	AR F UNDER 24 HRS.	2 DAT	cober 5			6:45 pm	
	578-62-1883	1 🗆 M 2 🔭 F	83 YRS	MONTHS DA	YS HOURS MIN.	se]	otember 28, 19	08	Country	nsylvania	
c ;	9e. FACILITY NAME (If not institution, gi	_		96. CITY, TO	WN OR LOCATION OF						
בטוסשעוט	RESIDENCE OF DECEDENT				Bethesd	a				Montgomery	
!	106. STATE 10b. COL		10c, C	CITY, TOWN OR LO					10d. INSIDE CITY LIMITS?		
	10e. STREET AND NUMBER	Montgomery			Bethe 101. ZIP CODE	sda		10g. CITIZI		AT COUNTRY?	
	5101 Ridgefie				208	16		Un	ited	States	
	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	ES 2X XNO	If yes	DECENDENT OF HISP t, specify Cuben, Mexi YES 2 NO Specific	cen, Puerte	IN? (Specify Yee Rican, etc.)	or No-	4. RACE -	- American Indian, White, stc.	
	15. DECEDENT'S E (Specify only highest gr	DUCATION ade completed		'S USUAL OCCUP of work done during		10	b. KIND OF BUS	SINESS/INDU	STRY	White	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT	use retired.)							
	17. FATHER'S NAME (First, Middle, Last)	4	He	omemake		10105 (5/	44.4	Own 1	Home		
	Robert	C. Boak			ie. MOTHER S	VAME (F#St	Middle, Maiden Joseph		2 2 2 2		
	t9e. INFORMANT'S NAME (Type/Print)		19b. MAILIF	NG ADDRESS (Str	eet end Number or Rure	Il Route Nu	mber, City or Town	n, State, Zip C	Code)		
	Barbara Vo		27 (Grove Ri	dge Cour	t Roc	kville				
	1 Buriel 2 Cremation 3 R	emovat from State	20b. PLACE AND DAT cemetary, crematory of	other place)	tober 8,	1991	TE 20c. LO	CATION — CI		,	
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	Parklawr	T AMO ADDOCTOR OF T	TOOM VIIIC I						
	1 Many	2 1/4	M0033	Robe	ert A. Pur nesda-Chev	mphre vy Ch	y Fune:	ral Ho nc. 75	ome/	Wisconsin	
RIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO JOR A	S A CONSEQUENCE	esecurice or:							
	that initiated eventa resulting in death) LAST PART II. Other algnificant condit	d			ying cause given i	n Part I.	24e. WAS AN PERFORI	MED?	0	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION OF CAUSE IF DEATH? YES 2 NO	
	25. WAS CASE REFERRED TO MEDICAL										
	EXAMINER? 1 YES 2XXND	HOSPITAL:	estrations 3 PA	OTHER:	PLACE OF OEATH (C	,					
	27. MANNER OF DEATH	28e. DATE OF INJUR (Month, Day, Yea	Y 28b. TI		iome 5 - Residence	7	er (Specify) SCRIBE HOW IN	JURY OCCU	RED		
•	12XNatural 5 Pending 2 Accident Investigatio	n		M 1[WORK? YES 2 NO						
	3 Suicide 8 Could not to determined	28e. PLACE OF INJU building, etc. (S	RY — At home, ferm. pecify)	, street, factory, o	ffice	28f. LOI City	CATION (Street er or Town, State)	nd Number or	Rural Rou	ite Number,	
COMPLE	29e. CERTIFIER (Check only one) 1 XXCERTIFYING PH	YSICIAN: To the best of my kn NER: On the basis of examina	owledge, death occur tion end/or investigat	rred at the time, d	late and place, and du	e to the ca	use(e) end men	ner ee stated	couse(e) e	nd manner on stated	
	256 SIGNATURE AND TITLE OF CERTIF	IEA .	TONY	01	29c. LICENSE NU					fonth, Day, Year)	
	John B.	Said MD	1811-	eligg	10493			N		6, 1991	
	John S. Saia M.D			- 4	ille, Mar	vlanc	1 20851				
	SI. DATE FILED (Month, Day, Year)	12. REGISTRAR'S SIL	GNATURE		,						
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1 - STATE REGISTRAR		CE	RTIFICATE	OF DEATH	_	REG. NO.			
1. OECEDENT'S NAME (First, Middle Albert	Sol	Wo	loch		MONT 9	30	> 9	YEAR	7:00 F
4. SOCIAL SECURITY NUMBER 577-03-0113	5. SEX 1 X M 2 F	8. AGE (In yrs. lest i	YRS. MONTHS	1 YEAR IF UNDER 24 HE DAYS HOURS MI	(Mont	OF BIRTH h, Day, Year) 2-1903		Country)	ACE (State or Foreign
90. FACILITY NAME (If not institution HOLY CROSS HO				TOWN OR LOCATION O			9c. COUNT		
	COUNTY		10c. CITY, TOWN O						d. INSIDE CITY
100. STREET AND NUMBER	ONTGOMERY	1200	PILVEK	101. ZIP CODE 20910				N OF WHA	YES 2 NO T COUNTRY? TATES
2445 LYTTONSV 11. MARITAL STATUS 1 Never Married 2 Merrie 3 Wildowed 4 Divorced	12. WAS DECEDENT	EVER IN U.S. ARM	0 1	MAS DECENDENT OF HIS Types, specify Cuben, Me YES 2 NO Se	xican, Puerto	N? (Specify Yes Rican, atc.)		4. RACE —	American Indian, mile, stc. WHITE
	College (1-4 or 5+)	(GM	EDENT'S USUAL OC to kind of work done of Do NOT use retired.)	CCUPATION during most of working	161	. KIND OF BUS	SINESS/INDUS	STRY	
12 17. FATHER'S NAME (First, Middle, I	ast)	MANA	AGER	18. MOTHER'S	NAME (First,	MENS Middle, Maiden			
DAVID SOLOMO		19b.	MAILING ADDRESS	ANNI (Street and Number or R	E COOF		n, State, Zip C	ode)	
IRVIN WOLLOC		_	416 BRAN	DYWINE ST.	, N.W.		IINGTO		
20a METHOD OF DISPOSITION 1 ABurlel 2 Cremetion 3 4 Donation 5 Other (Special	(y)		ACHIM''C		10-				VIRGINIA
21. SIGNATURE OF EUNERAL SER									
	Hagan	caused the dee	DAI 117	NAME AND ADDRESS ON ZANSKY—GO ROCKVIL the mode of dying,	LDBERG LE PIK	E, ROC	KVILL	E, MI	Approximate interval Between
shock, or heart find issues or condition resulting in deeth) Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. CAR DUE TO (C C. CORON	DIAC OR AS A CONSECU	DAI 11 11 11 11 11 11 11 11 11 11 11 11 11	NZANSKY-GO 70 ROCKVIL the mode of dying,	LE PIK	E, ROC	CKVILL	E, MI	Approximate interval Between Onset end De
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ahock, or heart fill immediate cause en condition resulting in daeth) Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in daeth) LAST PART II. Other significant conditions in daeth) LAST 25. WAS CASE REFERRED TO MEDIA EXAMINER? 1	es, or complications that esture. List only one cause a	e on each line. DIAC OR AS A CONSECUT OR AS A	DAI 11 11 11 11 11 11 11 11 11 11 11 11 11	NZANSKY—GO 70 ROCKVIL the mode of dying, \$ 7 FAL MY DESEA Inderiying cause gives 26. PLACE OF DEATH 3: sing Home 8 Reside 28c. INJURY AT WORK? 1 YES 2 NO DOTY, office	LE PIR such as car AR DIV S.C In in Part I. I (Check only of the car 28d. DE 1 dua to the car I the time, dat	24a. WAS AN PERFOI 1 YES 2 CATION (Street or Town, State, buse(e) and ma	AUTOPSY RMED? AUTOPSY RMED? AUTOPSY RMED? AUTOPSY RMED? AUTOPSY RMED? AUTOPSY RMED? AUTOPSY RMED? AUTOPSY RMED? AUTOPSY RMED?	24b. WILLIAM AM CONTROL OF Flural Flour	Approximate interval Betwee Onset end Design of the Number, and menner ee stated fonth, Day, Year)

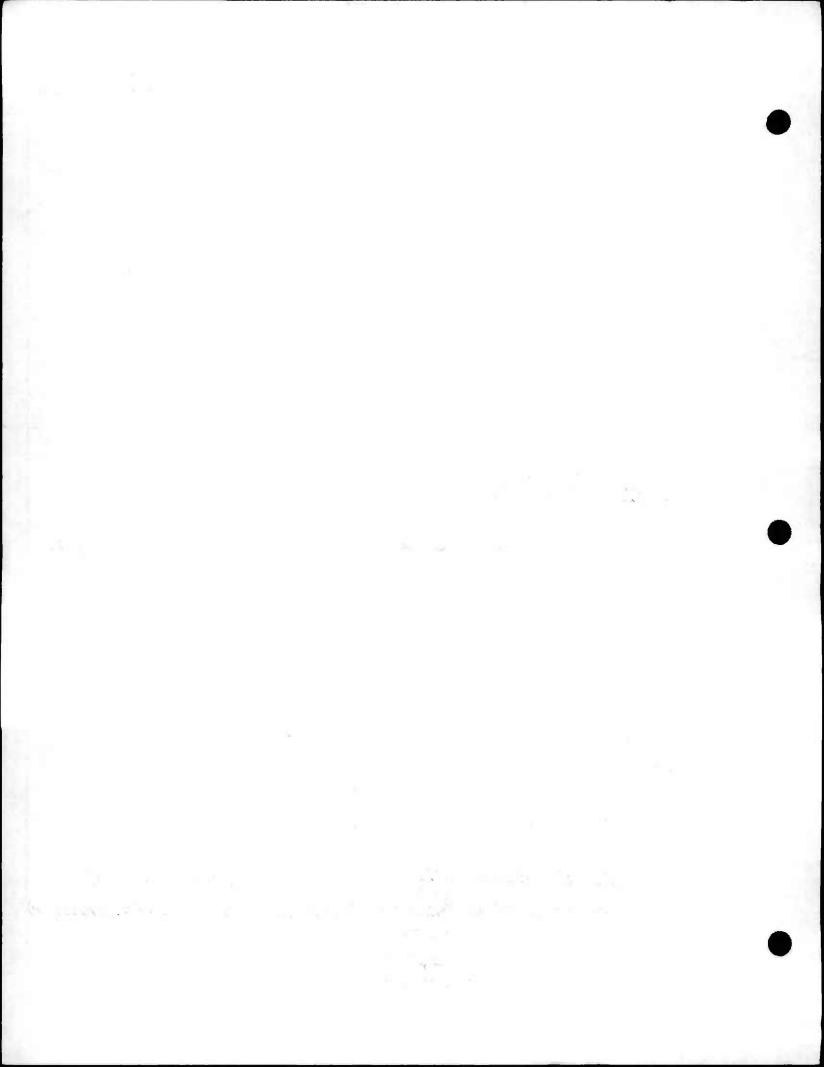
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VOF VITAL RECORDS, P.O. BOX 68760	server sensely prevented Mr. The last sensition that the death onetitions he meaning within 71 h.
VISION	Creaman.
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	. SOCIAL SECURITY NUMBER		ING					Se	ptembe	r 28,	91ª	7:00 A	1
9.	350-05-1544	5. SEX	6. AGE (In yrs	lest birthday)	IF UNDER 1 Y		IF UNDER 24 HI	RS. 7, D	ATE OF BIRTH Honth, Day, Year)		8. BIRT Coun	**	_
E	a. FACILITY NAME (If not institution, give at	reet and number)	74	-	9b. CITY, TO	WN OR	LOCATION O		709/17	9c. CO	UNTY OF	rnton,	LLL
	6705 Newport Road				Ну	att	sville	2		Pri	nce	George's	3
L	0a. STATE 10b. COUNTY	e George	t _s	10c. CIT	Y, TOWN OR L							10d. INSIDE CIT LIMITS?	
-	0e. STREET AND NUMBER				11) 400	V	IP CODE			10g. Cf	TIZEN OF	WHAT COUNTRY?	
	6705 Newport Road						20784			U.	S.A.		
1	1. MARITAL STATUS Never Married 2 Married Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	X YES 2		If ye	s, spec	IDENT OF HI Ity Cuban, Ma	xicen, Pu	RIGIN? (Specify arto Rican, atc.)	Yea or No-	14. RAC Blac Spe	CE American Inc ck, White, etc. city: Whi:	
	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)		. DECEDENT'S	USUAL OCCL work done duri se retired.)	PATION g most	of working		16b. KINO OF	BUSINESS/IN	DUSTRY		
	Elementary/Secondary (0-12)	College (1-4 or 5			Navy				HMC				
17	7. FATHER'S NAME (First, Middle, Last)						18. MOTHER	S NAME (F	irst, Middle, Maid	len Surname)			
_	Fred Matthes						Lucir						
1	9a. INFORMANT'S NAME (Type/Print)								Number, City or				
	Arthur J. Young							lyatt	sville				4-]
1 4	10e. METHOD OF DISTORTION Buriel 2 Commetion 3 Rem	al from State	20b. PLA of ceme Metr	tary, cremator	e of oisposi y or other place tan Cr	tion (/ ema	tory (9/30/	91 A1	exand	CA.	Town, Stata Virgin:	ia
_	L SIGNATURE OF FUNERAL SERVICE IN)		22. NA	AE AND	ADDRESS O	F FACILITY	Y			me, PA	
L	MANKA	1 Durt	ín	15-50								e, MD 20	078
5	disease of condition resulting in death) Sequentielly list conditions, If any, leading to immediate cause. Enter UNDERLYING	b	OR AS A CON		,							77/	5,
1	cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events reaulting in death) LAST	DUE TO	(OR AS A CO	NSEOUENCE C	DF):								
F	PART II. Other significent condition	e contributing to	death but n	ot resulting	In the unde	rlying	cause give	n In Part	PER	AN AUTOPS' FORMED?	Y 24	Ib. WERE AUTOPSY AMAILABLE PRIO COMPLETION OF OF DEATH?	R TO
						_	3		-1			1 YES 2	NO
2	25. WAS CASE REFERRED TO MEDICAL		-	17	-	26. PLA	CE OF DEATH	1 (Check o	ne one)				_
	EXAMINER?	HOSPITAL:	ER/Outpaties	w 3 □ DOA	OTHER:		1		Other (Specify)				_
2	17. MANNER OF DEATH 1 Netural 5 Pending	26a. DATE O		26b. TII	ME OF 28	c. INJU	RY AT	26d	. DESCRIBE HO	W INJURY O	CCURED	<u> </u>	
	2 Accident Investigation 3 Suicide 6 Could not be detarmined	28e. PLACE o	OF INJURY — A , atc. (Specify)	At home, farm,				_	LOCATION (Str. City or Town, St	et and Numb ste)	er or Rura	I Route Number,	
2	1 CERTIFIER (Check only one) 2 MEDICAL EXAMINE											e(a) and manner as	state
2	296. SIGNATURE AND TITLE OF CERTIFIES	rideo	e W	1)	12		D4/	90 F	wi	29d. D/	SIONE	(Month, Day, Yea	r)

82 REGISTRAT'S SIGNATURE



10d. INSIDE CITY LIMITS?

Рм

8. BIRTHPLACE (State or Foreign

Maryland

10e. STREET AND NUMBER

1 Never Married 2 Married

17. FATHER'S NAME (First, Middle, Last)

4 Donation 5 Other (Specify)

21. SIGNATURE OF FUNERAL SERVICE LICENSEE

3 Wildowed 4 X Divorced

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11. MARITAL STATUS

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24 hours after death. Page 6 may be retained by the hospital or attending physician,

funeral director, page 5 should be detached for

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0 injury, MEDICAL CERTIFICATION

PHYSICIAN:

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BALTIMORE, MARYLAND 21215-0020

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

					_,,,,,,						EG. NC	<i>)</i> .		
	1. DECEDENT'S NAME (FIR RICHARD	st, Middle, Last) FRAN		NUCHA						2. DATE OF MONTH SEPT.	28	. 19	91 ^{YEAR}	3. TIME OF DEATH
	4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In yrs. la	st birthday)		1 YEAR	IF UNDER	24 HRS.	7. DATE OF E			8. BIRTI	HPLACE (State or Fore
	535-28-59	80	1 X M 2 F	58	YRS.	MONTHS	DAYS	HOURS	MIN.	Jan 2		1933	Penr	msylvania
pinodis	9a. FACILITY NAME (If not	Institution, give s	street and number)			9b. CITY	, TOWN	OR LOCATI	ON OF D		,		INTY OF D	
0,00	Baltimore Hos	spital,	Shock Tram	a Center		Bal	timo	re						
= 15	RESIDENCE OF DE	CEDENT												
The same of the sa	10a. STATE	10b. COUNT	Υ		10c. CIT	Y, TOWN	OR LOCA	TION						tod theine outy

12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ✓ YES 2 NO

FORCES? 1 YES 2

Lothian 1 X YES 2 NO 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 20711

United States 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Maxican, Puerto Rican, atc.) t TYES 2 X NO Specify

14. RACE — American Indian, Black, White, etc. White

15. DECEDENT'S EDUCATION (Specify only highest grade complete 18a, DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life, Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +) Clerk

Korean

Grocery Store 18. MOTHER'S NAME (First, Middle, Meiden Surname)

16b. KIND OF BUSINESS/INDUSTRY

Splett

Stanley Frank Zaucha 19a. INFORMANT'S NAME (Type/Print)

Anne Arundel

315 Wayson Mobile Court

19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)

Stella

Kenneth Edward Zaucha (Son) 8609 Preston St, New Carrollton, MD 20a. METHOD OF DISPOSITION
1 Durial 2 X Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE Suburban Crematory

10-1 Silver Spring, MD 22. NAME AND ADDRESS OF FACILITY
Rapp Funeral Services, P.A.

. Chi 933 Gist Ave, Silver Spring, Moo827 23. PART LEnter the disease, or complicatione that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart fellure. List only one cause on each line.

5 EP515

Approximate Intervel Between Onset end Death

20910

Sequentially list conditions, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury

IMMEDIATE CAUSE (Finel

disesse or condition

resulting in death)

that initiated events resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF): Jaundice

DUE TO (OR AS A CONSEQUENCE OF):

histry of Alcohol abuse DUE TO (OR AS A CONSCOUENCE OF):

ART II	I. <u>C</u>	ther	elgni	ficant	condition	contributing	to death	but not	t resulting in	the	underlying	cause	given in F	ert

24a. WAS AN AUTOPSY 1 WES 2 NO

281. LOCATION (Street and Number or Rural Route Number, City or Town. State)

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

25. WAS CASE REFERRED TO MEDICAL 1 - YES 2 X NO

5 Pending

8 Could not be determined

Investigation

27. MANNER OF DEATH

1 X Natural

2 Accident

3 Suicide

4 Homicide

HOSPITAL: itlent 2 - ER/Outpetlent 3 - DOA 28a. DATE OF INJURY (Month, Day, Year)

OTHER: 4 ☐ Nursing Home 5 ☐ Raeldence 8 ☐ Other (Specify) 28c. INJURY AT

26. PLACE OF DEATH (Check only one)

28d, DESCRIBE HOW INJURY OCCURED 1 YES 2 NO 28a. PLACE OF INJURY — At home, larm, street, factory, office building, etc. (Specify)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. SIGNATURE AND TITLE OF CERTIFIER

megy 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM \$7) (Type, Prop

29c. LICENSE NUMBER 4070 29d. DATE SIGNED (Month, Day, Year) 9/28/9

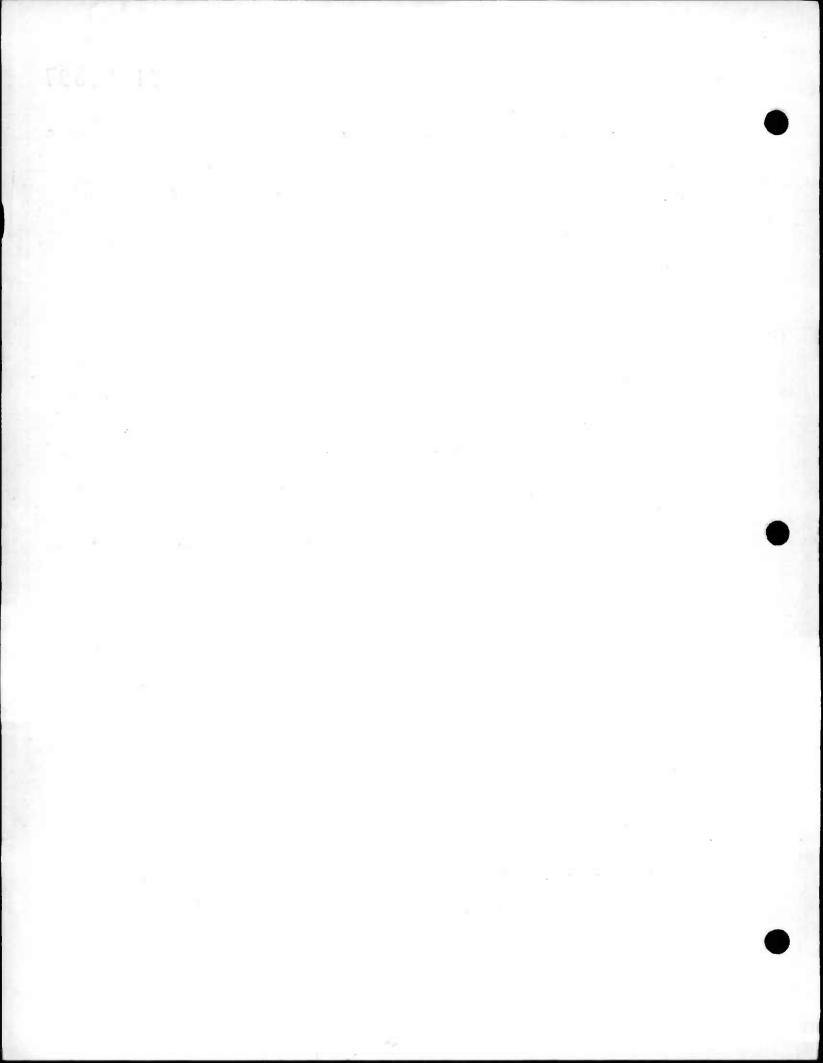
31. DATE FILED (Month, Day, Year)

3. REGISTRAN'S SIGNATURE

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760, certificate has been signed by the State Dept. of Health and d, or Item 23 shows any in this c DIRECTOR: After the hours after death vitem 28 Is mark

TO THE HOSPITAL OR AT TO THE FUNERAL DIRECT be filed within 72 hours a IMPORTANT: If Item 2

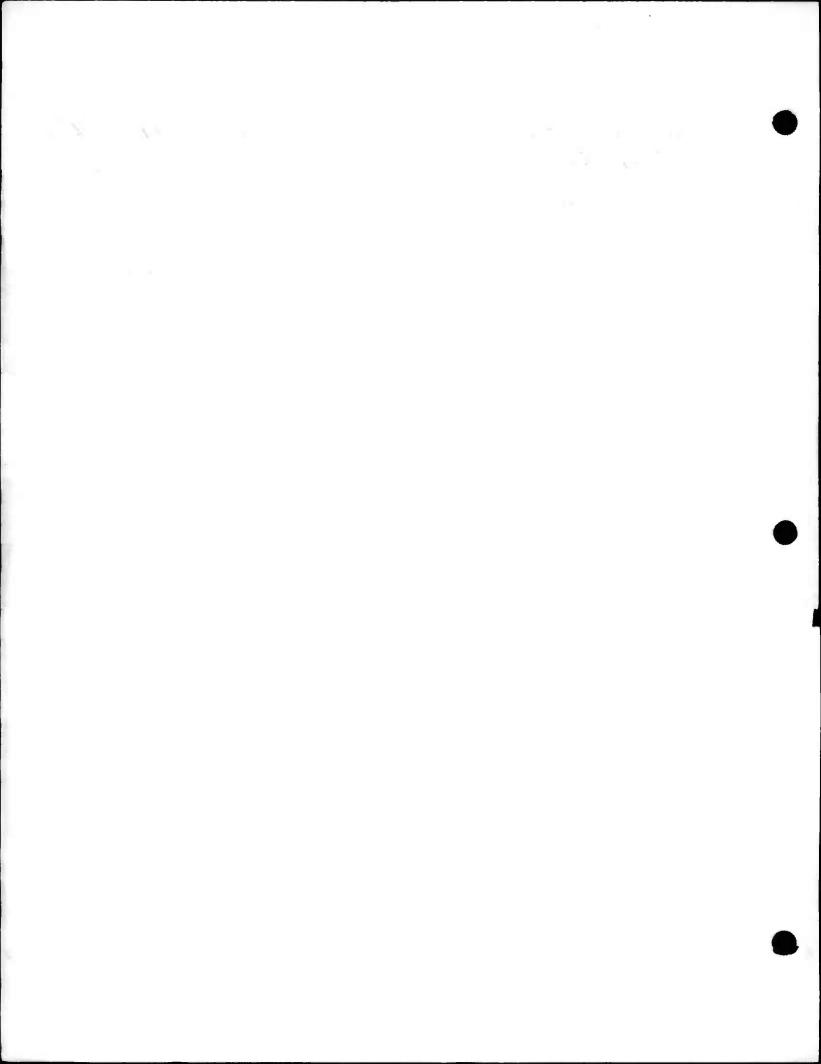
	1 - STATE REGISTRAR	STATE OF MARYLAN	ND / DEPARTM CERTIFICA				GIENE 3. NO.	1 20001
	1, DECEDENT'S NAME (First, Middle, Leat)	H. Z.	HUSAIN ANBOOL	ZANBOO	de participat e de la m	2. DATE OF DE.	7 5-10	3. TIME OF DEATH
P	4. SOCIAL SECURITY NUMBER 524-44-4700	5. SEX 6. AGE (In)	yrs. last birthday) #F L	THE DAYS	HOURS MIN.	7. DATE OF BIR (Month, Day, FEB. 18	(bar)	Country) [RAN]
2. TOR	9a. FACILITY NAME (If not institution, give SHADY GROVE RESIDENCE OF DECEDENT	street and number) - ADVENTIST	NSGC: St.	ROCI	KVILLE	EATH	5. 4	Y OF DEATH ,
nit. Pages 1, 2, P	MARYLAND MON	TY TGOMERY	10c. CITY, TO	WN OR LOCAT	ION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
nsit permit.	100. STREET AND NUMBER 5 DOROTHY LANE			101.	20851			IN OF WHAT COUNTRY?
r use as the burial-transit TED BY FUNER	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	24 NO	If yes, spe	ENDENT OF HISPAI ecity Cuban, Mexica 2 NO Specifi	in, Puerto Ricen, e	cify Yes or No- 1	Black, White, atc. Specify: WHITE
for use	1s. DECEDENT'S ED (Specify only highest grac Elementary/Secondary (0-12)		6a. DECEDENT'S USU. (Give kind of work of life. Do NOT use refi	done during mos	IN st of working		OF BUSINESS/INDU	STRY
at once.	17. FATNER'S NAME (First, Middle, Last)				18. MOTHER'S NA		RAL GOVE	RNMENT
E 18	UNKNOWN				UNKNO		marcon ournerney	
TO B	19a. INFORMANT'S NAME (Type/Print)						or Town, State, Zip C	
2	THOMAS SIMPSON 20a. METHOD OF DISPOSITION 1 Burlal 2 X Cremation 3 Rai	20b. P	LACE OF DISPOSITIO		L STREET		NGTON , MAI	RYLAND 20895 ty or Town, Stata
T must	4 Donatton 5 Other (Specify)	ME'	rther place) TROPOLITA				LEXANDRI	A, VIRGINIA
examin	21. SIGNATURN OF FUNERAL SERVICE L	y. Carelly		FRANÇI 500 U	NIVERSIT	LINS FU Y BLVD.	NERAL HO	SPR.,MD.20901
completely filled in by the ial, cremation, or removal event, the medical	23. PARTA. Enter the disease, of ahock, or heart failure iMMEDIATE CAUSE (Finel disease or condition resulting in death)	complications that caused to List only one cause on each section. Lang Conce operation (or as a concept of the	en line.					Approximate interval Betwee Onset and Dea
prior to bur traumation CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. DUE TO (OR AS A C		·				
Mental Hygiene Iury, or other	resulting in death) LAST	d						
amy In	PART II. Other eignificant condition	ns contributing to death but	not resulting in th	e underlying	g cause given in	1	MAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDING AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
								1 YES 2 NO
Item 2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	01	WER:	ACE OF DEATH (C			
å å Å	1 UPS 2 NO 27. MANYER OF DEATN	1 Inpatient 2 ER/Outpet	lent 3 DOA 4 B	Nursing Hom 28c, INJ	e 5 🗆 Residenca		NOW INJURY OCCU	PRED
2 4	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY		RK? /ES 2 NO			
28 is TED	3 Suicide 6 Could not be 4 Nomicide determined	28e. PLACE OF INJURY — building, atc. (Specify	- At home, farm, stree /)	, factory, office		261. LOCATION City or Town		r Rural Route Number,
ANT. If Item 28 is ma COMPLETED BY	anal and	SICIAN: To the best of my knowled IER: On the bests of axemination of						
Fled v	296. SIGNATURE AND TITLE CENTIFIC BYLLD.	me me			290. LICENSE NU	MBER	29d, DATE	SIGNED (Month, Day, Year)
4 2	BYRL D. JUNNS		TH (ITEM 27) (Type, Prin				79	



DIVISION OF VITAL RECORDS, P.O. BOX 13146,

FOR STATE

	REGISTRAR		CENTIFI	CAIL	JE DEALH	REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last) The mas J Ac	ddi soi	SR.			2. DATE OF DEATH	" 9 m	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 1 25 1 - 44-6208 1 2 M	6. AGE (F	yrs. lest birthday) _	MONTHS DA		7. DATE OF BIRTH (Month, Day, Year) 2 - 2 - 193	8. BIR Cou	THPLACE (State or Foreign ntry)
	9e. FACILITY NAME (If not institution, give street and it	number)		9b. CITY, TO	WN OR LOCATION OF DI		9c. COUNTY OF	DEATH
DIRECTOR	LOCH RAVEN V.A.		BALTIMORE					
μ̈́Ι	10e. STATE 10b. COUNTY		10c. CITY	, TOWN OR L	DCATION			10d. INSIDE CITY LIMITS?
	MD		BAL	TIMOR	RE			1 X YES 2 NO
BY FUNERAL	100. STREET AND NUMBER 1815 N. PORT STRI	EET			21213		10g. CITIZEN OF	F WHAT COUNTRY?
3		DECEDENT EVER IN		13, WAS	DECENDENT OF HISPAI	NIC ORIGIN? (Specify Ye	or No- 14. BA	CE American Indian.
BY F		CES? 1 X YES ES, GIVE WAR OR DA	2 NO Tes	If yo	s, specify Cuban, Maxica YES 2 NO Specif	in, Puarto Rican, atc.) y:		eck, White, etc.
	15. DECEDENT'S EDUCATION (Specify only highest grade complete)	on [16a. DECEDENT'S I	USUAL OCCU	PATION	16b. KIND OF BU	SINESS/INDUSTRY	
ᆸ		a (1-4 or 5 +)			g most of working			
COMPLETED	11TH		DISABL	ED				
8	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Malden	Surname)	
BE	BEN ADDISON				LEOLA	HICKS		
2	19a. INFORMANT'S NAME (Type/Print)				reet and Number or Rural			- 04040
-	ANDY ADDISON					T/BALTIM		
	20e. METHOO OF DISPOSITION 1	n State	PLACE OF DISPOS other place) ARRISON		ST VA CE		WINGS	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	(and	P		C.MARCH		1 EL N	ORTH AVE.
	23. PART I. Enter the diseases, or complication	ations that caused	the death. Do n				_	Approximata
	shock, or heart fallura. List onl IMMEDIATE CAUSE (Final			0.	1/1	11. 10	o e e t	Interval Between Oneat and Death
	resulting in death)	DUE TO (OR AS A	CONSEQUENCE OF		rest/Caro	LIECTHY	851	
z		CVA	,					
흔	Sequantially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF	·):				
MEDICAL CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury							
E	that initiated events	OUE TO (OR AS A	CONSEQUENCE OF):				
	resulting in death) LAST							
C	PART II. Other aignificant conditions contr	ibuting to death b	ut not resulting i	n the under	tying cause given in	Part I. 24e, WAS AI	AUTOPSY 2	4b. WERE AUTOPSY FINDINGS
S							RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
						1 _ YES	2 NO	OF DEATH?
								1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	/			6. PLACE OF OEATH (C	neck only one)		
Sic	EXAMINER? I YES 2 NO 1 DIO	PITAL:	ationt 3 00A	OTHER:	Home 5 - Residence			
H		a. DATE OF INJURY	28b, TIMI	E OF 284	. INJURY AT	28d. OESCRIBE HOW	INJURY OCCURED	
	1 Natural 5 Pending	(Month, Day, Year)	INJ	URY M 1	WORK?			
) BY	a procedural	e. PLACE OF INJURY	- At home, farm, s	street, factory,	office	281. LOCATION (Street		al Route Number,
百	4 Homicide determined	building, atc. (Spec	ny)			City or Town, State)	
E	29a. CERTIFIER CERTIFYING PHYSICIAN: To	the heat of my know	ados desth occurs	od at the time	data and place, and du	to the cause(s) and m	oper se stated	
COMPLETED	(Check only one) 2 MEOICAL EXAMINER: On the							e(a) and manner as stated.
	29b. SIGNAPURE AND TITLE OF CERTIFIER			,				
BE	G Pal Dinas				29c. LICENSE NU	MBER	29d. DATE SIGN	IED (Month, Day, Year)
임	30. NAME AND ADDRESS OF PERSON WHO COMP	FTED CAUSE OF DE	ATH (ITEM 27) /5	Delete 1			10/	18/1/
	ECOHI MA	1/A	I Lacail	0	Roltin	nore n	10	•
	31. DATE FILED (Month, Day, Year) 32	AREGISTRAR'S SIGN	ATURE T	ne	Bullin	TUIE /	11/	
			-Randoll					



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filed in by the funeral director, page 5 should be detach		IMPORTANT: if Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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M pa	ompl	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	eve
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tifica	F	ene	ther
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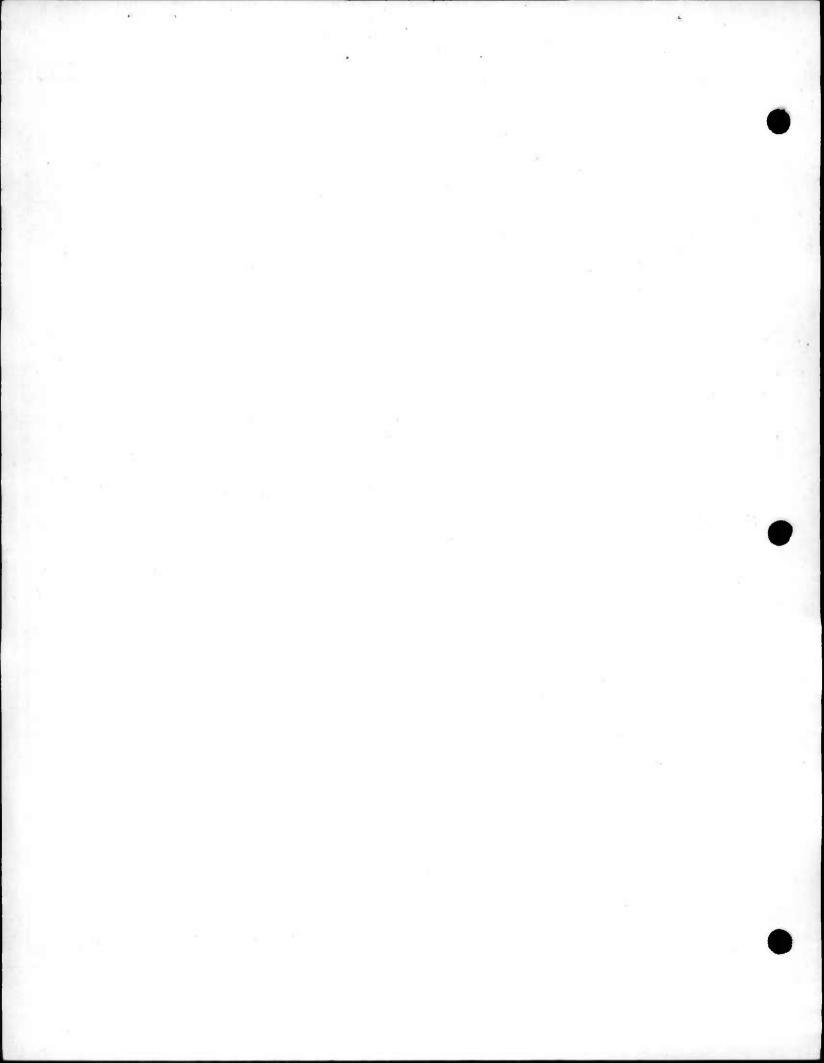
FOR STATE REGISTRAR	STATE OF MARYL	CERTIFIC	ATE OF DEATH		REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)				2, DATE	OF DEATH		EAR 3. TI	ME OF DEATH
SEBASTIAN			VERELLA	10	17	199		:27 a
4. SOCIAL SECURITY NUMBER		l MO	UNDER 1 YEAR IF UNDER 24 HE 17HS DAYS HOURS MI	44.4	OF BIRTH h, Day, Yeer)	8.	BIRTHPLAC Country)	E (State or Foreign
218-14-9080 90. FACILITY NAME (If not institution, give stre	1 № M 2 □ F	66 YRS.		3	17-192		Balt	o. Md.
		96	CITY, TOWN OR LOCATION O	F DEATH	1	De. COUNTY	OF DEATH	
1105 HORNER LA	ANE		BALTIMORE			BALT	IMOR	E
10e. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCATION					INSIDE CITY
Md.		Ba	ltimore					YES 2 NO
IOe. STREET AND NUMBER			10f. ZIP CODE		1	109, CITIZEN	OF WHAT	COUNTRY?
1105 Horners	Lane		212				S.A.	
11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEOENT EVER IN FORCES? 1 YES	VU.S. ARMEO	13. WAS DECENOENT OF HIS If yee, specify Cuben, Ma	xican, Puarto	f? (Specify Yee or Rican, etc.)	No- 14.	RACE — Ar Black, Whit	merican Indian, le, atc.
3 Widowed 4 Divorced	FORCES? 1 YES	ATES A	1 TYES 2 NO SE	ecity:			-	hite
15. DECEDENT'S EDUCA	ATION	18a. DECEOENT'S USU	AL OCCUPATION	186	. KIND OF BUSIN	ESS/INDUS		
(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during most of working ired.)					
Unknow		Meatcu	tter		Mashs			
7. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S	NAME (First,	Middle, Maiden Su	mame)		
Anthony Avere	lla		Pau	line				
9a. INFORMANT'S NAME (Type/Print)			DRESS (Street and Number or Ru	ural Route Num				
John Averella		103 K	inship Rd	Dund	alk, M	ld. 2	21222	
0e. METHOD OF DISPOSITION Burlel 2x Excremation 3 Remov		PLACE AND DATE OF D	place)	OAT	E 20c. LOCAT	TION — City	or Town, St	leta
Donation 5 Other (Specify)		Green Mo	unt Cremat		Bal	to.	Md.	
II. SIGNATURE OF FUNERAL SERVICE LICE	NSEE		22. NAME AND ADDRESS OF	FACILITY				
1 / / / /					Funer	al H	Tomo	Tnc
23. PART i. Enter the diseases, or co shock, or heart feilure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	Con tac	ct Guns	Bradley-A	shton OW Sp Buch as care	ring R	d . E	Balto 	
IMMEDIATE CAUSE (Final disease or condition	OUE TO (OR AS A	ach ilna.	Bradley-A 2134 Will Inter the mode of dying,	shton OW Sp Buch as care	ring R	d . E	Balto 	Md.2 Approximata Interval Between
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF): CONSEQUENCE OF):	Bradley-A 2134 Will inter the mode of dying, i	shton ow Sp nuch as care	ring R	ropsy	24b, WERE COMPLETE COMPLICATION COMPLETE COMPLICATION COMPLETE COM	AUTOPSY FINDINGS ABLE PRIOR TO ALETION OF CAUSE
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions	DUE TO (OR AS A	CONSEQUENCE OF): CONSEQUENCE OF):	Bradley-A 2134 Will. Inter the mode of dying, With Wound The work of the mode of dying, The work of the mode of dying, The work of the mode of dying, The work of the mode of the mod	shton ow Sp auch as care	Ting R Head	ropsy	24b, WERE COMPLETE COMPLICATION COMPLETE COMPLICATION COMPLETE COM	AUTOPSY FINDINGS ABLE PRIOR TO LETION OF CAUSE CATH?
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause, Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II, Other eignificant conditions 5. WAS CASE REFERRED TO MEDICAL EXAMINER?	OUE TO (OR AS A OUE TO (OR AS A OUE TO (OR AS A Contributing to death be	CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): ut not resulting in the	Bradley-A 2134 Will. Inter the mode of dying, in the two uncl e underlying cause given 26. PLACE OF OEATH HER:	shton ow Sp auch as care d Check only on	ring R flac or raspirat Lea 24a, WAS AN AU PERFORME VYES 2	ropsy	24b, WERE COMPLETE COMPLICATION COMPLETE COMPLICATION COMPLETE COM	AUTOPSY FINDINGS ABLE PRIOR TO LETION OF CAUSE CATH?
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 5. WAS CASE REFERRED TO MEDICAL EXAMINER? 1X YES 2 NO	OUE TO (OR AS A OUE TO (OR AS A OUE TO (OR AS A Contributing to death be	CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): ut not resulting in the	Bradley-A 2134 Will inter the mode of dying, in the two was a given when the mode of dying and the mode of dying and the mode of dying and the mode of dying and the mode of dying and the mode of th	shton ow Sp auch as care d Check only on ce 8 0 0the	Ting R Head 24a, WAS AN AU PERFORME YES 2	TOPSY O?	24b. WERE AWAIL COMPOF DE	AUTOPSY FINDINGS ABLE PRIOR TO LETION OF CAUSE CATH?
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificant conditions S. WAS CASE REFERRED TO MEDICAL EXAMINER? V. YES 2 NO 7. MANNER OF DEATH 1 Netural 5 Pending	OUE TO (OR AS A OUE TO (OR AS A OUE TO (OR AS A Contributing to death be	CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): Ut not reaulting in the state of the state	Bradley-A 2134 Will. Inter the mode of dying, in the two uncl e underlying cause given 26. PLACE OF OEATH HER:	shton ow Sp nuch as care d Check only on ce 8 0 Othe	Ting R Illac or respirat Liangle R 24a, WAS AN AU PERFORME 14 YES 2 15 (Specify) CRIBE HOW INJU	TOPSY OF NO	24b. WERE AWAIL COMP OF DE	AUTOPSY FINDINGS ABLE PRIOR TO PLETION OF CAUSE EATH?
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other eignificant conditions 15. WAS CASE REFERRED TO MEDICAL EXAMINER? 1.X. YES 2 NO 17. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be	OUE TO (OR AS A OUE TO (OR AS A OUE TO (OR AS A OUE TO (OR AS A Contributing to death be HOSPITAL: 1 Inpetiant 2 ER/Output (Month, Day, Year) 1 0 7 7 9 26e, PLACE OF INJURY	CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): ut not reaulting in the consequence of the consequence	Bradley-A 2134 Will inter the mode of dying, is the two und inter the two und int	Shton OW Sp auch as card d (Check only on ce 8 Othe 28d. DES SUE	Ting R liac or respirat 24a, WAS AN AU PERFORME YES 2 (c) (c) (c) (c) (c) (c) (c) (c	TOPSY OF NO	24b, WERE AMAIL COMPOS OF DECOMPOS SELI	AUTOPSY FINDINGS ABLE PRIOR TO LETION OF CAUSE ATTY YES 2 NO
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificant conditions S. WAS CASE REFERRED TO MEDICAL EXAMINER? YES 2 NO 7. MANNER OF DEATH 1 Netural 5 Pending Investigation	DUE TO (OR AS A DUE TO (OR AS A OUE TO (OR AS A OUE TO (OR AS A Contributing to death by HOSPITAL: Indicate ER/Output 26. DATE OF INJURY (Month, Day, Year) 1 0 / 1 7 / 1 9	consequence of): consequence of): consequence of): consequence of): ut not resulting in the office of the consequence of th	Bradley-A 2134 Will inter the mode of dying, is the two und inter the two und int	shton OW Sp auch as card d (Check only on ce 8 Othe 28d. DES SUI 281. LOC.	24a, WAS AN AU PERFORME T (Specify) ICRIBE HOW INJU. 3 JE C T S ARTION (Street end or Fown, Siete)	TOPSY OT NO NO NO NO NO NO NO NO NO	24b. WERE AMAIL COP DE SELI	AUTOPSY FINDINGS ABLE PRIOR TO LETION OF CAUSE CATH? YES 2 NO
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions S. WAS CASE REFERRED TO MEDICAL EXAMINER? 1. YES 2 NO 7. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 9e. CERTIFIER (Check only 1 CERTIFYING PHYSICI.)	OUE TO (OR AS A OUE TO (OR AS A OUE TO (OR AS A OUE TO (OR AS A OUE TO (OR AS A Contributing to death be Inpetiant 2 ER/Output (Month, Day, Year) 26e. PLACE OF INJURY building, stc. (Speci	consequence of: conseq	Bradley-A 2134 Will inter the mode of dying, in the the mode of dying,	Shton OW Sp auch as card d (Check only on ce 8 Othe 28d. DES SUI BA due to the ceu	24a, WAS AN AU PERFORME T (Specify) ICRIBE HOW INJU. B JE CT S ARTION (Street end or Fown, Siete) L T I M O R	TOPSY O7 NO NO NO NO NO NO NO NO NO	24b. WERE AMAIL COMP OF DE SELI	AUTOPSY FINDINGS ABLE PRIOR TO LETION OF CAUSE CATH? YES 2 NO
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-ta	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE 1. DRECEDENT'S NAME (Past, Middin, Li-1) 2. DATE OF DEATH 1. SOCIAL SECURITY NUMBER 2. DOTAL SECURITY NUMBER 2. SEX 3. CARE (Past, Middin, Li-1) 3. STATE OF MARYLAND / DEPARTMENT OF DEATH 4. SOCIAL SECURITY NUMBER 2. DATE OF DEATH 3. SEX 4. AGE (Past, Middin, Li-1) 4. SOCIAL SECURITY NUMBER 2. DATE OF DEATH 3. STATE OF DEATH 4. SOCIAL SECURITY NUMBER 2. DATE OF DEATH 4. DOWN MAY 4. DOWN MAY 4. DOWN MAY 4. DOWN MAY 4. DOWN MAY 4. DOWN MAY 5. SOCIAL SECURITY OF DEATH 4. DOWN MAY 5. SOCIAL SECURITY OF DEATH 5. SEX 5. SEX 6. AGE (Past, Middin, Linity) 5. DATE OF DEATH 5. DATE OF DEATH 6. DATE OF							
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4. SOCIAL SECURITY NUMBER 219-18-1965 18 42 F 47 YRS. 8. ABE (in yrs. last birthdy) F UNIDER 1 XLR. 47 YRS. 96. CITY, TOWN OR LOCATION OF DEATH HOWARD COUNTY HOWARD FESTIDENCE OF DECEDENT 106. COUNTY HOW. STREET AND NUMBER 30. STREET AND NUM							
96. FACILITY NAME (If not institution, give sirent and number) 96. FACILITY NAME (If not institution, give sirent and number) 96. CITY, TOWN OR LOCATION COUNTY HOWARD COUNTY GEN, HOSP COLUMBIA MD. HOWARD 106. CITY, TOWN OR LOCATION 107. STREET AND NUMBER 3002 RAMBLEWOOD Rd. 107. ZIP CODE 108. STREET AND NUMBER 3002 RAMBLEWOOD Rd. 108. ANABED GOOGLEST EVEN IN U.S. ARABED FORCES? NAYES 2 1 NO 11 Yes, specify Cuben, Mexican, Puarlo Rican, Puarlo Rican, etc.) 1 Never Married 2 Married 1 12. WAS DECEDENT EVEN IN U.S. ARABED FORCES? NAYES 2 1 NO 11 Yes, specify Cuben, Mexican, Puarlo Rican, etc.) 1 Never Married 2 Married 1 12. WAS DECEDENT EVEN IN U.S. ARABED FORCES? NAYES 2 1 NO 11 Yes, specify Cuben, Mexican, Puarlo Rican, etc.) 1 Yes, specify Cuben, Mexican, Puarlo Rican, etc.) 1 Yes, specify Cuben, Mexican, Puarlo Rican, etc.) 1 Yes, specify Cuben, Mexican, Puarlo Rican, etc.) 1 Yes, specify Cuben, Mexican, Puarlo Rican, etc.) 1 Yes, specify Cuben, Mexican, Puarlo Rican, etc.) 1 Yes, specify Cuben, Mexican, Puarlo Rican, etc.) 1 Yes, specify Cuben, Mexican, Puarlo Rican, etc.) 1 Yes, specify Cuben, Mexican, Puarlo Rican, etc.) 1 Yes, specify Cuben, Mexican, Puarlo Rican, etc.) 1 Yes, specify Cuben, Mexican, Puarlo Rican, etc.) 1 Yes, specify Cuben, Mexican, Puarlo Rican, etc.) 1 Yes, specify Cuben, Mexican, Puarlo Rican, etc.) 1 Yes, specify Cuben, Mexican, Puarlo Rican, etc.) 1 Yes, specify Cuben, Mexican, Puarlo Rican, etc.) 1 Yes, specify Cuben, Mexican, Puarlo Rican, etc.) 1 Yes, specify Cuben, Mexican, Puarlo Rican, etc.) 1 Yes, specify Cuben, Mexican, Puarlo Rican, etc.) 1 Yes, specify Cuben, Mexican, Puarlo Rican, etc.) 1 Yes, specify Cuben, Mexican, Puarlo Rican, Puarlo Rican, etc.) 1 Yes, specify Cuben, Mexican, Puarlo							
106. STREET AND NUMBER 3 0 2 RAMBLE WOOD Rd. 2 10 43 11. MARITAL STATUS 11. MARITAL STATUS 11. Married 2 Married PORCES? STATES 2 NO IF YES (IV WAR OR DATES) 12. WAS DECEDENT EVER IN U.S. ARMED PORCES? STATES 2 NO IF YES (IV WAR OR DATES) 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or No-If yes, specify Cuben, Markican, Puarto Rican, etc.) 14. RACE — American Indian, Black, White, etc. Specify: White, etc. Specify: White, etc. Specify: White, etc. Specify: White the College of the Yes (IV War or Dates) 15. DECEDENT'S EDUCATION (Give kind of work done during most of working) 16. DO NOT use retired.) 17. FATHER'S NAME (First, Middle, Last) Harry Ansell 18. MOTHER'S NAME (First, Middle, Melden Surname) Ann Moss 19a. INFORMANT'S NAME (TyperPrint) 19b. MAILING ADDRESS (Street and Number or Rural Pouts Number, City or Town, State, Zip Code) 30 N. Beaumont Ave Baltimore, Md. 21228 20b. PLACE OF DISPOSITION (Name of cemetery, cramstory or other place) 21. SIGNATURE OF FONERAL SERVICE UCENSES 22. NAME AND ADDRESS OF FACILITY Sterrling A Shaton Funeral Home, Inc. 736 Edmondson Ave. Catonsville Md. 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such se cardisc or respiretory arrest, Approximate							
106. STREET AND NUMBER 3 0 2							
Wildowed Divorced Navy Specify: White Navy Specify: White Navy Specify: Navy Specify: White Specify only highest grade completed Give kind of work done during most of working kind. Do NOT use relired.) Attorney Self-employed S							
Specify: White Specify: Specify: White Specify: Specify: White St. DECEDENT'S EDUCATION Specify: White St. DECEDENT'S EDUCATION Specify: White St. DECEDENT'S EDUCATION Specify: White St. DECEDENT'S EDUCATION Specify: White St. DECEDENT'S EDUCATION Specify: White St. DECEDENT'S USUAL OCCUPATION St. DECEDENT'S							
Harry Ansell 19a. INFORMANT'S NAME (Type/Print) Mr. Charles Ansell 20a. METHOD OF DISPOSITION 1 Burlel 2 To Cremation 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FORERAL SERVICE LICENSEE 22. NAME AND ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 301 N. Beaumont Ave Baltimore, Md. 21228 20a. METHOD OF DISPOSITION 1 Burlel 2 To Cremation 3 Removal from State 4 Donation 5 Other (Specify) Creen Mount Crematory Sterling Ashton Funeral Home, Inc. 736 Edmondson Ave. Catonsville Md 2 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such se cardisc or respiretory arreat, Approximate							
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23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such se cardisc or respiretory arrest, Approximate							
shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due TO (or as a consequence of):							
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):							
PART II. Other significent conditions contributing to death but not resulting in the underlying ceuee given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 1 YES 2 NO 24b. WERE AUTOPSY FIND TO COMPLETION OF CAU							
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpetient 2 FER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 26. PLACE OF DEATH (Check only one) OTHER: 1 Inpetient 2 FER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER/OF DEATH 28d. DESCRIBE HOW INJURY OCCURED INJURY (Month, Dey, Year) M 1 YES 2 NO							
2 Accident 3 Suicide 6 Could not be building, etc. (Special Special S							
4 Homicide determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.							
296. SIGNATURE AND VITXE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. J. DATE SIGNED (Morith, Day, Year)							
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typa, Print) 2 KNOLL N. DOVE COLUMNIA MO 21045							
31. DATE FILED (Month, Day, Year) OCT 2 2 991 Julia Davidson-Rondoll							

DHMH-16 Rev 1/89



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	TO THE HIGHTA IN ATTENDIAD DEVELORABLE the law requires that the death certificate he accorded within 9.5 percentages about the control of th
	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR		CERTIFI	CATE OF	DEATH	RI	EG. NO.		
	1. DECEOENT'S NAME (First, Middle, Last)		HARRY	ASHT	ON	2. DATE OF D	DEATH 10-19	9-91	3. TIME OF DEATH 225 A M
	4. SOCIAL SECURITY NUMBER 057 03 0011	1 🖾 M 2 🗌 F	GE (In yrs. lest birthday) 88 vrs.	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B (Month, Day 11 - 27	(, Year)	Count	HPLACE (State or Foreign by)
PO RO	98. FACILITY NAME (If not institution, give s Howard County (96. CITY, TOWN C	R LOCATION OF D	EATH		UNTY OF C	
<u>ا يا</u>	RESIDENCE OF DECEDENT 10s. STATE 10s. COUNTY	,							
- DIRECTOR	Maryland How	ard County		TOWN OR LOCAT	ity				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	4022 Overlook Dr	ive		101	21043	3	10g. CI	USA	WHAT COUNTRY?
à l	11. MARITAL STATUS 1 Never Married 2 Married 3 XWidowed 4 Divorced	12. WAS DECEDENT EVI FORCES? 1 V IF YES, GIVE WAR O	ES 2 NO	If yes, spe	ENDENT OF HISPA Holly Cuban, Maxico 2 NO Specia	an, Puarto Rican	ecify Yes or No— , stc.)	14. RACI Black Speci	E — American Indian, k, White, atc. My: White
	15. DECEDENT'S EDUC	CATION	18a. DECEDENT'S U	ISUAL OCCUPATIO	IN	18b. KING	OF BUSINESS/II	OUSTRY	
COMPLETED	(Specify only highest grade Elamentary/Secondary (0-12) 6 Yrs	College (1-4 or 5 +)	(Give kind of wo	ork done during mo retired.) i.an	st of working		orew Tem		
S	17. FATHER'S NAME (First, Middle, Last)				16 MOTHERIE NA	MAP (Flora Adiotor	44.4		
BE C	James Ashton						, Malden Surname)		
5	19m. INFORMANT'S NAME (Type/Print) Virginia Daniels		19b. MAILING A 4022 (Overlook	nd Number or Rural Drive,	Route Number, Cr Ellico	ty or Town, State, 2 tt City	(ip Code) , MD	21043
	20e. METHOD OF DISPOSITION 1	1	20b. PLACE AND DATE OF cemetery, crematory or oth		me of	OATE	20c. LOCATION -	- City or To	own, Stata
1	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE Ronald	Wade Dir	22. NAME AN	D AGORESS OF FA	CILITY CITED	TE ANAT	OMV E	OARD
	State Anat.	Bd. 9-11	100	les.	epl- 6	3. Kin	- King	655	W.BaltoSt to.MD 21201
	23. PART i. Enter the diseases, or o	omplications that cau	sed the death. Do no	t enter the mo	de of dyling, aud	h aa cardlac	or reapiretory a	rrest,	Approximeta
	IMMEDIATE CAUSE (Final disease or condition	SEPSIS	n each line.						Onset and Death
- 1	reaulting in death)		AS A CONSEQUENCE OF						24
2		CHOLECY		:					
ATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING		AS A CONSEQUENCE OF)						
CERTIFICATION	CAUSE (Disease or Injury that Initiated eventa	DUE TO (OR A	S A CONSEQUENCE OF):						
SEH CEH	resulting In death) LAST	1							
پ	PART ii. Other significant condition	contributing to deat	h but not resulting in	the underlying	ceuse given in	Part I. 24s.	WAS AN AUTOPSY	24b	. WERE AUTOPSY FINDINGS
DICAL	Hypo Huyundisin,	Bilat. Maci	las degeneres	Lini S	9. HAMEN		PERFORMED?		AVAILABLE PRIDR TO COMPLETION OF CAUSE
MEC	del cancer of ve	calend, a	2) cholestea	toma	Chronic	_ '	YES 2 KNO		DF DEATH? 1 YES 2 NO
PHYSICIAN:	obstructive pulme	navy disease							Read Stand
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Ch	eck only one)			
YS!	1 TYES 2 NO	1 Inpatient 2 ER/C		OTHER: Nursing Home	5 Residence	8 Other (Spe	clly)		
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJUI (Month, Day, Yea		RY WOI		28d. OESCRIB	E HOW INJURY O	CURED	
	3 Suicide 8 Could not be determined	28e. PLACE OF INJU- building, atc. (S	JRY — At home, farm, str Specify)	net, factory, office		281. LOCATION City or Tow	(Street and Numbern, State)	er or Rural F	Toute Number,
	29e. CERTIFIER								
COMPLETED	(Check only one) 1 CERTIFYING PHYSIC ONE) 2 MEDICAL EXAMINES	IAN: To the best of my kr	nowladge, death occurred atton and/or investigation,	In my opinion, de	and piece, and dua ath occured at the	to the cause(e) lime, data and p	end menner es at Pieca, and dua lo t	ited. tha ceuse(s) and manner as staled.
IO BE	SHATURE AND TITLE OF CERTIFIER SHATURE AND TITLE OF CERTIFIER				29c. LICENSE NUM D382	ABER 96	29d. DA		(Month, Day, Year)
=	SEPH F. GIBBO	S, MA 9	SOI OLD A	rint) NNAPOLIS	ROAD,	ELLICO;	IT CITY.	MJ	21042
	31. DATE FILED (Month, Day, Year) OCT 2 2 1991	Julia David	GNATURE CON-Randoll	1					

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FOR

	1 - STATE REGISTRAR	SIAIL OF MANILAI	CERTIFIC			MENIAL HYGIET REG. NO				
	1. DECEOENT'S NAME (First, Middle, Last)				÷	2. DATE OF DEATH			3. TIME OF DEATH	
	CHARLES	MARVIN	A	LPERT		10 16	MAY 1	991	5:42 P M	
			- 1	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHP	LACE (State or Foreign	
			48 YRS.	WINS CAYS	HOURS MIN.	SEPT.13,	1943		RYLAND	
~	9e. FACILITY NAME (If not institution, give stree		96	. CITY, TOWN	R LOCATION OF D	EATH	9c. COUN	TY OF DE	ATH	
5	11837 FALLS RO	AD		COCKE	YSVILLE		BAL	TIMO	DRE	
DIRECTOR	10e. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCAT	ION			1	10d. INSIDE CITY	
	1777	ALTIMORE		OWINGS MILLS				LIMITS?		
FUNERAL	100. STREET AND NUMBER 11210 PARK HEIGHT	rs ave.		101	21117		USA		HAT COUNTRY?	
E		P. WAS DECEDENT EVER IN U	S ARMED	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Specify Ye	e or No-	14. RACE	- American Indian, White, etc.	
3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 K NO Specify: Specify: WHTTP										
COMPLETED	15. OECEDENT'S EDUCAT (Specify only highest grade con	ION 10	Se. DECEOENT'S USU	JAL OCCUPATIO	N of undian	16b. KIND OF BU	SINESS/INDU	JSTRY		
		College (1-4 or 5 +)	(Give kind of work life. Do NOT use re			D.	13 DA43 C	New Year	CALC	
₹		4	Phar	MACIST		Pi	HARMAC	COLI	.CALS	
응	17. FATHER'S NAME (First, Middle, Lest) BENJAMIN ALPERT 18. MOTHER'S NAME (First, Middle, Meiden Surreme)									
H	19a, INFORMANT'S NAME (Type/Print)	AUF BIXT			REN					
2			1			Route Number, City or Tov				
	MRS TERESA AT PER				IGHTS AV				ID 21117	
	20a METHOD OF DISPOSITION 1 ABurlel 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	0.0	ACE AND DATE OF D ry, crematory or other	place)			CATION — C		•	
	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE A	LINGTON (AMUNO) O AGORESS OF FA	10/18/91	BAL	I, TMOF	RE, MD	
j	+ Ellensue	· Parren a				& BROS.,	INC.			
			in	6010	REISTERS	STOWN RD.	BALTO.	, MI	21215	
	23. PART i. Entar tha diseases, or com ahock, or haart fallure. List	t only one cause on each	na daath. Do not a n iina.	entar tha mo	da of dying, auc	h as cardiac or resp	irstory arre	st,	Approximate interval Between	
	IMMEDIATE CAUSE (Final disease or condition	11111	4.0		2				Onset and Daath	
	resulting in death) a	DUE TO (OR AS A CO		unio)					
_			SHOLOGENOL OF J.						i	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CO	INSEQUENCE OF):							
S	cause. Entar UNDERLYING CAUSE (Disease or injury									
E	that initiated events resulting in death) LAST	DUE TO (OR AS A CO	ONSEQUENCE OF):							
H	d.									
ايا	PART II. Other significant conditions conditions	ontributing to death but	not resulting in th	ne underlying	cause givan in	Part i. 24a, WAS AN	AUTOPSY	24b. V	VERE AUTOPSY FINDINGS	
DICAL						PERFO	1 .	1	WAILABLE PRIOR TO	
						1 YES 2	6	1	OF DEATH?	
BY PHYSICIAN: ME						- Justi	SCIPEL	1 '	☐ YES 2 ☐ NO	
Z I	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PL	ACE OF OEATH (Ch	eck only one)				
Sign		OSPITAL: Inpetient 2 ER/Outpetie	ent 3 DOA 4	HER:			SCENE			
H	27. MANNER OF DEATH	28e. OATE OF INJURY (Month, Day, Year)	26b. TIME OF		IRY AT	26d. DESCRIBE HOW I				
₹	1 Natural 5 Pending 2 Accident Investigation	10-16-199	1 4:44p	M 1 Y	ES 2XXNO	PEDESTRIA	AN ST	RUCI	K BY AUTO	
	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — building, etc. (Specify)		t, lectory, office		26I. LOCATION (Street	and Number o	r Aurel Rou	ite Number,	
			ROAD			1 1837 F	ALLS	ROA	D	
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSICIAN	: To the best of my knowledg	je, death occurred at	the time, date	and piece, and due	to the ceuse(e) end mer	ner sa stete	d.		
Š	000) 2 MEDICAL EXAMINER: O	n the basie of examination en	id/or investigation, in	my opinion, de	ath occured at the	time, date and place, en	d due to the	couse(e) e	and menner on stated.	
BEC	296 SIGNATURE AND TITLE OF CERTIFIER	1.			29c, LICENSE NUN	IBER	29d. OATE	SIGNED (A	fonth, Day, Year)	
	Wayne much	w w	9		0.C.N	1.E		17-		
٩	36. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF OEATH								
	HARLIAND D.	Koreu	111 N.	PENN	STREET	BALTIMO	RE,M	ARYI	LAND 2120	
	31. DATE FILED (Month, Day Year)	32. REGISTRAR'S SIGNATU	RE						3	
	AA 6 0 4	DO1 1. 1. 1.	with a Brend	Ca. Clina						
	UCI 7.6	90000	widson-Rans							

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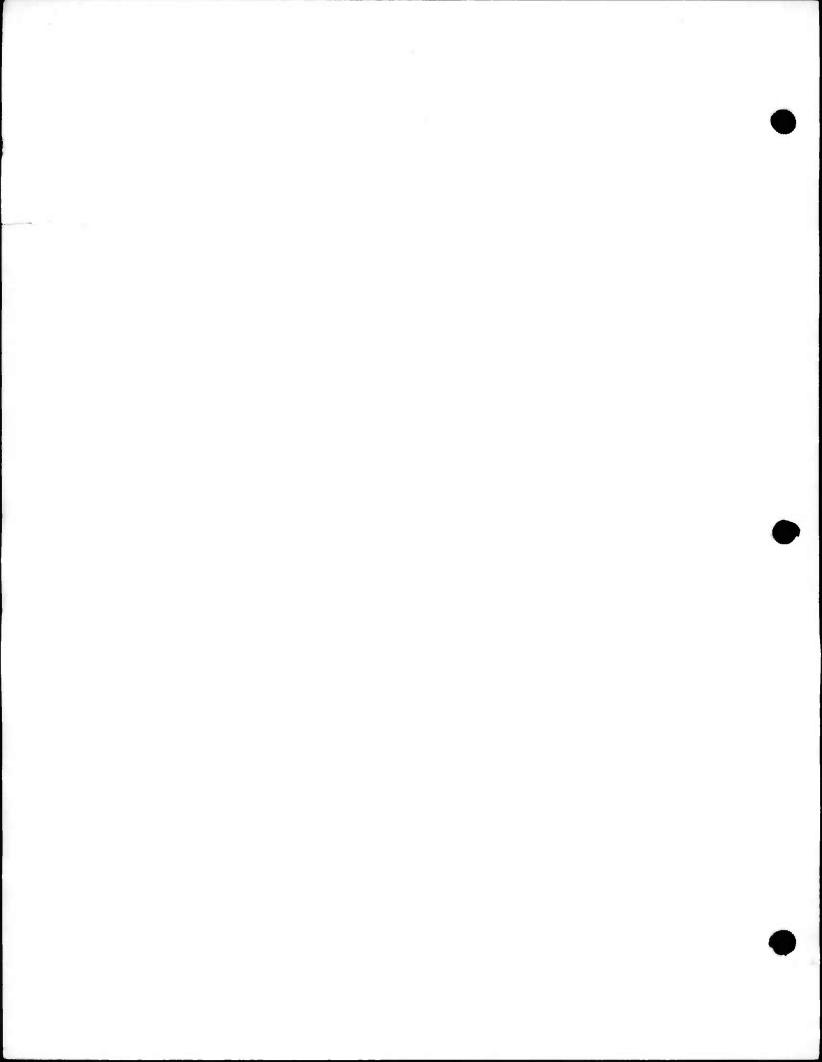
REGISTRAR	STATE OF MARYLAN	D / DEPARTN CERTIFIC			NTAL HYGIENI REG. NO.		20003
1. DECEDENT'S NAME (First, Middle, Last) Earl R. Breiner		1		2	DATE OF DEATH	91 YE	3. TIME OF DEATH
4. SOCIAL SI JURITY MIMBER		s. last birthday) IF	UNDER 1 YEAR		DATE OF BIRTH		BIRTHPLACE (State or Foreign
188 -14-6,983	1 √M 2 □ F 70	YRS. MO	NTEHS DAYS	HOURS MIN.	-14-1.92	Pe	ennsylvania
9a. FACILITY NAME (If not institution, give str				R LOCATION OF DEATI		9c. COUNTY	OF DEATH
Loch Raven Vete	erans Hosp.		Balti	more Cit	У		
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c, CITY, TO	OWN OR LOCAT	ION			10d. INSIDE CITY
MD Balt	timere						1 YES 2 NO
100. STREET AND NUMBER	7±11101.6	l bai	timore	, ZIP CODE		10a CITIZEN	OF WHAT COUNTRY?
1943 Searles F	Road		1 "	21222		U.S.Z	
11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S	ARMED	13 WAS DEC	ENDENT OF HISPANIC	OBIGIN? (Specify Ven		
1 Never Merried 2 Merried	FORCES? 1 X YES 2	□ NO	If yes, sp	ecify Cuban, Mexican, F		J. 110.	RACE — American Indian, Black, White, etc.
3∑Widowed 4 □ Divorced	IF YES, GIVE WAR OR DATES		1 U YES	2X NO Specify:		1	Specify: Vhite
15, DECEDENT'S EDUC	ATION 16	. DECEDENT'S USI	JAL OCCUPATION	DN	16b. KIND OF BUS	NESS/INDUST	RY
(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during mo tired.)	st of working			
Unknown		Ret.	Trans	fer Cler	U.S.I	oeta)	1
17. FATHER'S NAME (First, Middle, Lest)		1100.	114110.		(First, Middle, Malden		
Lawrence S. Br	ceiner			Ruth	Unknov	'n	
19a. INFORMANT'S NAME (Type/Print)		19b, MAILING AD	DRESS (Street a	and Number or Rural Rou			te)
Lawrence Brein	ner						id21108
20a. METHOD QF, DISPOSITION	20h Pl	ACE OF DISPOSITION					or Town, Stata
1 Burial 2 A Cremation 3 Ramo	oval from Stata oth	er place)					
4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE		een Mo		rematory	I Bal	to.,N	1a .
- /1///	111 MA	シノフラ				al Ho	ome, Inc.
1/////	11/10						indalk, Md.21
23. PART I. Enter the diseases, or canock, or haert feilure. LIMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one cause on sech	ine.	est		e cardiec or reapi	atory arrest	Approximate Intervel Between Oneat and Death
Sequentially list conditions,	Metar		est,	th CA			
If any, leeding to immediate	DUE TO (OR AS A CO	NSEOUENCE OF):					
CAUSE (Disease or injury	DUE TO (OR AS A CO	NECOUENCE OF					
that initiated events resulting in death) LAST	DUE TO (OH AS A CO	NSECUENCE OF):					
	J						
		not moulting in t					
PART II. Other algnificant conditions	contributing to death but i	ot resorting in t	ne underlyin	g cause given in Pa	rt I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other aignificant conditions	e contributing to death but	not respitang in t	me Underlyin	g cause given in Pa	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
PART II. Other algnificant conditions	contributing to death but	not respitang in t	ne underlyin	g cause given in Pa	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL			26. P	g cause given in Pa	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	e contributing to death but s	0	26. PI		PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Oulpatie	nt 3 DOA 4	26. PI	LACE OF DEATH (Check	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	HOSPITAL: 1 Inpatient 2 ER/Oulpetie	rrt 3 🗆 DOA 4	26. PI	LACE OF DEATH (Check	PERFOR 1 YES 2 only one) Other (Specify)	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	HOSPITAL: Impatient 2 ER/Outpette	nt 3 DOA 4	26. PITHER: Nursing Hon F 28c. IN. Y W(LACE OF DEATH (Check the 5 Residence 6 TURY AT 2 THK? YES 2	only one) Other (Specify) Bd. DESCRIBE HOW II Bf. LOCATION (Street &	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: Inpatient 2 ER/Outpette 28e. DATE OF INJURY (Month), Dev. Went)	nt 3 DOA 4	26. PITHER: Nursing Hon F 28c. IN. Y W(LACE OF DEATH (Check the 5 Residence 6 TURY AT 2 THK? YES 2	only one) Other (Specify) Bd. DESCRIBE HOW II	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only)	HOSPITAL: Impatient 2 ER/Outpette	Ont 3 DOA 4 28b. TIME 0 18b. ITIME 0 18b. IT	26. PI THER: Nursing Hon FF 28c. IN. W 1 et, factory, office	LACE OF DEATH (Check the 5 Residence 6 IURY AT 2 IURY AT 3 IURY AT	PERFOR 1 VES 2 Only one) Other (Specify) 8d. DESCRIBE HOW if City or Town, State)	MED? NO NO NUMBER OF I	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29s. CERTIFIER (Check only)	HOSPITAL: 1 Inpatient 2 ER/Outpatie 28e. DATE OF INJURY (Month, Daw. Warr) 28e. PLACE OF INJURY — building, etc. (Specify)	nt 3 DOA 4 28b. TIME 0 RBJI ET	26. PITHER: Nursing Hon FF 28c. IN. WY 1 et, fectory, office	LACE OF DEATH (Check the 5 Residence 6 RURY AT 2 PKY YES 2 WU and place, and dua to	Only one) Other (Specify) Bd. DESCRIBE HOW if City or Town, State)	MED? NO NO AJURY OCCUR NO Number or in	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Rural Route Number,
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29s. CERTIFIER (Check only)	HOSPITAL: Inpatient 2 ER/Oulpatie 28a, DATE OF INJURY (Month, Day, Venr) 28e, PLACE OF INJURY	nt 3 DOA 4 28b. TIME 0 RBJI ET	26. PITHER: Nursing Hon FF 28c. IN. WY 1 et, fectory, office	LACE OF DEATH (Check the 5 Residence 6 RURY AT 2 PKY YES 2 WU and place, and dua to	only one) Other (Specify) ed. DESCRIBE HOW if City or Town, State) the cause(a) and man ne, date and place, en	MED? NO NO NUMBER OF I	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Rural Route Number,
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: Inpatient 2 ER/Oulpatie 28a, DATE OF INJURY (Month, Day, Venr) 28e, PLACE OF INJURY	nt 3 DOA 4 28b. TIME 0 RBJI ET	26. PITHER: Nursing Hon FF 28c. IN. WY 1 et, fectory, office	LACE OF DEATH (Check the 5 Residence 6 TURY AT DRIK? YES 2 The second of the time of time of	only one) Other (Specify) ed. DESCRIBE HOW if City or Town, State) the cause(a) and man ne, date and place, en	MED? NO NO NUMBER OF I	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Rural Route Number,
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: Dinpatient 2 ER/Outpetie 28a. DATE OF INJURY (Month, Daw. Warr) 28a. PLACE OF INJURY - building, etc. (Specify) Discourage D	At home, farm, street, death occurred a	26. PI THER: Nursing Hon F 28c. IN. W 1 et, factory, office at the time, data in my opinion, o	LACE OF DEATH (Check the 5 Residence 6 TURY AT DRIK? YES 2 The second of the time of time of	only one) Other (Specify) ed. DESCRIBE HOW if City or Town, State) the cause(a) and man ne, date and place, en	MED? NO NO NUMBER OF I	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Rural Route Number,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit, it be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146

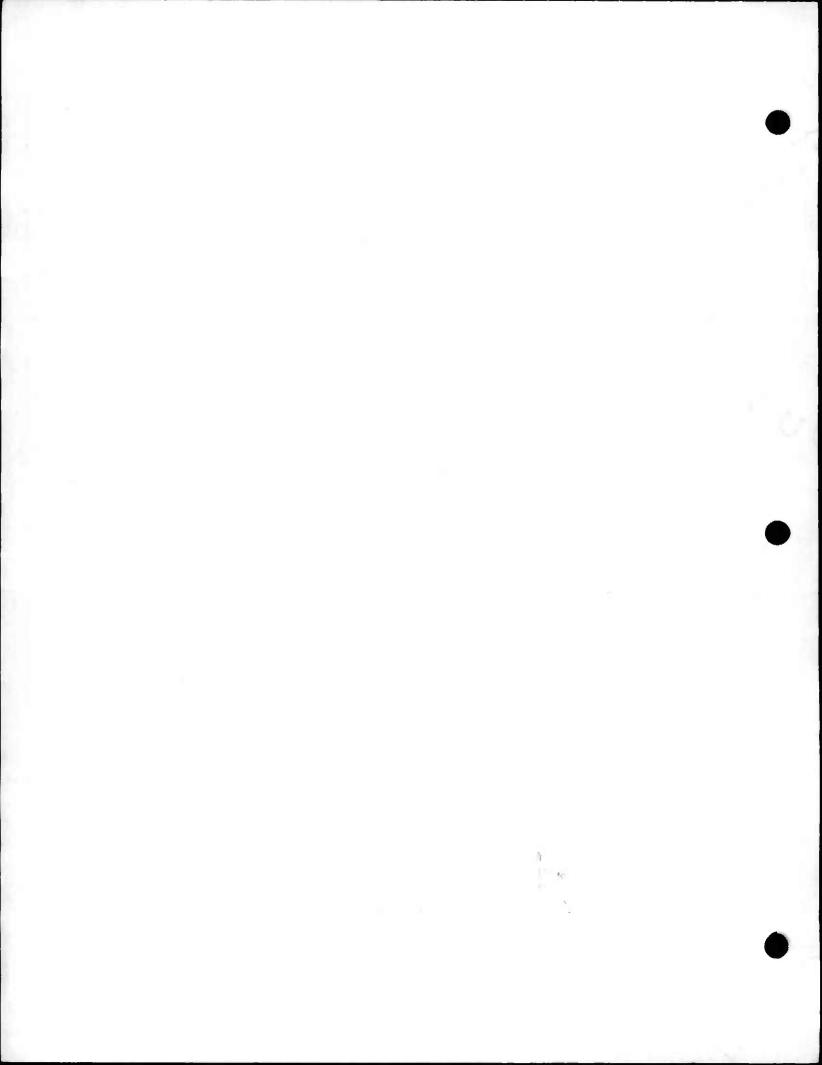
DIVISION OF VITAL RECORDS, P.O. BOX 13146,



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within countries of the death certificate be executed within countries. The fundant director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should be fined within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

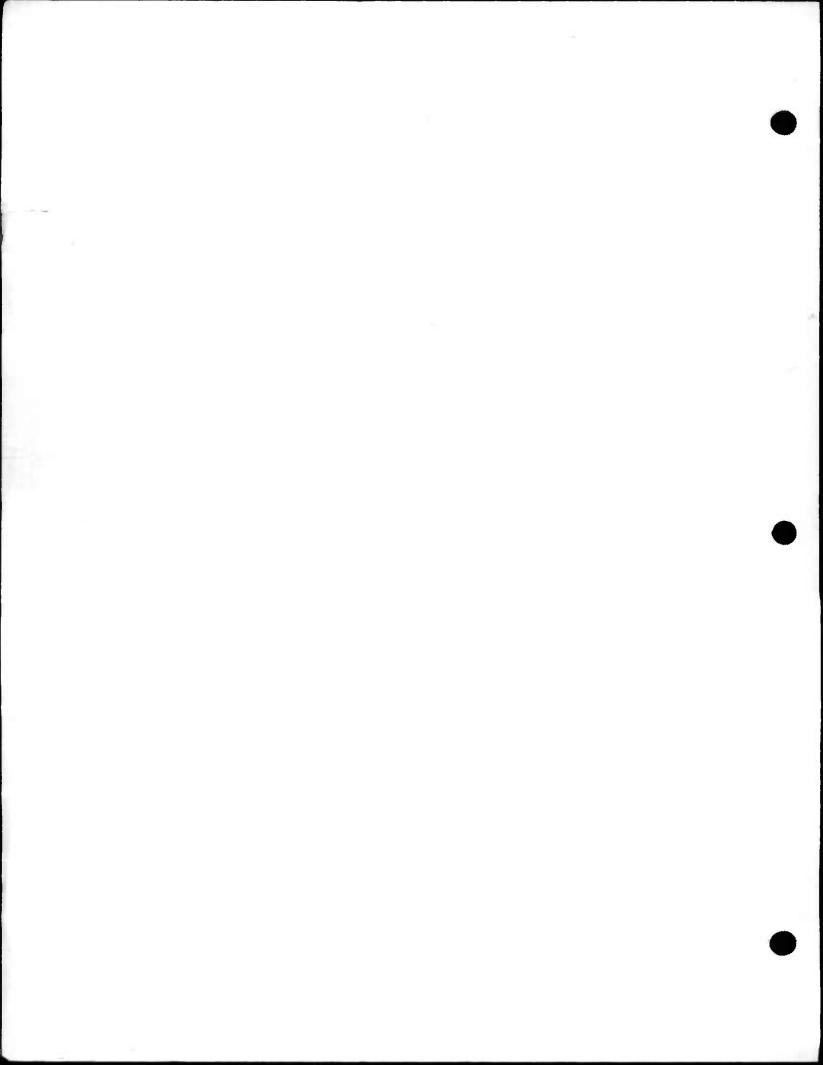
IMPORTANT: If them 28 is marked, or them 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MA	ARYLAND / I	DEPAR	RTMENT	OF HI	EALTH AND N DEATH		YGIENE EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest)							2. DATE OF	DEATH			3. TIME OF DEATH
	CATHERINE	MARY	BIENL	ETN				10-	13-199	91	YEAR	11:00 A M
			S. AGE (in yrs. last		IF UNDER 1	YEAR	IF UNDER 24 HRS.	7. DATE OF E	нятн	Т		LACE (State or Foreign
	214 20 3880 A	1 - M 2 - F	90	YRS.	MONTHS	DAYS	HOURS MIN.	(Month, Da 8-22-			Country	ryland
	9e. FACILITY NAME (If not institution, give stre				9b. CITY,	TOWN O	R LOCATION OF DE		-	9c. COUN	TY OF DE	
۳	507 East 41st	Street			Ba	alti	more			,	na	
5	RESIDENCE OF DECEDENT	50200										10d. INSIDE CITY
DIRECTOR	Maryland 10b. COUNTY	na			Y, TOWN O							LIMITS?
	10a. STREET AND NUMBER			I	Baltir	-	ZIP CODE			10o CITIZ		1 X YES 2 NO
FUNERAL	507 East 41st	Street				101.	21218	3			USA	
W		12. WAS DECEDENT	EVER IN U.S. ARE	4FD	13 W	MS DECI	ENDENT OF HISPAN		pecify Yee o			- American Indian,
드	1 Never Merried 2 Merried		YES 2 N		H	yes, spe	city Cuben, Mexicas 2 NO Specify	n, Puerto Rica			Black, Specifi	White, etc.
B	3XXWidowed 4 Divorced			no	1		Z NO Optiony	no			- oprom,	White
	15. DECEDENT'S EDUC/ (Specify only highest grade of	ATION completed)			Work done d			18b. KIP	ID OF BUSI	NESS/IND	USTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life .	Do NOT L	ise retired.)							
COMPLETED												
္ပ	17. FATHER'S NAME (First, Middle, Last)	raham					Minnie	ME (First, Midd Mary		_{umame)} nema	n	
BE		Lanam	100			(0)						
2	19a. INFORMANT'S NAME (Type/Print)		190.	MAILIN	G ADDRESS	(Street e	nd Number or Rural F	Houte Number,	city or lown,	State, Zip	C00e)	
	20e, METHOD OF DISPOSITION		20b. PLACE O	OF DISPO	SITION (Nar	ne of can	netery, cremetory or		20c. LOC/	ATION	City or Tov	vn. State
	1 Buriel 2 Cremation 3 Remo	val from State	other ple				,,					
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	2 77- 3	D2	22. 1	NAME AN	D ADDRESS OF FA	CILITY	ATE A	NI A MO	N/SZ D	OADD
	B-1191		1 Wade, 10- 2 1 -		6	55 V	V. Baltir					21201
-	23. PART I. Enter the disease, or co											Approximate
	ahock, or heart fallure. L				not enter	tile illo	ue or uying, suc	ii oo cordioc	. Or reopin	acory arr	000,	interval Between
	IMMEDIATE CAUSE (Final disease or condition	Para		. /	= 1	4.1.0	enem.					Onset end Death
	reaulting in desth)	RESPI	OR AS A CONSEC	UENCE	747 L	HRI						
-		Widely DUE TO	WET	407	ATIC	Ba	EAST (A	RCINO	AMO			
Õ	Sequentially list conditions, if any, leading to immediate	DUE 70 (OR AS A CONSEC	UENCE (DF):							
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	h										
	that initiated events	DUE TO (OR AS A CONSEC	UENCE	OF):							
CERTIFICATION	resulting in death) LAST	l										
	PART II. Other algolificant conditions	n contributing to	death but not r	aulting	in the un	derlying	g ceuse given in	Part I. 24	la. WAS AN A		24b.	WERE AUTOPSY FINDINGS
ICAL	Severe Corol	NARY H	eart d	isc	AS5	. Ro	ec veren	J- 1	PERFORI			AWAILABLE PRIOR TO COMPLETION OF CAUSE
MEDI	CONGESTIVE !	HELART	FAILH	RE.	REN	Al	FAILUR		7	Ç		OF DEATH?
2	BILATERAL BRI		ZANCE R	1	THEON		DICEASE					_ ~
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		1		-		ACE OF DEATH (Ch	neck only one)				
Sic	1 YES 2 NO	HOSPITAL: 1 Inpetient 2	ER/Outpatient 3	□ DOA	OTHER		e 5 Residence	6 Other (S	Specify)			
F	27. MANNER OF DEATH	28a. DATE OF (Month, Da		28b. T	ME OF	28c. INJ	BURY AT	28d. DESCR	IBE HOW IN	JURY OC	CURED	
ВУ	1 Natural 5 Pending 2 Accident Investigation			_	M		YES Z NO					
ED	3 Suicide 6 Could not be	26e. PLACE OF building,	F INJURY — At ho etc. (Specify)	me, farm	, street, fect	ory, offic	•		ON (Street as Town, Stete)	nd Number	or Rural F	Route Number,
313	4 Hornicide determined					-						
COMPLET	(Uneck only 75	CIAN: To the best of	my knowledge, de	ath occu	rred at the t	lme, date	end place, end due	e to the cause	(e) end man	ner ee ata	ted.	
0	one) 2 MEDICAL EXAMINE	R: On the basie of ex	ramination end/or	Investige	tion, in my o	opinion, o	leath occured at the	time, date ar	nd piece, en	d due to ti	he couse(e) and manner as stated.
BE C	296. SIGNATURE AND TITLE OF CENTIFICA	\		Dlas	را مرام	~	LICENSE NU			29d. DAT	E SIGNED	(Month, Day, Year)
	(wildet		ENDING			1760	1016	100			101	16/9/
5	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUS	E OF DEATH (ITE	M 27) (Ty	pe, Print)							
	DR. MASCHEIN	/ . 1.	20 Maide	en C	hoice	La	ne, Balt	imore,	MD 2	21228	3	
	31. DATE FILED (Month, Day, Year) OCT 9 9 1991	32. REGISTRA	R'S SIGNATURE									



DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1 - FOR STATE REGISTRAR	TATE OF MARYLAN		TMENT OF I		MENTAL HYGIEI		20000
	1. DECEOENT'S NAME (First, Middle, Last) MILLICU BALL	MILDRED BARANOWSKY			2. DATE OF DEATH DAY VEAN 3. TIME OF DEATH ON THE OF DEATH OF OF DEATH OF OF DEATH O			
OR	4. SOCIAL SECURITY NUMBER 5. SI 1 216 24 5066	8. ÁGE (In y	rs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) 7-18-192	8. 8	IRTNPLACE (State or Foreign ountry)
	9a. FACILITY NAME (If not institution, give street and number) Baltimore County Hospital			95. CITY, TOWN OR LOCATION OF OE Randallstown				imore County
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY MD		10c. CIT	10c. CITY, TOWN OR LOCATION Baltimore			10d. INSIDE CITY LIMITS? 1 YES 2 N	
COMPLETED BY FUNERAL	10e. STREET AND NUMBER Granada Nur Hm 4	Height	ights 21207			10g. CITIZEN	OF WNAT COUNTRY?	
	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARI FORCES? 1 YES 2 N IF YES, GIVE WAR OR DATES		NO NO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify of the year, specify Cuban, Mexican, Puerto Rican, etc. 1 YES 2 NO Specify:			Yee or No— 14. RACE — American Indian, Black, White, etc. Specify: White	
	15. DECEDENT'S EDUCATION (Specify only highest grade compl Elementary/Secondary (0-12) Col		(Give kind of life. Do NOT us	USUAL OCCUPATI work done during m se retired.)	ON ost of working	16b, KIND OF B	USINESS/INDUSTI	HY .
	17. FATHER'S NAME (First, Middle, Last)			16. MOTNER'S NAME (First, Middle, Maiden			Surneme)	
TO BE	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)							9)
	20s. METNOD OF DISPOSITION 1	rom State of	her place)		metery, crematory or	20c. L	OCATION — City	or Town, Slata
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE ROMALD Wade, Dir 22. NAME AND ADDRESS OF FACILITY STATE ANATOMY BOARD 655 W. Baltimore St, Balto., MD 21201							
	33-PART I. Enfer the disease, or complehock, or heert fallure. Liet of IMMEDIATE CAUSE (Final disease or condition resulting in death)	only ona ceuse on sect	ilna.			h es cerdiec or rea	piretory arrest,	Approximate interval Between Onset and Death
CERTIFICATION	disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente reaulting in death) LAST Verticular fibrillation DUE TO (OR AS A CONSEQUENCE OF): Concestive Neart fullow DUE To (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):							
CAL	PART II. Other algnificent conditions contributing to deeth but not re			resulting in the underlying ceuse given in		242. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 PROBLEM 2 EN/Outpatient 2 EN/Outpatient 3 DOA 4 Number Home 5 Residence 8 Other (Specify)							
BY PHYSICIAN: MED	27. MANNER OF DEATH 1 Natural 5 Pending	Inpetient 2 ER/Outpetie 28e. DATE OF INJURY (Month, Day, Year)	28b. TIR	NE OF 28c. IN	JURY AT ORK? YES 2 NO	28d. DESCRIBE NOV	INJURY OCCURE	ED
	2 Accident Investigation 3 Suicide 5 Could not be determined 25a. PLACE OF INJURY — At ht building, stc. (Specify)		At home, farm,	ome, farm, street, factory, office		281. LOCATION (Street and Number or Rural Route Number, City or Yown, State)		
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and menner se stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and menner as stated.							
BE	296. SIGNATURE AND TITLE OF CERTIFIER A.D.				29c. LICENSE NU	MBER 29d. DATE SIONED (1) → 10 / 1		ONED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) JORGE MUJICA M'D BALT. (DUNTY GENERAL MOSPITAL							
	31. DATE FILED (Month, Day, Year)	32 PREGISTRAR'S SIGNATION	Rando DO	1				



1 - FOR STATE REGISTRAR

ome

1. DECEDENT'S NAME (First, Middle, Last)

Aaron

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DIVISION OF VITAL RECORDS,	The second secon
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4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. newborn YRS. 9 page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH HOWARD County DIRECTOR Columbia 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland Howard County Columbia FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10333 Twin river Road 21044 24 hours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No --1 Naver Married 2 Merried If yee, specify Cuben, Mexican, Puarto Rican, atc.) 1 YES 2 NO В Specify: 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION t6a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest grade completed) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (t-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) ts. MOTHER'S NAME (First, Middle, Maiden Surname) notified at DORSEY AARON JENETTE WARNER BOYCO BE CYNELLE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Reynelle Warner Boyce Mother 10333 Twin river Road, Columbia, MD pe 200. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION /Name of must DATE 20c. LOCATION — City or Town, State 1 Buriel 2 Cremation 3 Removal from State
4 Donation 8 Other (Specify) funeral director, examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Ronald Wade, Dir STATE ANATOMY BOARD 10-21-91 655 W. Baltimore St, Balto., MD 21201 completely filled in by the medical 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final the disesse or condition resulting in death) Extrem executed within e crema event, DUE TO (OR AS A CONSEQUENCE OF) burial, other traumatic CERTIFICATION attending physician and Sequentially list conditions, Hygiene prior to DUE TO (OR AS A CONSEQUENCE OF): If sny, leading to immediate cause. Enter UNDERLYING 2 death certificate CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated avants reaulting in death) LAST 6 been signed by the atter Injury, PART ii. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24s. WAS AN AUTOPSY shows any 1 TES 2 TNO requires PHYSICIAN: Dept. 23 certificate has the State Dept 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) item EXAMINER? HOSPITAL: OTHER: Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 8 Other (Specify) 6 27. MANNER OF DEATH this c 28e. DATE OF INJURY (Month, Day, Yeer) 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED marked. 1 X Natural 5 Pending BY 1 YES 2 NO After t 2 Accident ATTENDING 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide TO THE HOSPITAL OR ATTENDIT TO THE FUNERAL DIRECTOR: AN be filled within 72 hours after de IMPORTANT: If Item 28 is 1 28 is 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide determined t CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and menner ee stated. 29s. CERTIFIER (Check only one) 2 _ MEDICAL EXAMINER: On the basis of axamination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the ceuse(s) and menner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIES BE 29c. LICENSE NUMBER Meres MD D39623 2 30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) SIOSON- PEYES MO PAULINE B. HOWARD COUNTY GOVERAL HOSPITAL COLUMBIA

32. REGISTRAR'S SIGNATURE

Charles

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

BOYCE

Jeffrey

91 28606

3. TIME OF DEATH

MARYLAND

10d. INSIDE CITY

RACE — American Indian, Black, White, etc.

Specify: Black

1 YES 2 NO

Approximate

interval Between

Onset and Desth

6

24b. WERE AUTOPSY FINDINGS

AVAILABLE PRIOR TO COMPLETION OF CAUSE

OF DEATH? 1 TES 2 NO

29d. DATE SIGNED (Month, Day, Year)

10/15/91

8. BIRTHPLACE (State or Foreign

35 A H

REG. NO.

10

9c. COUNTY OF DEATH

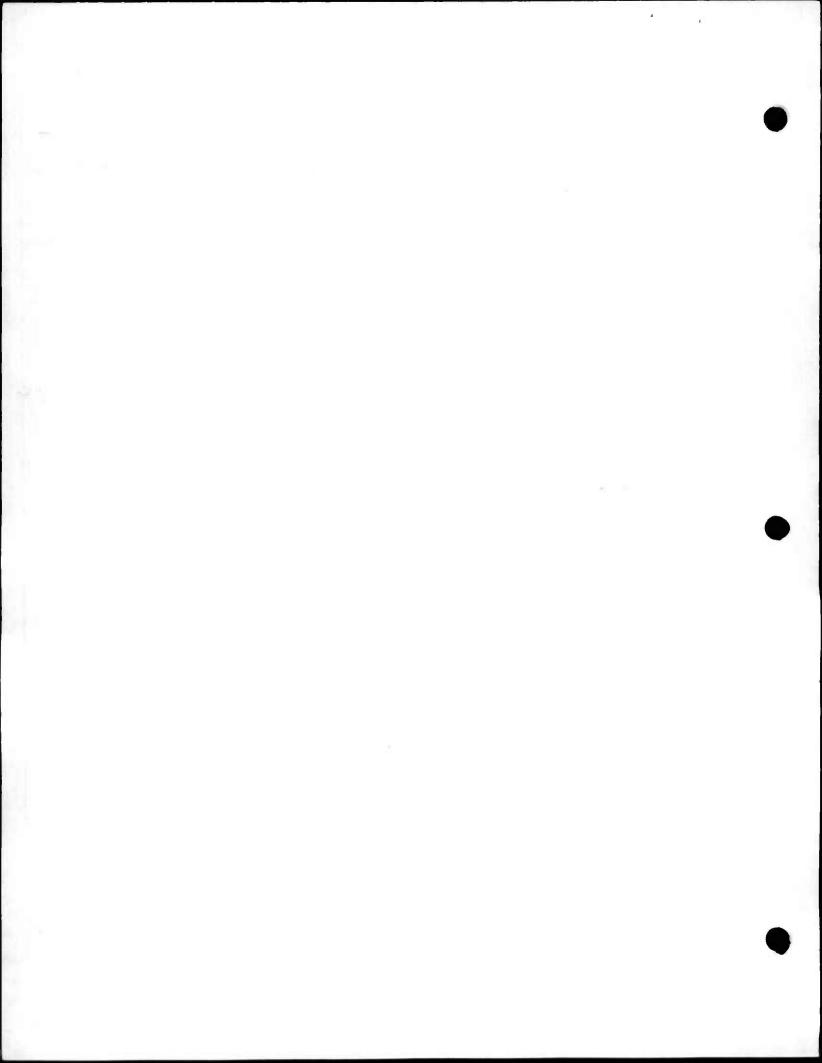
+owARD

10g, CITIZEN OF WHAT COUNTRY?

21044

USA

2. DATE OF DEATH



24 hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

FOR STATE REGISTRAR

BOX 68760, P.0. DIVISION OF VITAL RECORDS,

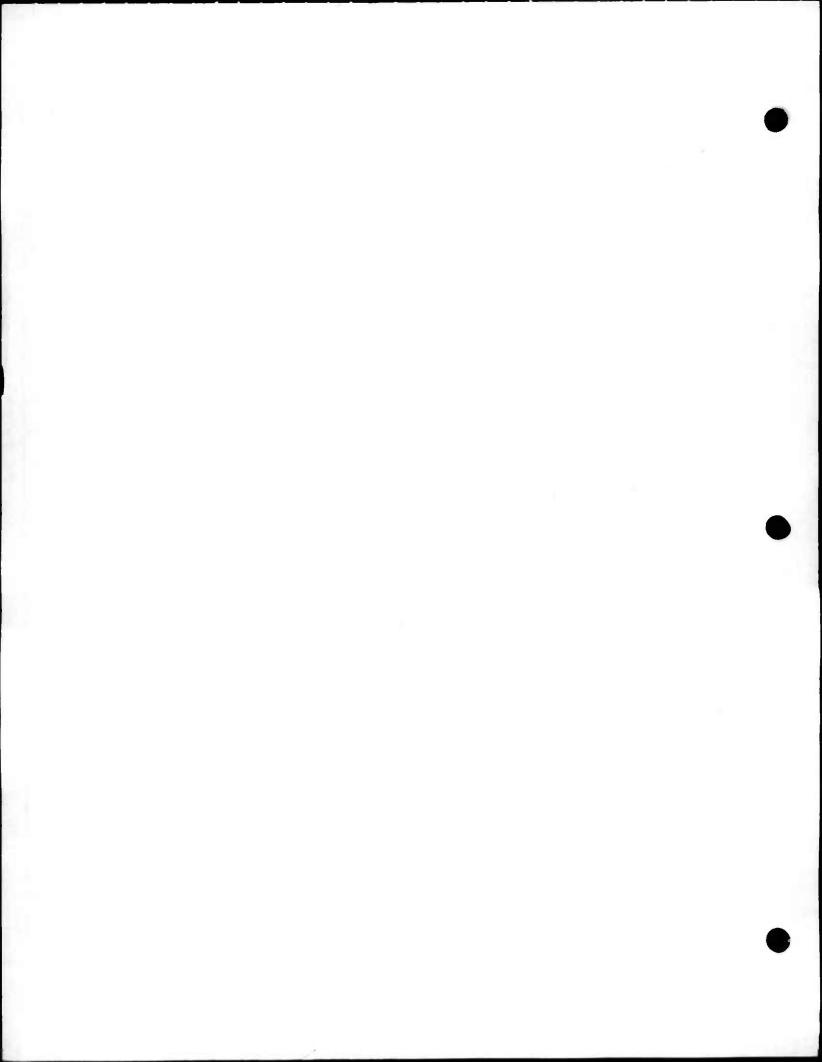
HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 10-15-91 BARY BOY BENNETT 3. TIME OF DEATH BB 0906 (AM) 10 4. SOCIAL SECURITY NUMBER 6. ASE (In yrs. last birthday) 5. SEX 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign Country) Maryland NIA DAYE 1 M 2 | F 0 YRS 0 0 15 permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH MANGET TO OF MODERATE Baltimore FUNERAL DIRECTOR NA 10e. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Baltimore na 1 X YES 2 NO 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 539 N. Mount Street use as the burial-transit 21202 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married BY 3 Widowed 4 Divorced Specify Black COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highes (Give kind of work done life. Do NOT use retired.) ò Elementary/Secondary (0-12) College (1-4 or 5+) director, page 5 should be detached once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) ā Towanda Bennett BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Towanda Benneth Mother 539 N. Mount St, Balto, MD 21202 P must 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State 4 □ Donation 6 □ Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY filled in by the funeral on, or removal. Ronald Wade, Dir STATE ANATOMY BOARD fourt 10-21-91 655 W. Baltimore St, Balto., MD Kin Acex the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, auch as cerdiec or reepiratory arrest, Approximete shock, or heart failure. List only one cause on each line. Intarvel Between IMMEDIATE CAUSE (Final **Onaet and Death** cremation, disease or condition resulting in death) signed by the attending physician and completely the Health and Mental Hygiene prior to bunal, cremation rematurity. 27-23 wk event, DUE TO (OR AS A CONSEQUENCE OF) vev. able traumatic infant CERTIFICATION Sequentielly list conditions DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury other that initieted evente DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST Injury, or PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part 1. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS s been signed by opt. of Health and 3 shows any I AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 Z VES 2 NO 1 YES 2 NO has be Dept. c PHYSICIAN: After this certificate had death with the State De marked, or item 2 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 TYES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending М After 1 death BY 1 YES 2 NO 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28 is I 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED FUNERAL DIRECTOR: within 72 hours after 4 Homicide determined IMPORTANT: If Item 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the ilms, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER THE P BE 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) 223 3970 15/5 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Paint) 1171415 Luka Davidson-Hander

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

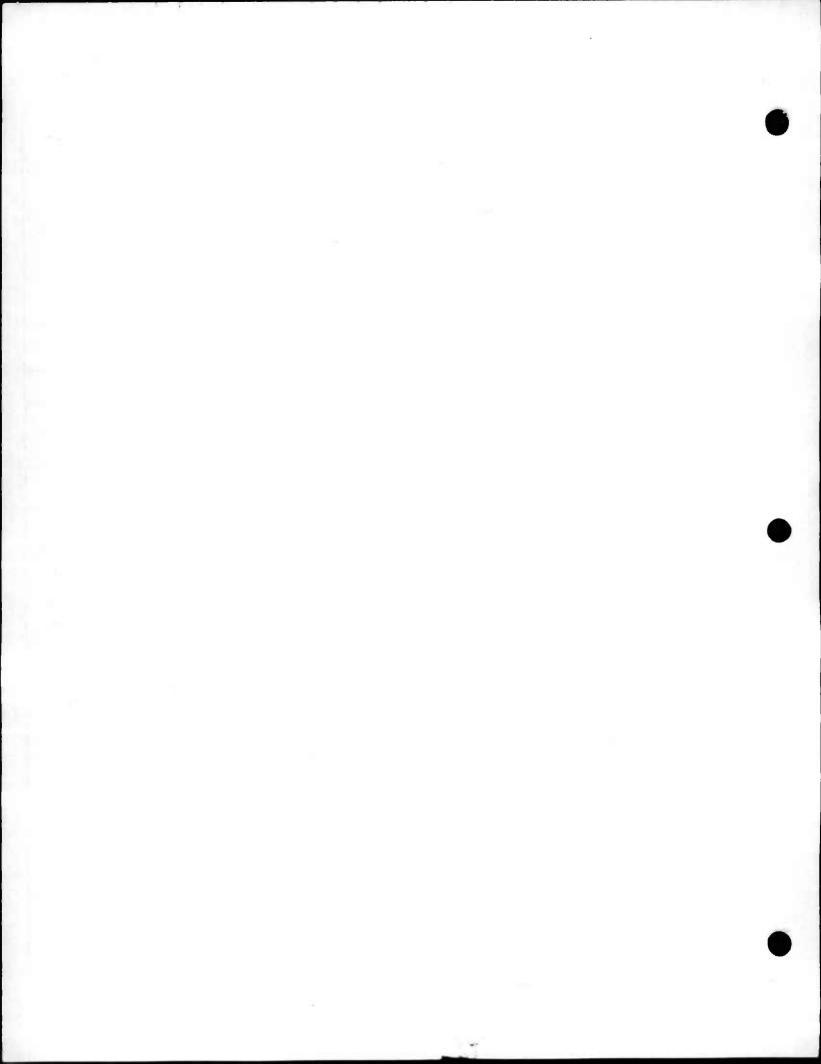
REG. NO.



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of death with the State Dept. Of regula and mental hygiene prior to build, defined	matic
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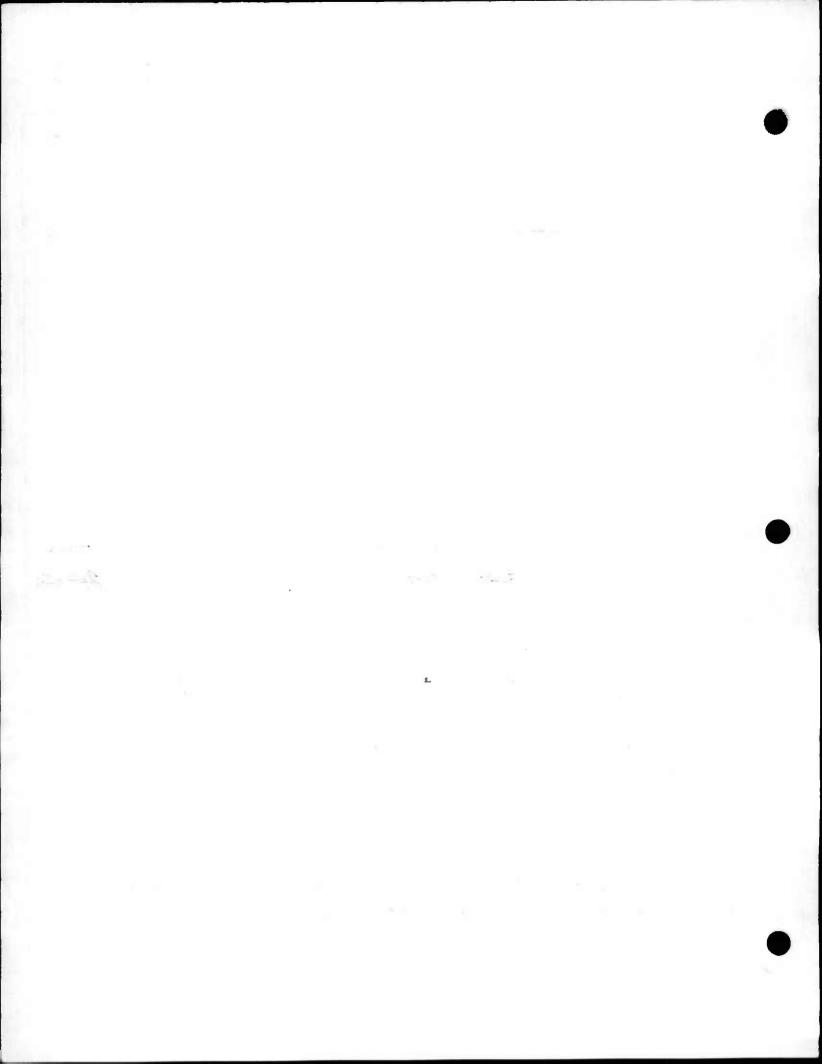
		1 - STATE STATE OF MARYLA	ND / DEPARTMENT OF H CERTIFICATE OF	TEALTH AND MEN	TAL HYGIENE REG. NO.			
		1. OECEDENT'S NAME (First, Middle, Last)	borshay	2. 0/	2. DATE OF DEATH 3. TIME OF DEATH			
				0	tober 16,19	97 84		
		577 10 90 15 10 M 2XF	YRS. MONTHS DAYS	HOURS MIN. 7. DA	TE OF BIRTH onth, Day, Year)	BIRTHPLACE (State or Foreign		
a a	E I	9a. FACILITY NAME (If not institution, give street and number) TILL Park HTS AVA A		OR LOCATION OF DEATH		Y OF DEATH		
į	1	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY						
- 1	FUNERAL DIRECTOR	MD	Baltimi			10d. INSIDE CITY LIMITS? 1 X YES 2 \(\square\) NO		
ERAI		7111 Park Hts Aug	Apt 207 101	21215	IOg. CITIZE	N OF WHAT COUNTRY?		
		11. MARITAL STATUS 1 Never Married 2 Married 12. WAS DECEDENT EVER IN FORCES? 1 VES IF YES, GIVE WAR OR DAT	2 NO If yes, sp	ENDENT OF HISPANIC ORI ecify Cuben, Mexican, Puer 2 NO Specify:	GIN? (Specify Yea or No.— 1/ to Rican, atc.)	4. RACE — American Indian, Black, White, alc.		
D BY		350 Wildowed 4 Divorced				Specify: White		
ETE	COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4 or 5 +)	18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during modifie. Do NOT use milited.)	ON st of working	16b. KIND OF BUSINESS/INDUS	STRY		
MPL		12	ADMINISTRAT	POR	SOC. SECURIT	TY ADMN.		
		17. FATHER'S NAME (First, Middle, Last) BERNARD MILLER		18. MOTHER'S NAME (FI/S) BESSIE	t, Middle, Maiden Surname)			
Med a		19e. INFORMANT'S NAME (Type/Print)	19b. MAILING ADDRESS (Street a		MOSE			
100	1	MR. HAROLD MILLER	35 SADDLE CT	., BALTIMOR	E, MD 21208	oue)		
ti ii	1	comet	PLACE AND DATE OF DISPOSITION (Na ery, crematory or other place)	me of D.	ATE 20c. LOCATION CIT			
9	ł	4 Donation 5 Other (Specify) BOBI 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	ROISKER BENEFIC	IAL CTR. 10	/18/91 ROSEI	DALE, MD		
MET.	П	SOL LEVINSON & BROS., INC.						
medical	7	23 PART I Enter the diseases, pr complications that caused to	6010 RETSTERSTOWN RD BATTO MD 2121 suised the death. Do not enter the mode of dying, such se cardiac or respiratory errest, Approxim					
9	7	Interval Batw Onset and D						
art, the		disesse or condition resulting in death)	myocodeal	infort, or		minute		
other traumatic event, TIFICATION		DUE TO (OR AS A C	ONSEQUENCE OF):	- 6		1/1/5		
r other traumatic		Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF)						
를 를		CAUSE (Disease or injury that initiated events	ele mille	7		VVS		
- I E		that initiated eventa resulting in death) LAST	ONSEQUENCE DF).					
		PART II. Other significant conditions contribution to death but						
any injury, DICAL CI		PART II. Other significant conditions contributing to death but	not resulting in the underlying	causa givan in Part I.	24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DE CAUSE		
shows a					1 TES 2 NO	OF DEATH?		
23 sh						TES 2X NO		
SICIAN:		25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	OTHER:	ACE OF DEATH (Check only	one) ·			
0 >	ł	1 ☐ YES 2 ☐ NO ☐ ☐ Inpellant 2 ☐ ER/Outpett 27. MANNER OF DEATH	ent 3 DOA 4 Nursing Home 28b. TIME OF 28c. INJU	Basidence 8 01	her (Specify) ESCRIBE HOW INJURY OCCUR	MED.		
marked, BY PH		1 Accident 5 Pending (Month, Day, Yeer)	INJURY WOI	RK?	LYONDE HOW INDON'T COCOP	RED		
Z8 IS		3 Suicide 4 Homicide 8 Could not be detarmined 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify)			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
MPORTANT: If item BE COMPLE		29a. CERTIFIER (Check only one)	ge, death occurred at the time, date	end place, and due to the c	ause(a) end manner as stated.			
CO			XAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated.					
TO BE		296. SIGNATURE AND TYTLE OF CERTIFIER	ng.	29c. LICENSE NUMBER	29d. DATE SI	IGNED (Month) Day, Year)		
		30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)						
	-	31. DATE FILED (Month Park Mart)						

DHMH-18 Rev 1/89



_	FOR STATE REGISTRAR	STATE OF MARYLAN	iformant G ID / DEPARTMEN CERTIFICAT	-682 12/23/9 NT OF HEALTH AND 'E OF DEATH	MENTAL HYGIE		20003		
	1. DECEDENT'S NAME (First, Middle, Last)		SKMAI	/	2. DATE OF DEATH	18-9	3. TIME OF DEATH		
Should	4. SOCIAL SECURITY NUMBER 178–18–1798 9a. FACILITY NAME (If not institution, give st	1 🗆 M 2 💢 F 8	5 YRS. MONTH		7. DATE OF BIRTH (Month, Day, Mar) PEB. 7,	.906	BIRTHPLACE (State or Foreign ENNSYLVANIA		
, E	1235 POTOMAC VALL		9b. CI	The second secon			OF DEATH VIGOMERY		
AE DIREC	Penn. Philac	NTCOMERY delphia	10c. CITY, TOWN	VTLID	delphia		10d. INSIDE CITY LIMITS? 1 YES 2 NO		
EN NE	100. STREET AND NUMBER 1919 (101. ZIP CODE 19	1.03 2 50	10g. CITIZEN	OF WHAT COUNTRY?		
E # 17 00	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 TYES 2 IF YES, GIVE WAR OR DATE	NO	I. WAS DECENDENT OF HISP. If yea, specify Cuban, Maxic 1 YES 2 NO Specific	cen, Puerto Rican, etc.)		RACE — American Indian, Black, White, atc. Specify: WHITE		
2 2 4 1	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION 18 completed) College (1-4 or 5+)	a. DECEDENT'S USUAL (Give kind of work don life. Do NOT use retired	e during most of working	18b, KIND OF BI	USINESS/INDUST	RY		
comprise com	12		HOUSEWIFE		AT H	HOME			
0 6	17. FATHER'S NAME (First, Middle, Lest) JUDAH ZUCK	ER		18. MOTHER'S N	HENDEL	n Surneme) GROS	SMAN		
S SP 02	19a. INFORMANT'S NAME (Type/Print) MRS. MARIAN MULLE			ss (Street and Number or Rura	I Route Number, City or To	wn, State, Zip Coc			
8 8	2eg. METHOD OF DISPOSITION Y 11 Burial 2 Cremation 3 1 Ramo 4 Donation 5 Other (Specify)	20b.PL	ACE AND DATE OF OISPO y, Crematory or other place NTEFIORE	OSITION (Name of	DATE 20c. L	OCATION — City	or Town, State		
rs after death. Page 6 ma 1 by the funeral director, it removal. idical examiner must	MONTEFIORE 10/20/91 ROCKLEDGE, PA 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTO, MD 21215 23. PART Linter the diseases, or complications that coused the death. Do not enter the mode of dying, such as cardisc or respiratory street, Approximate								
the death certificate be executed within 24 hours after the attending physician and completely filled in by the Mental Hygiene prior to burial, cremation, or removinjury, or other traumatic event, the medical NL CERTIFICATION	iMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentistly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in deeth) LAST	DUE TO (OR AS A CO	Embolion NSEQUENCE OF) P1 NEODUBICE OF)				Interval Between Onset and Death		
en signed by of Health and thows any MEDICA	PART II. Other eignificent conditions C1+F Pheumma Anuna;	contributing to death but r	not resulting in the u	nderlying cause given in	Pert I. 24a. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
- 2 a a O	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outpatier	nt 3 DOA 4 No	28, PLACE OF DEATH (C R: raing Home 5 - Residence					
The with with the party of the	27. MANNER OF OEATH \ 1 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c, INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW	INJURY OCCURE	D		
OTOR: A after d after d TED	2 Accident Investigation 3 Suicide S Could not be detarmined	28a. PLACE OF INJURY — A building, etc. (Specify)	28s. PLACE OF INJURY — At home, farm, street, factory office		281. LOCATION (Street City or Town, State	and Number or Re	ural Route Number,		
D.	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINER	IAN: To the best of my knowledge : On the basis of examination and	e, death occurred at the	time, data and place, and dur opinion, death occured at the	to the cause(a) and ma	nner as stated.	rse(s) and menner se atated.		
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: If TO BE COMI	296. SIGNATURE AND TITLE OF CERTIFIER	nlm		DI87	MBER ? G		NED (Month, Day, Year)		
		COMPLETED CAUSE OF DEATH	OLACY,	D187	2_	-			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATUR	re Varidson-Ra	ndelle					

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BALTIMORE, MARYLAND 21203-3146

DIRECTOR

FUNERAL

BY

COMPLETED

BE

2

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

9

31. DATE FILED (Month,

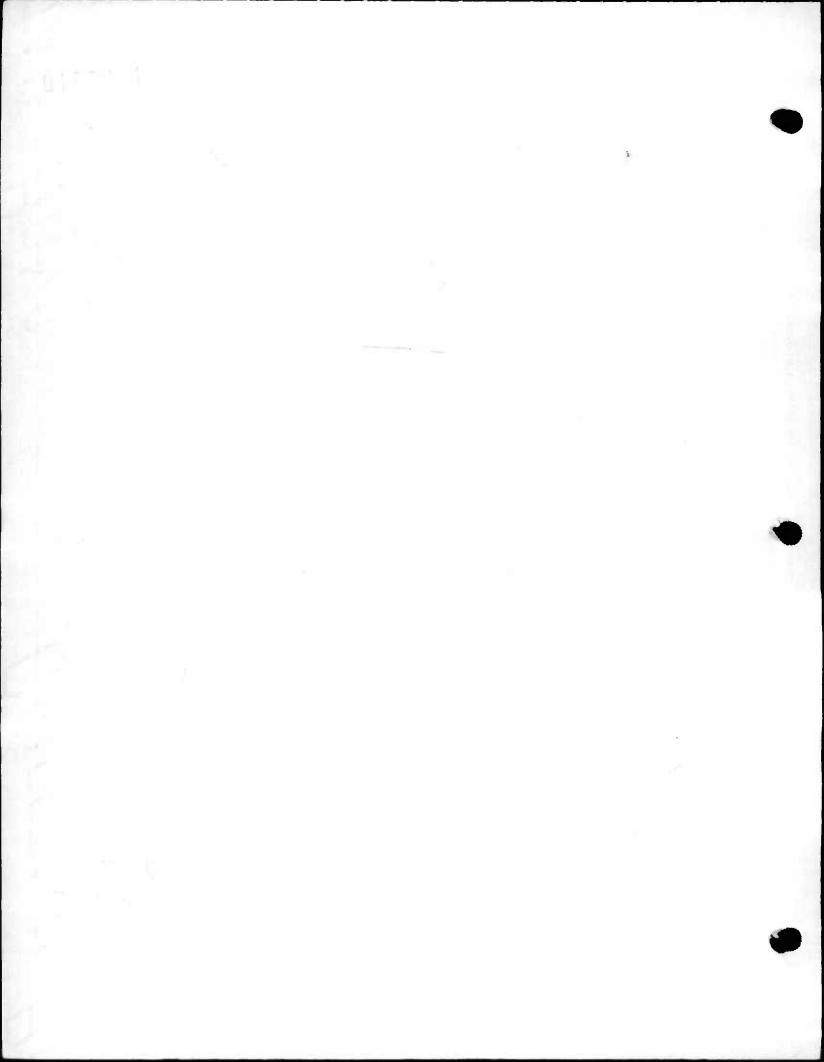
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TO THE FUNERAL D be filed within 72 h IMPORTANT: If It

7	ir. Pages 1	
propertient.	OHECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	
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may be retained by the mospital of	ge 5 shou	e notifie
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law requir	as been si Dept. of He	23 show
CIAN: I'Ne	ertificate h	or item
L OR ALLENDING PHYSICIAN: The law requires that	After this c	item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
K ALIEND	RECTOR: /	ım 28 is
0	0 8	=

28610 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH YEAR ACG (STEVEN LEE BACH) DM. 91 10 8. BIRTHPLACE (State or Foreign Country) 7. DATE OF BINTH (Mont), Day Yea IF UNDER 1 YEAR IF UNDER 24 HRS. 4. SOCIAL SECURITY 5. SEX 6. AGE (In yrs. last birthday) 214-54-3952 1 2 M 2 | F 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF 6601 COPPER RIDGE DR., APT. T-1 BALTIMORE BALTIMORE RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10a. STATE 10b. COUNTY 10d. INSIDE CITY LIMITS? BALTO 10 1 | YES 2 00 10e, STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 21209 u ,6001 12. WAS DECEDENT EVER IN U.S. ABMED FORCES? 1 - YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yea, specify Cuban, Maxican, Puerto Rican, atc.) 11. MARITAL STATUS 14. RACE — American Indian, Black, White, atc. If yes, specify C 1 Never Married 2 Married NO Specify: White Specify: 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION 15. OECEOENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high (Give kind of work done life. Do NOT use retired) nentary/Secondary (0-12) College (1-4 or 5+) 4 SALES CAR RENTAL 17. FATHER'S NAME (First, Middle, Jast) 18. MOTHER'S NAME (First, Middle, Maiden Surname) entin **BACH** Ra 110 19b. MAILING ADDRESS (Street and Number or Pural Route Number, City or Town, State, Zip Code)
3301 TERRAPIN RD., BALTIMORE, MD 21208 19a. INFORMANT'S NAME (Type/Print) MRS. NADINE MOSGIN 20 METHOD OF DISPOSITION
1 Burial 2 Cremetion 3 Removal from State
4 Donation 8 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State BALTIMORE, MD ANSHE EMUNAH AITZ CHAIM 10-20-91 21. SIONATURE OF FUNERAL BETWICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 21215 6010 REISTERSTOWN RD., BALTO., MD ely 23. PART f. Inter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line. Approximate Interval Betw **Onset and Death** IMMEDIATE CAUSE (Final disease or condition LOIAC ARROST OUE TO (OR AS A CONSEQUENCE OF): acolac IHHED recuiting in death) CARPIOVASULAR Theroscierotic Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING abetes CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events recuiting in deeth) LAST DISCASE ente PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE PERFORMED? OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO 28, PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 | Inpetiant 2 | ER/Outpetiant 3 | DOA 5 Realdence 8 - Other (Specify) 28a. DATÉ OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Natural 5 Pending 1 YES 2 NO 2 Accident 28a, PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be 4 Homicide 29a. CERTIFIER 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. EXMEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29d. DATE SIGNED (Month, Dey, Year) 29c. LICENSE NUMBER DO 4353 OF DEATH (ITEM 27) (Type, Print) 001 eis teestown 40 22 REGISTRAP'S PIGNATURE SON-PANDADE



TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE FUNERAL CHECOCH. A THE THE SELECT SEL requires that the death certificate be executed within 24 7 DIVISION OF

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION TO THE HOSPITAL OR ATTENDING PHINDCAN
TO THE FUNERAL DIRECTOR Aniar less
be filed within 72 hours are darm with the d

31. DATE FILEO (Month, Day, Year)

OCT 2 2 1991

2. REGISTRAR'S SIGNATURE

1 - STATE REGISTRAR		STATE OF	MARY	LAND /	DEPART	MENT	OF I	HEALTH AND	ME	NTAL HYGIEN	E		
1. DECEDENT'S NAME (First	t, Middle, Last)									DATE OF DEATH			3. TIME OF DEATH
		Haze1	S.	Baue	er					October 2	0, 1	YEAR	7:30 p.m. w
4. SOCIAL SECURITY NUMI	BER	5. SEX	6. AGE	(In yrs. las		IF UNDER		IF UNDER 24 HRS.	7.	OATE OF BIRTH	, ,	8. BIRTH	PLACE (State or Foreign
219-10-1208	A.	1 🗆 M 2 🗶 F	9	97	YRS.	MONTHS	DAYS	HOURS MIN.	_	(Month, Day, Year) 2b. 4, 18	0/1	Counti	yland
9a. FACILITY NAME (If not in	stitution, give s	street end number)				9b. CITY,	TOWN	OR LOCATION OF D				NTY OF D	
2504 Pineb		load				Balt	imo	ore					
10a. STATE	10b. COUNT	Y			10c. CITY,	TOWN OF	LOCA	TION					10d. INSIDE CITY
Maryland 100. STREET AND NUMBER					Balt	imor	_						LIMITS? 1 X YES 2 NO
- 1111-32-1-1-2-1-2-1-1	b D.	- 1					101	I. ZIP CODE	000		10g. CITI	ZEN OF Y	WHAT COUNTRY?
2504 Pinebr	usn Ko								209			ed S	tates
11. MARITAL STATUS 1 Never Merried 2	Merried	12. WAS DECEDER FORCES?	T EVER	IN U.S. AR	MED 10	13. W	AS OEC	ENDENT OF HISPA ecity,Cuben, Mexic	NIC O	RIGIN? (Specify Yes	or No-	14. RACE	E — American Indian, k, White, etc.
3 🔀 Widowed 4 🗆 Divo		IF YES, GIVE	MAR OR O	DATES		1	☐ YES	2 NO Speci	ffy:	anto ricali, etc.)		Speci	
15. DEC (Specify only	EDENT'S EDU y highest grade	CATION completed)		18a, DE	CEOENT'S U	SUAL OC	CUPATIO	ON .		16b. KIND OF BUS	INESS/INE	USTRY	
Elementary/Secondary (0)-12)	College (1-4 or 5	+)	life.	Do NOT use	retired.)	nung mo	st of working					
8th Grad	e			1	lomema	ker				Но	me		
17. FATHER'S NAME (First, M	iddle, Last)							18. MOTHER'S N.	AME (First, Middle, Malden	Surname)		
	un	known		SWA	ARTZ			unknow	n				
19e. INFORMANT'S NAME (7	ype/Print)			191	. MAILING A	OORESS	(Street e	and Number or Rural	Route	Number, City or Town	, State, Zip	Code)	
Miss Violet	Bauer			2.5	04 Pi	lnebi	ush	Rd. Ba	1ti	imore, MI	212	09	
20a. METHOD OF OISPOSITI	ION on 3 - Rem	oval Irom State	CRE	matary cra	AND DATE OF	or place!			105	2	CATION —		
21, SIGNATURE OF FUNERA		PINSE	_ [LC	orrai	ine Pa			etery 10		2/91 Balt	imor	e, M	laryland
Josey	191	v Kol	On	02		Lor	ing	g Byers	Fur	neral Din		-	
23. PART i. Enter the di	seasea, or o	complications the	t cause	d the de	eth Do no	10/2	.0 1	de of dulos	Ka.	Kandall	Isto	wn,	MD 21133-47
arrock, or pr	eart lanura.	List only one cau	Jae on e	each ilne		t ontor t	na mo	de or dying, auc	on aa	cardiac or raapi	atory arr	eat,	Approximate interval Between
IMMEDIATE CAUSE (Findisease or condition	ai			1	, ,								Onset and Death
resulting in death)	→	a		Wi	ULLU (91	14						
		DUE TO	(OR AS	A CONSEC	DUENCE OF):								
Sequentially list conditi	ons.	b	- 4	1/3	CUY								
if any, leading to immed	diate	OUE TO	(OR AS	A CONSEC	DUENCE OF):								
CAUSE (Disease or inju		с											
that initiated events reaulting in death) LAS	,	DUE TO	(OR AS /	A CONSEC	UENCE OF):								
Traditing in death, EAS		d											
PART II. Other algnifica	nt condition	s contributing to	death t	out not r	esulting in	the und	adulac	s course obver to	Door				
		15	eni	nti	51	are one	orrying	caude given in	rart	i. 24e. WAS AN		246.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
		- 0 -	VIN	1/1/10	7					1 TYES 2	D NO		OF DEATH?
										1			1 TYES 2 NO
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	11000171					28, PL	ACE OF DEATH (Ch	eck or	nly one)			
1 TYES 2 TIMO		HOSPITAL: 1 Inpatient 2	ER/Out	patient 3		OTHER:	м Ноп	5 Residence	аП	Other (Specify)			
27. MANNER OF DEATH		28e. DATE OF			28b. TIME	OF 2	Bc. INJI	JRY AT		. DESCRIBE HOW IN	JURY OCC	URED	
	Pending nvestigation	(Month, D	ey, rear)		INJUE	M	1 Y	RK? 'ES 2 NO					
3 Sutate	Could not be	28e. PLACE O	F INJURY	/ — Al hor	ne, farm, atr	et, lector	y, office		281.	LOCATION (Street a	d Number	or Rural R	inute Number
	determined	building,	etc. (Spec	cify)						City or Town, State)			oute Herricon,
290. CERTIFIER 1 CERTI	IFYING PHYSIC	CIAN: To the hear -4	mu kaa	dadec d	db								
(Check only one) 2 MEDI	CAL EXAMINE	CIAN: To the best of	ramination	n endor	materia.	at the tim	e, dete	and place, end due	to the	e cause(s) end man	er as etate	d.	
			- Innierio	wid/of II	.vestigetion,	нт ту орі	mon, de	ram occured et lhe	lime,	date end place, end	due lo lhe	Ceuse(e)	and menner as stated.
29b. SIGNATURE AND TITLE	OF CENTINES	//	1	100	2			29c. LICENSE NUI	MBER		29d. DATE	SIGNEO	(Month, Day, Year)
	11/4	Denn	1)	My	/			101699	4/			10%	21/41
30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	E OF OF	ATM OTEM	070 /T 0	P01			-				

TORISSIES STATE

31. DATE FILED (Month, Day, Year)

OCT 2 2 1991

100. STREET AND NUMBER 101. ZIP COOE 102. CITIZEN OF WHAT 101. ZIP COOE 103. CITIZEN OF WHAT 104. ZIP COOE 103. CITIZEN OF WHAT 104. ZIP COOE 105. CITIZEN OF WHAT 105. ZIP COOE 105. CITIZEN O	Approx Intervel Onset	, (muyoc or reepiratory arrea	M. A	st only one ceuse on eech line.	ahock, or heart fellure. IMMEDIATE CAUSE (Finel	
The street and number and street and number and street and number or Rural/Route Number. City or Town. State, Zig/Code) 109. STREET AND NUMBER 109. STREET AND NUMBER 109. CITIZEN OF WHAT 109. CITIZEN OF WHAT 109. CITIZEN OF WHAT 11. MARITAL STATUS 12. WAS DECEDENT OF NISPANIC ORIGIN? (Specify Yea or No— If yea, specify Cuban, Maxican, Puarto Rican, atc.) 13. WAS DECEDENT OF NISPANIC ORIGIN? (Specify Yea or No— If yea, specify Cuban, Maxican, Puarto Rican, atc.) 14. RACE — A Black, White State of the yea, specify Cuban, Maxican, Puarto Rican, atc.) 15. OECEDENT'S EQUICATION (Specify only highest grade completed) 15. OECEDENT'S USUAL OCCUPATION (Specify only highest grade completed) 16. KIND OF BUSINESS/INDUSTRY 17. FAINER'S NAME (First, Middle, Maiden Surragne) 18. MOTNER'S NAME (First, Middle, Maiden Surragne) 19. MAILING ADDRESS (Street and Number or Rural/Route Number, City or Town, State, Zig/Code)	. 9	we	youch o	FDISPOSITION (Name of project) 107150 CGM / 22. NAME AND ADDRESS OF FACILITY 222 2	nat from State 20b. PLACE AND constant cropped to the deeth	1 Burlet 2 Cremation 3 Rem 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	
104 105 106 107 107 107 107 108 108 108 109	フノフ	(/)	nars hall	ADDRESS (Street and Number or Ruraly-Route N	/ 19b. M	Daniel B	8
DAI MOY LOS LOS LOS LOS LOS LOS LOS LOS LOS LOS		Specify; D/int STRY	166. KIND OF BUSINESS/INDU	USUAL OCCUPATION	ATION 16a. DECEL (Give I) (If the I)	15. OECEDENT'S EOU (Specify only highest grade	ETED
RESIDENCE OF PECEDENT 10a. STATE 10b. COUNTY 10c. CITY, 19WN OR LOCATION 10d.	H,	EN OF WHA	GIN? (Specify Yea or No.— 1	2/2/7 13. WAS DECENOENT OF NISPANIC ORI	FORCES? 1 YES 2 WO	23 / ROS/G	FUNERAL
9a. FACILITY NAME (If not institution give street and nymber) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATN	INSIDE CI			BAltimore (ed. Cenler	LIBERTY THE	шГ



he hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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TEN	TOR	after	28 is
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mours after death. Page 6 may be retained by the hos	DIREC	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to bunal, cremation, or removal,	item
PITAL	ERAL	in 72	=======================================
E HOS	E FUN	d with	RTAN
10 TH	THI CI	be file	IMPO
		and a	-

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL	HYGIENE REG. NO.
CEDENT'S NAME (First, Middle, Last)		2. DATE O	F DEATH

	1 - STATE REGISTRAR	ALE OF MARYLAND / CE	RTIFICATI	OF DEATH		EG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF	DEATH		3. TIME OF DEATH
		AVID L.			MONTH	- 16 - S	YEAR	M
- 1	4. SOCIAL SECURITY NUMBER 5. SE		birthday) IF UNDER	T YEAR IF UNDER 24 HR	s. 7. DATE OF E	BIRTH		PLACE (State or Foreign
	237-24-1028 18	142 □ F 67	YRS. MONTHS	DAYS HOURS MIN	. (Month, Da	y. Year)	Countr	1.0
	9a. FACILITY NAME (If not institution, give street and	d number1 2	96, CITY	, TOWN OR LOCATION OF	F DEATH	9c, COL	JNTY OF O	EATH
r	Lock KAVEN	1/ A Hor	2 13	21/5	0) 1.	1		
2	RESIDENCE OF DECEDENT	11. 11. 1103h	10	IFIII MOV	0 01	9.		
<u> </u>	10e. STATE 10b. COUNTY		10c. CITY, TOWN	OR LOCATION				10d. INSIDE CITY LIMITS?
吉し	manuland.		BAI	Timore	/			1 TES 2 NO
FUNERAL DIRECTOR	10e. STREET AND NUMBER	1 1	,	10f. ZIP CODE		10g. CIT	TIZEN OF V	HAT COUNTRY?
3	2101 DUKEL	Am 5	<i>-</i>	2121	16		11.	5,4
<u> </u>		AS DECEDENT EVED IN U.S. AR	MED 13.	WAS DECENDENT OF HIS	PANIC ORIGIN? (S	pecify Yes or No-	14. RACE	American Indien,
		ORCES? 1 Fes 2 N		If yes, specify Cubso Me 1 Tes 2 And S	xicen, Puerto Rica ecity:	n, etc.)	Space	t, White, etc.
B	3 Widowed 4 Divorced	WWIL			557		13,	IACK
	15. DECEDENT'S EDUCATION (Specify only highest grade comple	18e. DE	CEDENT'S USUAL C	CCUPATION during most of working	18b. KII	D OF BUSINESS/IN	DUSTRY	The second life
<u> </u>		ege (1-4 or 5+)	Do NOT use retired.)	during most or working	- 1			
뢰								
COMPLET	17. FATHER'S NAME (First, Middle, Last)	4		18. MOTHER'S	NAME (First, Midd	le, Maiden Surname)		4
	Cotorge Bu	Hock		120	112 L	lince	enT	
BE	19e. INFORMANT NAME (Type/Print)		. MAILING ADDRES	S (Street and Number or R	ural Route Number,			
일	Mrs. MARGIT	Kullock 2	7/10/11/11	Kolum 5	it, B	allory	200	21216
	20a. METHOD OF DISPOSITION	20b, PLACE	OF DISPOSITION (N	ame of cametery, crematory	or	20c. LOCATION -	- City or To	wn, Btate
ı	1 Buriel 2 Cremation 1 Removal from 4 Donetion 5 Other (Specify)	om State Other pla	1-150W	Lorecto	a Com	Bn	17	Com
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	E .	22	NAME AND ADDRESS O	F FACILITY	FINE	VAI	Home
	66	0.	-	aseph Li	Kuss	1	1.14	6/200
	youngen 2,	KUM	2	832 WIN	Or/TI	40e, B	BILO	Thc,21216
	23. PADIT i. Enter the diseases, or compi shock, or heart failure. List o			r tha moda of dying,	such as cardiac	or respiratory a	rrest,	Approximata interval Between
	IMMEDIATE CAUSE (Final	only one cause on each mile						Onsat and Death
		HYPOGLYCEM	iA					15 min
	reaulting in death) a	HYPOGLY CEM	OUENCE OF):					
z	5.1	PANCREATIC	ADENDO	APCINOM	A '			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	OUE TO (OR AS A CONSE						
8	cause. Enter UNDERLYING	Preumoni	\sim					
Ē,	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSE	OUENCE OF):					
-	reaulting In daath) LAST							
- 1	PART II. Other algnificant conditions con	atdbutten to death but not .	and the same of the same	ndedulas esues alue	n in Bart I	a. WAS AN AUTOPS	v T au). WERE AUTOPSY FINDINGS
¥	PART II. Othar aignineant conditions con	tiributing to death but not i	esuiting in the t	ndariying cause give	n in Part I. 24	PERFORMED?	246	AVAILABLE PRIOR TO
8				<u></u>	1	YES 2 NO		OF DEATH?
M								1 YE\$ 2 NO
PHYSICIAN: MEDICAL								
X.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	00174		28. PLACE OF DEAT	(Check only one)			
<u>S</u>		SPITAL: Unpatient 2 ER/Outpatient 3	DOA 4 N	:R: rsing Home 5 🗌 Reside	nce 8 🗆 Other (S	(pecify)		
Ŧ	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DESCR	IBE HOW INJURY O	CCURED	
	1 Natural 5 Pending 2 Accident Investigation	(monet, buy, row)	M	1 YES 2 NO	·			
) BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY At he building, etc. (Specify)	ome, farm, street, fa	ctory, office		ON (Street and Numb fown, State)	per or Rural	Route Number,
COMPLETED	4 Homicide determined	building, etc. (Specify)			City of	OWII, State)		
Щ	290. CERTIFIER	To the best of my knowledge, de	with accurred at the	time data and place an	due to the course	(a) and manner as a	tetad	
₹ E	(Oriock brilly	the basis of examination end/or						s) end menner ee steled.
8								
BE	296. SIGNATURE AND TITLE OF CERTIFIER			29c, LICENSI	NUMBER	29d. D	ATE SIGNE	D (Month, Day, Year)
2	m m 0541						10	6 91
_	30. NAME AND ADDRESS OF PERSON WHO COM	MPI ETED CAUSE OF DEATH (ITE	M 27) (Type, Print)					
	A ADDRESS OF PERSON WAS COM	TELLED GROOL OF BERTINGITE	1 1					
	LRVAY LOCKA	uco Blud	Bub	0, M)				
	LRVAY LOCKA	32. DEGISTRAR'S SIGNATURE	Bub	5, M)				

Will Street State School Process

BALLIMORE, MARYLAND 21215-0020	HYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	his certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the hurial-transit page 1.9.3 about	, or removal.	s medical examiner must be notified at once.	
DIVISION OF VILAL PECCADO, P.O. BOX 88760,	TO THE HOSPITALE THE IDING PHYSICIAN: The law requires that the death certificate be executed within 28	TO THE FUNDAL DIRECTOR After this certificate has been signed by the attending physician and completely fit	be filed with the search with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT II Then 2005 marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

_	REGISTRAR 1. DECEDENT'S NAME (First	Middle (aut)			ERTIF	ICATE	OF	DEA	TH		REG. NO).		286	
	TO DESCRIPTION OF THE PROPERTY OF	Mauro	Bruno							2.00	TE OF DEATH	9.10	YEAR	3. TIME OF D	EATH
	4. SOCIAL SECURITY NUME	ER	5. SEX	8. AGE (In yrs. I	last birthday)	IF UNDER	1 YEAR	IF UNDE	R 24 HRS.	7. DA	TE OF BIRTH	11.17	8. BIRTI	IPLACE (State o	r Foreign
	9a. FACILITY NAME (If not in	ethurian alma	1 X M 2 □ F	23	YRS.	9b. CITY, TOWN OR LOCATION OF DEATH			-15-68						
H C	Medical Examiners									EATH		9c. COL	N/A	PEATH	
<u> </u>	RESIDENCE OF DEC				40. 017	B _a LTIMORE									
DIRECTOR	Rome	Ron			loc. Cri	y, town o	nezi							10d, INSIDE C LIMITS? 1 YES 2	
MAL	10e. STREET AND NUMBER						101	ZIP COD	E			10g. CIT	IZEN OF	WHAT COUNTRY	
FUNERAL	Via F. Tur	ati#											Ita	ly	
8	11. MARITAL STATUS 1 X Wildower Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2/5 IF YES, GIVE WAR OR DATES				NO	1	f yes, sp	ENDENT (pelfy Cubi 2X XNO	ırı, Maxica	n, Puerl	GIN? (Specify Ye o Rican, atc.)	s or No—	14. RACI Blaci Spec	E — American II k, White, atc.	
	15. DEC (Specify only	EDENT'S EDUC highest grade	CATION completed)	(Give kind of	work done a	CUPATIO	N st of worki	na	1	66. KIND OF BU	SINESS/IN	DUSTRY		
COMPLETED	Elementary/Secondary (0	12)	College (1-4 or 5 -		Empl	se retired.)					Mod	ore C	0		
	17. FATHER'S NAME (First, M.	ddle, Last)			Z.ii.p.Z	oy cc		18. MOT	HER'S NA	ME (Firs	t, Middle, Malden				
8	19a. INFORMANT'S NAME (rpe/Print)		-	OF MAILING	ADDRESS	(Ctonat o	and Alberta a		D- 4- 41	imber, City or Tow				
2	Francesco		ıppi		222 N	. Cha	rle	s St	reet	Ba	ltimore	m, State, Zi	Mar Mar	ryland	21201
	20a. METHOD OF DISPOSITI	n 3 🗆 Remo	oval from State	20b. PLACE	EANDDATE	OF DISPOSI	TION (Na	ma of		D	ATE 20c. LO	CATION —		wn, Stata	
	4 Donation XX Other 21. SIGNATURE OF FUNERAL			on L	cary		AME AN	D ADDRE	SS OF FAC	CILITY			aly		
	Nonnis	Stopp	(h)(E)(e)	all of	00640				Mit	che	ll-Wied ltimore				12
LIFICALION	23. PART I. Enter the di ehock, or he immediate CAUSE (Fin disease or condition resulting in death) Sequentielly list conditi if any, leeding to immediate. Enter UNDERLY! CAUSE (Disease or injusted intitleted events resulting in death) LAST	ona, lete	DUE TO	OR AS A CONSI	EOUENCE OF	He.			200			ratory an	rest,		mate Between and Death
. MEDICAL OF	PART II. Other significer	t condition	contributing to	deeth but not	resulting i	n the und	deriying	ceuee (given in i	Part I.	24a. WAS AN PERFOF	RMED?	24b.	WERE AUTOPSY AMAILABLE PRIC COMPLETION D OF DEATH?	PA TO F CAUSE
							26. PL	ACE OF O	EATH (Che	ck only	one)				
2	25. WAS CASE REPERRED TO	MEDICAL			_	OTHER		6 D De				-	34	5 His	ews at
INCINI	EXAMINENT ES 2 NO	MEDICAL	HOSPITAL:		7	4 🗆 Nursi	ng Home	3 LI ME	aldence	6 001	ner (Specity)	nlags	5/2/		
PHTSICIAN	EXAMINENT ES 2 NO 27. MANNER OF DEATH 1 Neture 5 1	ending		INJURY	26b. TIM		28c. INJU	RY AT			ESCRIBE HOW I	NJURY OC	CURED		
5	EXAMINENT VES 2 NO 27. MANNER OF DEATH 1 Neturel 5 1 2 Accident 3 Suicide 6 0		1 Inpetiant 2 I	INJURY	26b. TIMI	E OF URY M	28c. INJU WOI 1 Y	RY AT		28d. D				loute Number,	
Mrtered by	EXAMINENT VES 2 NO 27. MANNER OF DEATH 1 Netural 5 1 2 Suicident 3 Suicide 6 0 4 Homicide 29a. CERTIFIER (Check only)	ending investigation could not be etermined	26e. DATE OF (Month, Date of building, in the best of	INJURY y, Year) INJURY — At hatc. (Specify) my knowledge, d	ome, ferm, a	E OF URY M Ireet, facto	28c. INJU WOI 1 V ry, office	RY AT RK?	NO No	26f. LC	CATION (Street & y or Town, State)	and Number	or Rural R		stated.
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funeral di	rurs after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	em 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner mu
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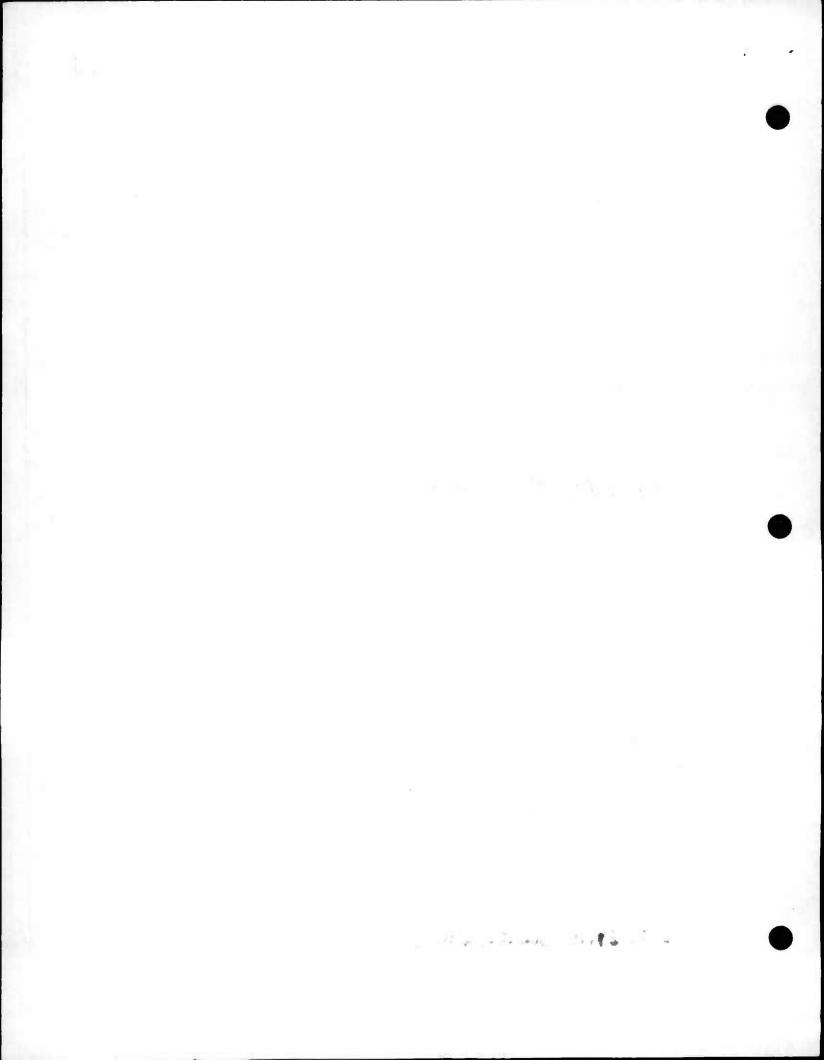
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should ust be notified at once.

SNOW	R: After	er death	is ma
שו איני	DIRECTO	nours aft	tem 28
TOST INC	TO THE FUNERAL DIRECTOR: After	within 72 I	IMPORTANT: If item 28 is ma
IN INC	TO THE	be filed	IMPOR
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STATE OF	F MARYLAND / DEPARTMENT OF HEALTH A CERTIFICATE OF DEATH	ND MENTAL HYGIENE REG. NO.	28	615
MAUDE	BAKER	2. DATE OF OEATH	91AR	3. TIME OF 8:57
5 SEY	A ACE (In the local highest of all assumes a second			

	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPART	TMENT OF H	EALTH AND	MENTAL HYGIENI REG. NO.	E	0010		
	1. OECEDENT'S NAME (First, Middle, Last)				DEAIII	2. DATE OF OEATH	Y OYE	3. TIME OF DEATH		
	ALEATHA 1	AUDE 5. SEX 6. AG		AKER		10 th 20				
	212-05-5285	t □ M 2 🕅 F	E (In yrs. lest birthday) 89 YRS.	S' UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 10-14-02		PENNSYLVANIA		
<u>«</u>	9a. FACILITY NAME (If not institution, give : NORTH ARUNDEL HO		CTATTON		R LOCATION OF D	EATH	9c. COUNTY			
20	RESIDENCE OF DECEDENT		CIATION	GLEN	BURNIE		Α.	A. COUNTY		
IRE	10a. STATE 10b. COUNT			TOWN OR LOCAT				10d. INSIDE CITY LIMITS?		
110	MARYLAND AND 100. STREET AND NUMBER	NE ARUNDEL	GL	EN BURNI	ZIP COOE			t 🗆 YES 2 💢 NO		
ER/	301 WHITMAN CT.			100.	21061		U.S.	OF WHAT COUNTRY?		
J.	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED	13. WAS DECI	ENDENT OF HISPA	NIC ORIGIN? (Specify Yes		RACE — American Indian, Black, White, etc.		
	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES		2 A NO Speci	en, Puerto Rican, etc.)		Specify:		
	t5. DECEDENT'S EDU (Specify only highest grade	ICATION	16a. DECEDENT'S L	JSUAL OCCUPATIO	N	teb. KIND OF BUSI	NESS/INQUIST	WHITE		
LET	Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of we	ork done during mos retired.)	it of working					
MP	8 17. FATHER'S NAME (First, Middle, Last)	NONE	SALES	S CLERK		STORE				
S	UNKNOWN				ELSIE	ME (First, Middle, Maiden S				
	19s. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street ar		UNKN Route Number, City or Town.		2		
۲	ELSIE F. GARRET	rson				N BURNIE, M				
- 1	20s, METHOD OF DISPOSITION 1 XBurtal 2 Cremation 3 Rem	oval from State	b. PLACE AND DATE Of	F DISPOSITION (Nar			ATION City			
	4 □ Donation 5 □ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIK		GLEN HAVE	EN MEMOR	IAL PAR	K 10-24 GL	EN BUR	NIE,MD		
	> Nonage	8 1/1	um /	SING	LETON FU	JNERAL HOME				
-	23 PART i Enter the diseases or	1) Um	0110	1 SE	COND AVI	E. S.W. GLE	N BURN	IE, MD 21061		
TO BE COMPLETED BY PHYSIC	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, about, or heart failure. List only one cause on each line. Approximate interval Between Onaet and Death									
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated avents resulting in death) LAST b. GAM green + right arm tschemea FUE TO (OB'AS A CONSEQUENCE OF): c. Conjume Least factor with lygo xemica. d. GAM enterphilip blucking									
N: MEDICAL	PART II. Other aignificant condition	a contributing to death	huner of	the underlying	cause given in	Part I. 24a. WAS AN A PERFORM t YES 2	IED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? t YES 2 NO		
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLA	ACE OF OEATH (Ch	ack only one)				
TYS	1 TYES 2 NO	t Nopetlant 2 ER/Out 28a. DATE OF INJURY	patient 3 DOA 4	☐ Nursing Home		8 C Other (Specify)				
	Natural 5 Pending	(Month, Day, Yeer)	28b. TIME INJUI		K?	28d. DESCRIBE HOW INJ	JURY OCCURE	•		
	2 Accident Investigation 3 Suicide 8 Could not be detarmined	28a. PLACE OF INJUR building, atc. (Spe	Y — At home, term, etr			281, LOCATION (Street and City or Town, State)	d Number or Ru	ral Route Number,		
E	29a. CERTIFIER DE CERTIFYING PHYSI	CIAN: To the head of a land		W. C. F						
MC	(Check only one) 2 MEOICAL EXAMINE	CIAN: To the beat of my known R: On the basis of examination	wiedga, daeth occurred on and/or investigation,	in my opinion, der	ind place, and due oth occured at the	to the cause(a) and manni time, data and place, and	er se alated.	sa(a) and manner as stated		
BE	296. SIGNATURE AND TITLE OF CERTIFIER		U		29c. LICENSE NUM			NEO (Month, Oay, Year)		
5	DR. YEONG H. OH,	M.D./1412 C	EATH (ITEM 27) (Type, P	rint) ~	GLEN BUR	NIE, MD. 21	061	12/7/		
	31. DATE FILEO (Month, Day, Year) 0012 2 1991	32. REGISTRAR'S SIGN								



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

28616 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. I. DECEDENT'S NAME (First, Middle, Last)

	MARGARET W. BROWN 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF	6A M
	5. SEX 6. AGE (In yrs. lest birthdey) F. UNDER 1 YEAR F. UNDER 24 HPS.	ete or Foreign
~	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH	4.
DIRECTOR	RESIDENCE OF DECEDENT	
DIRE	10a. STATE 10b. COUNTY 10c. CITY, DOWN OR LOCATION 10d. INSII	DE CITY rs?
RAL	106. STREET AND NUMBER 107. ZIP CODE 109. CITIZEN OF WHAT COUNTY 109. C	
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— I4. RACE — Americal Plant Offices? 1 — YES 2 PMO 14. RACE — Americal Plant Offices and Plant O	an Indian,
В	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 MM Specify: Specify:	Ack
COMPLETED	15. DECEOENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INOUSTRY	
MPL	Elementary/Secondery (0-12) College (1-4 or 5+) College (1-4 or 5+)	
BE CO	GOVAN WORKELL SR. 1-1, ZABETH BAR,	nes
2	196. MAILING ADDRESS. (Street and Number or Plural Poute Number, City or Town, State, ZID Code) 30/1 Windson AUE - JAHHO, Ma	2/2/6
	20a. METHOD OF DISPOSITION 1	ud
b	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND A OORESS OF FACILITY FACILIT	5
	23. PART LEnter the discusses, or complications that caused the death Do not offen the discusses. Or complications that caused the death Do not offen the discusses.	
	IMMEDIATE CAUSE (Fine)	roximete rvai Between et and Daath
	disease or condition resulting in death) a. Card COUNTY Arest DUE TO (OR AS A CONSEQUENCE OF):	
NOI	Sequentially list conditions, If any, leading to immediate b. Metastatic Adenoconcinena - Endometrial Due to (or as a consequence of):	mo
FICAT	cause. Enter UNDERLYING CAUSE (Disease or injury	
CERTIFICATION	that initiated avents resulting in deeth) LAST d.	
MEDICAL	1 VES 2 NO COMPLETIC OF DEATH?	IN DF CAUSE
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S	25. WAS CASE REFERREO TO MEDICAL EXAMINER? 26. PLACE OF DEATN (Check only one)	
SO II	HOSPITAL: 1 PES 2 Deto 1 Inpettant 2 ER/Outpettent 3 DOA 4 Murriso Name A Postume A Po	
PHYSICIA		
B	Natural 5 Pending 2 Accident Investigation M 1 YES 2 NO	
B	Natural 5 Pending 2 Accident Investigation M 1 YES 2 NO	
B	Natural 5 Pending 2 Accident Investigation M 1 YES 2 NO	
BE COMPLETED BY	2 Accident Investigation 2 Accident 3 Suicide 4 Nomicide 5 Could not be determined 26a. PLACE OF INJURY — At home, ferm, etreet, factory, office 28f. LOCATION (Street and Number or Rural Route Number City or Town, State) 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and placa, and due to the cause(a) and mannar ea stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNEO (Month, Day, Day).	ir an stated,
COMPLETED BY	2 Accident Investigation 2 Accident 3 Suicide 4 Nomicide 5 Could not be determined 26a. PLACE OF INJURY — At home, ferm, etreet, factory, office 28f. LOCATION (Street and Number or Rural Route Number City or Town, State) 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and placa, and due to the cause(a) and mannar ea stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNEO (Month, Day, Day).	ir an stated,
BE COMPLETED BY	2 Accident Investigation M 1 YES 2 NO 3 Sulcide 6 Could not be determined 28a. PLACE OF INJURY — At home, ferm, etreet, factory, office 28f. LOCATION (Street and Number or Rural Route Number of	ir an stated,

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) THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 ma) THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, is	s filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	APORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN October 20, 1991 Thomas G. Boehm 5:13 P. M 4. SOCIAL SECURITY NUMBER 5 SEY 8. AGE (in yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 M 2 | F 66 212-20-3427 01-19-1925 Balto. Md. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATH DIRECTOR Howard County General Hospital Columbia Howard County RESIDENCE OF DECEDENT 10a STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Howard County Columbia 1X YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 6334 Cedar Lane 21044 U.S.A. 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 14 YES 2 NO 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No—
If yes, specify Cuban, Maxican, Puarto Rican, etc.) 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Merried 2 NO IF YES, GIVE WAR OR DATES BY 1 TYES 2 X NO Specify 3 Widowed 4 Divorced White ETED 18a. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION ecity only highest grade comple (Spi (Give kind of work done life, Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +) COMPL 12th Grade Office Social Security Administration 17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Jacob A. Boehm Barbara A. Boehl BE 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 Katharine E. Bitzel 67 Garden Ridge, Catonsville, Maryland 21228 20a. METNOD OF DISPOSITION
1 ABuriel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State Holy Redeemer Cemetery 4 Donation 5 Other (Specify) 10/23 Baltimore, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE John C. Miller, Inc. attleen 6415 Belair Road, Baltimore, Maryland 21206 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, ehock, or heert failure. List only one cause on each line. Intervel Between IMMEDIATE CAUSE (Final Onset and Death disease or condition_ Diostate Carcinoma of Dancieas month reaulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): ERPOR CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPS 24b. WERE AUTOPSY FINDINGS arlenos clerate cardio vascular disease AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO OF DEATH? disease, +obacco use Myo cardia 1 YES 2 NO ulasetini PHYSICIAN: 25. WAS CASE RIFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 Nursing Home 5 - Residence 8 - Other (Specify) 1 TYES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Natural 1 YES 2 NO В 2 Accident 3 Suicide 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 8 Could not be datermined 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) ETED 4 Homicide COMPL 1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as atteted. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death oc cured at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) D38296 sh J. Sellers, no 9 30. NAME AND ADDITESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 9504 OLD ANNAPOLIS ROAD, ELLICOTT CITY



31. DATE FILED (Month, Day, Year)
00 12 2 1991

32. REGISTRAR'S SIGNATURE

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page Final Manuel of the contro

Dr. Parandan, 31. DATE FILED (Month, Day, Year) OCT 22 1991

WHO COMPLETED GAUSE OF DEATH (ITEM 27) (Type, Print)

Agens Hospital

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT	T OF HI	EALTH AND DEATH	MENTAL HYGIEI	NE	28618		
	1. DECEDENT'S NAME (First, Middle, Last) Edith O. Beck						2. DATE OF DEATH	DAY	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 216-12-7388 9. FACILITY NAME (If not institution, give str	1 M 2 X F	(In yrs. last birthday)	IF UNDER	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 04/03/11		BIRTHPLACE (State or Foreign Country) Maryland		
DIRECTOR	1303 Furnace Road			96. CITY, TOWN OR LOCATION OF DE Linthicum He					Arundel		
	Maryland Anne 100. STREET AND NUMBER	Arundel	Linthicum Heights						10d. INSIDE CITY LIMITS? 1 VES 2 NO	5	
FUNERAL	1303 Furnace Road	12. WAS DECEDENT EVER I	N. 11.0. A 2014 TO	1		21090		USA	N OF WHAT COUNTRY?		
B≺	1 Never Married 2 Merried 3 X Widowed 4 Divorced	FORCES? 1 YES	2 V NO If yes, specify Cuben, Mexico				en, Puerto Rican, etc.)	es or No-	4. RACE — American Indien, Black, White, etc. Specify: White		
COMPLETED	15. DECEDENT'S EDUCI (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	16e. DECEDENT'S (Give kind of w life. Do NOT us	during most	N t of working	166. KIND OF BU					
	12 17. FATHER'S NAME (First, Middle, Last) Williams Ports		Sales C	Herk	ζ	18. MOTHER'S NA Elizab	Retail ME (First, Middle, Melder		7		
TO BE	199. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) William A. Beck 1119 Old Elkridge Landing Rd. Linthicum Ho										
	20e. METHOD OF DISPOSITION 1V Burlel 2 Cremellon 3 Removal from State 4 Densilon 5 Other (Specify) 20b. PLACE AND DATE Of DISPOSITION (Name of cemetery, cremetory or other place) Mt. Olivet Cemetery Baltimore, Mary										
	Ambrose Funeral Home, Inc. 1328 Sulphur Spring Rd. Arbutus, Md. 21227										
	22-PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one cause on each line. Approximate interval Bet Onest and II										
CATION	DUE TO (OR AS A CONSCOUENCE OF): Sequentially list conditions, if any, laading to immadiate cause. Enter UNDERLYING										
ERTIFI	CAUSE (Disease or injury that Initiated events reaulting in death) LAST C. DUE TO (OR AS A CONSEQUENCE OF):										
_ 1	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 248. WAS AN AUTOPSY PERFORMEDY 1 YES 2 NO 249. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO										
LETED BY PHYSICIAN: MEDICAL CERTIFICATION	A CONTRACT OF STATE AND	HOSPITAL:	attent 3 DOA	OTHER 4 Num	₹:	CE OF DEATH (Ch	eck only one) 8 Other (Specify)				
	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Yeer)	28b. TIME INJU	OF	28c. INJUI WOR	RY AT	28d. DESCRIBE HOW	INJURY OCCUP	RED		
	3 Suitcide 8 Could not be determined	26e. PLACE OF INJURY building, stc. (Spec	— At home, lerm, at ity)	Ireel, lecte	ory, office		281. LOCATION (Street City or Town, State	end Number or)	Rural Route Number,		
COMPLETED	29e. CERTIFIER 1 CERTIFYING PHYSICI (Check only one) 2 MEDICAL EXAMINER:	AN: To the best of my knowledge of examination	ledge, death occurrent end/or investigation	d at the ti	ime, date a	nd place, and due ath occured at the	to the cause(e) end me time, date end place, er	nner ee steted.	euse(e) and manner ee state	d,	
TO BE (29b. SIGNATURE AND TITLE OF CERTIFIER	din m	. D .			29c. LICENSE NUN	4BER		IGNED (Month, Day, Year)		

Baltimore, Maryland 21229

water throughout his

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be mained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely flind in by the functor, may 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removes.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical committee must be notified at once.

Cuong Ngo, M.D.

31. DATE FILED (Month, Day, Year)

OCT 22 1

c/o

32. REGISTRAR'S SIGNATURE
Julia Davidson-Randell

ED BY PHYSICIAN: MEDICAL CERTIFICATION TO BE COMPLETED BY FUNERAL DIRECTOR TO BE COMPLETED BY FUNERAL DIRECTOR	1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.											
	1. DECEDENT'S NAME (First, Middle, Last)	JAM	- ^ ^	A .	VAD.	4		MON	E OF DEATH	AY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 239-24-3590 90. FACILITY NAME (If not institution, give s	5. SEX 1 M 2 F	6. AGE (In yrs. last	birthday) YRS.		MYS HO	JANDER 24 HRS. JRS MIN. CATION OF E	7. DAT (Moi 7 —	ober 20 E OF BIRTH oth, Day, Year) D = 04		8. BIRTH Countr	Va.
TOR	Maryland Ge		spital				timore		У	9c. COU	NTY OF D	EATH
	10a. STATE 10b. COUNT	Y			TIMO							10d. INSIDE CITY LIMITS? 1 Y YES 2 NO
NERAL		TTE AVE				10f. ZIP 21	217				U . S	A .
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2 V NO	AED O	If y	S DECENDED S, specify YES 2	Cuben, Mexic	en, Puerto	IN? (Specify Yea Ricen, etc.)	or No	14. RACE Black Specif	- American Indian, White, etc. by: BLACK
APLETEC	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondery (0-12) 3 R D	CATION completed) College (1-4 or 5+	(Ohr	e kind of w Do NOT use	USUAL OCCU ork done duri netired.) SCT å	ng most of	vorking	16	b. KIND OF BUS	SINESS/INC	DUSTRY	
ш	17. FATHER'S NAME (First, Middle, Last) HENRY CANADA								Middle, Maiden	,		
	JOSEPHINE THOM	AS	196.	MAILINO	ADDRESS (S ARGY	LE A	Mber or Rurel	BALT	I MORE	, State, Zip) 21	217
	20s. METHOD OF DISPOSITION 1 (C Burlet 2 Commettee 3 Perm 4 Donation 5 Other (Specify)	0	20b. PLACE AN COMPLETY CLAIM WEST	ND DATE OF	F DISPOSITION STATE	N (Name of	ETER	Y			City or Tow	
	22. NAME AND ADDRESS OF FACILITY WM. C. MARCH F. H. / 1101 F. NORT											
CAL	23. PART C. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, abock, or heart failure. List only one cause on each line.									Approximate Interval Between Onset and Death		
MEDICAL	PART II. Other algorificant condition	a contributing to o	death but not res	suiting in	the under	lying cau	se given in	Part I.	24a. WAS AN / PERFORM	MED?		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:			OTHER:	8. PLACE (OF DEATH (Ch	neck only o	ne)			
	27. MANNER OF DEATN 1 Netural 5 Pending	28e. DATE OF H (Month, De)	NJURY	28b. TIME INJU	OF 28c	WORK?		_	F (Specify)	JURY OCC	URED	
ED	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF building, e	INJURY — At home	e, farm, atr		Office	2 [] NO	281. LOC City	CATION (Street er or Town, State)	nd Number	or Rural Ro	oute Number,
O BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC DESCRIPTION OF PHYSIC DESCRIPTION O	CIAN: To the best of n	ny knowledge, deatl	h occurred	at the time, in my opinio	data end p	lace, end due	to the ca	use(e) and menr	ner as state	ed.	end menner se stated.
B	29b. SIGNATURE AND TITLE OF CERTIFIER		mer	24	(M)		LICENSE NUI					Month, Day, Year)
F	30. NAME AND ADDRESS OF PERSON WNO	COMPLETED CAUSE	OF DEATH (ITEM	27) (Type, F	Print)			_				

Maryland General Hospital

tera screen of the first

17 19 (20 1 4	2	S If CC th	P	25	27.		29	290	30.
TO BE COMPLETED BY FUNERA		TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	: MEDICAL CE	SICIAN	и РНУ	TED BY	OMPLE	O BE C	
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	vent, the medica	or other traumatic e	shows any injury,	Item 23	rked, or	28 is ma	NT: If Item	IMPORTA	
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the unit of the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	npletely filled in by t cremation, or remov	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	been signed by the atte	ficate has I	this certi	CTOR: After	NERAL DIRE Thin 72 hours	TO THE FU be filed wit	
TO THE HOSPITAL DR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending	within 24 hours after	h certificate be executed	requires that the deat	IN: The law	PHYSIC!	ATTENDING	SPITAL DR /	TO THE HO	
									d

STATE OF MARYLAND	/ DEPARTMENT	OF HEA	ALTH AND	MENTAL	HYGIENE
	FRTIEICATE	OF D	EATH		

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	TMENT	OF HE	ALTH AN	ID ME	NTAL HYGIEN	E	28620
	1. DECEDENT'S NAME (First, Middle, Last) OLLIE D (Drive						DATE OF DEATH	AY YEA	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	CREWS					0	CTOBER 1	8, 1991	8:35 a.m. M
4	579-72-4617	5. SEX 6. AGE (I	n yrs. lest birthday) 7 2 YRS.	IF UNDER 1		HOURS M	IN.	DATE OF BIRTH (Month, Day, Year)	8. Bi	RTHPLACE (State or Foreign untry)
100	9e. FACILITY NAME (If not institution, give s	/\	7 2	9b. CITY. 1	TOWN OR	LOCATION (-11-19	9c. COUNTY O	Va.
OR	THE JOHNS HOPKIN	S HOSPITAL				RE CIT				
EG	RESIDENCE OF DECEDENT 100. STATE 100. COUNTY	v	10- 017	Y, TOWN OR					DALITM	ORE CITY
DIRECTOR	MD			ALTIN						10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER					IP COOE			10g. CITIZEN O	1 YES 2 NO
FUNERAL	1042 VALLEY S				21	202			1.1	S.A.
F	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	13. W	AS DECEN	IDENT OF HI	SPANIC C	PRIGIN? (Specify Yes	or No- 14. R.	ACE — American Indian, lack, White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	ITES			X NO S		, , , , , , , , , , , , , , , , , , , ,	1	BLACK
COMPLETED	15. DECEDENT'S EQUE (Specify only highest grade	CATION Completed)	16a. DECEDENT'S	USUAL OCC	UPATION			16b. KINO OF BUS	SINESS/INDUSTR	
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of site. Do NOT us	ne retired.)		of working				
MP	8TH 17. FATHER'S NAME (First, Middle, Last)		UNEMPL	UYEU						
ö	WILLIAM M. OLI	DS				HELF		First, Middle, Maiden	Surname)	
) BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Number, City or Town	State Zin Code	
2	CLAIRE EVANS		754 E	. 23	RD	ST./	BRO	OKLYN,	N.Y. 1	1210
	20e. METHOD OF DISPOSITION 1 Burlet 2 Cremation 3 □ Remo		PLACE AND DATE (OATE 20c. LO	CATION — City or	Town, State
	4 Donation 8 Other (Specify)		REENMOU						TIMORE	, MD
	March	0 1				ADDRESS O			1 C N	ORTH AVE.
	Musau	NACY								OKIN AVE.
	IMMEDIATE CAUSE (Final	a. DUE TO (OR AS A	CONSEQUENCE OF	54						Approximata Interval Between Onset and Death
CERTIFICATION	Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in death) LAST	OUE TO YOR AS A			(6/	^				6 mos
PHYSICIAN: MEDICAL (PART II. Other algoliticant conditions	a contributing to death bu	it not reaufting i	n the unde	erlying c	ause giver	n in Part	I. 24a. WAS AN / PERFORI	MEO?	4b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. PLAC	E OF DEATH	(Check o	nly one)		
ZSI	1 VES 2 NO	Impatient 2 - ER/Outpa	tient 3 🗆 DOA	OTHER:	g Home	5 🗌 Residen	nce 8 🗆	Other (Specify)		
	27. MANNER OF DEATH Netural 5 Pending	(Month, Day, Year)	28b. TIME INJU	JRY	Bc. INJURY WORK	?		OESCRIBE HOW IN	JURY OCCURED	
B	2 Accident Investigation	28e. PLACE OF INJURY	- At home form or			2 NO				
	4 Homicide 8 Could not be determined	building, etc. (Specif	y)	treet, rectory	, ornee		281.	LOCATION (Street as City or Town, State)	nd Number or Rure	if Route Number,
COMPLETED	29e. CERTIFIER Check only	CIAN: To the best of my knowle	dge, dasth occurre	d at the time	data and	d place, and	due to th	a causada) and man		
	one) 2 MEDICAL EXAMINER	R: On the basis of exemination	end/or investigation	n, in my opin	nion, deati	h occured at	the time,	date and piece, end	her as attated. I due to the ceuse	e(e) and manner se stated.
ш	296 SIGNATURE AND TITLE OF CERTIFIER				_	C. LICENSE				ED (Month, Dey, Year)
0	Klasol 1.	(MI) /	N.D.			D - C	107	-18	D 10/1	8/9,
	30. NAME NO ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEAT	TH (ITEM 27) (Type,	Print)	phi	ins	Hos	pital	Bultan	mo
	31. OATE FILED (Month, Day, Year) OCT 22 1991	32. REGISTRAR'S SIGNAL Julia Davidson-A						/	- Carr	

348-84-55

		FOR STATE REGISTRAR	STATE OF MARYLAND / DEPAR CERTIF	TMENT OF HEALTH AND	MENTAL HYGIEN	- 1 () 1	121
		1. DECEDENT'S NAME (First, Middle, Last)	nts		2. DATE OF DEATH DATE OF DAT	AY YEAR	TIME OF DEATH
P		4. SOCIAL SECURITY NUMBER 215 22 7 925	5. SEX 6. AGE (In yrs. lest birthdey) 1 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.	. (Month, Day, Year)		CE (State or Foreign
1, 2, 3 should	DIRECTOR	9e. FACILITY NAME (If not institution, give si CCV Medic RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	el Center	Baltom of		9c. COUNTY OF DEATH	1
S)		10e. STATE 10b. COUNTY	10c. CIT	Baltimos 101. ZIP CODE	'e	10g. CITIZEN OF WHAT	I. INSIDE CITY LIMITS? YES 2 NO COUNTRY?
020 physician, burial-tran	FUNERAL	1940 E LON 11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 P NO	13. WAS DECENOENT OF HISI It yea, specify Caban, Mex	231 PANIC ORIGIN? (Specify Yearlicen, Puarto Rican, etc.)	USA	American Indian,
215-0 attending	TED BY	3 Wildowed 4 Divorced 15. DECEDENT'S EOUC (Specify only highest grade		1 TYES 2 NO Spe	ecity:	Specify:	/hite
	OMPLET	Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5+)	EMAKER	NAME (First, Middle, Maiden	Cumpana	
IARYI stained by should be ottified at	TO BE C	HEARY CLAY 19 INFORMANT'S NAME (Type/Print)	Perry 19b. MAILING	AODRESS (Street and Number or Rur	sie Eliza	abeth L	eiber
40 40		20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	20b. PLACE AND DATE Of Semestery, crematory or of NEE OF STATE OF	DEDISPOSITION (Name of her place) RIDGE (FMET)	OK KO . E	CATION — City or Town, S	
0 - 0 - 0		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE Welver /	22. NAME AND ADDRESS OF	. 7	st,	
760, ed within 24 flours aft ompletely filled in by 11, cremation, or remo event, the medica		23. PART I. Enter the diseases, or c shock, or heart fellure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death)	omplications that caused the deeth. Do noted the d	ulu	uch es cardiec or respi	ratory srrest,	Approximata Interval Betwee Onset and Des
P.O. BOX the certificate be ending physician Hygiene prior to or other traur	CERTIFICATION	Sequantially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted evants resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF				
IECORDS squires that the of Reatth and Me hows any Inju	MEDICAL	PART II. Other significant conditions Thrombocette Acute ac	contributing to deeth but not resulting in	n the underlying cause given i	In Pert I. 24a, WAS AN PERFOR 1 YES 2	MEO? AVAI	RE AUTOPSY FINDING ILABLE PRIOR TO APLETION OF CAUSE DEATH?
	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 TYS 2 NO		28. PLACE OF DEATH (COTHER:			-
ON Affer the death of mark	à	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	28a. OATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY — At home, farm, st	M 1 YES 2 NO	28d. DESCRIBE HOW IN		
OR DIR	COMPLETED	4 Homicide determined	building, atc. (Specify)		City or Town, State)	nd Number or Rural Route	Number,
HOSPITAL FUNERAL Within 72 TANT: If		(Check only one) 2 MEDICAL EXAMINER	t: On the beels of examination and/or investigation	n, in my opinion, death occured at if	he time, data and place, and	d dua to the cause(a) and	
TO THE TO THE De filed	TO BE	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (ITEM 27) (Type,		omben,	► 10/18/	G1
		31. DATE FILEO (Monty), Day, Year)	32. REGISTRAR'S SIGNATURE				
		OCT 2 2 199	gue senten findal	6			

DHMH-16 Rev 1/89

TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page-6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2.; be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	m 4,8,10f,g,11,12,1 ,b,17,18,19a,b,20b, 91-5706-510 1-8EGISTRAR	c/11/20/	ARYLAND /	DEPART	TMENT	OF HEALTH	I AND M	ENTAL HYGII	9 ENE	28	522
	1. DECEDENT'S NAME (First, Middle, Last)		CI	ERITE	CATE	OF DEA		REG. 1		13	. TIME OF DEATH
	Mary M			Carr				10 0	DAY	YEAR	9:16 A M
		100	6. AGE (In yrs. les		IF UNDER t	YEAR IF UNDE	R 24 HRS.	7. DATE OF BIRTH (Month, Day,)bar, 12-18-			ACE (State or Foreign
	213-28-3569 9a. FACILITY NAME (If not institution, give str	1 M 2 K F	- 00	YRS.							yland
ICATION TO BE COMPLETED BY FUNERAL DIRECTOR	41 S. Stricker					own on locat		тн	9c. COUN	na na	тн
1	Maryland 10b. COUNTY	na			town or Balti					- 10	Od. INSIDE CITY LIMITS? TYES 2 NO
VERAL	10e. STREET AND NUMBER 41 South Stricke	r Street				10f. ZIP COO			10g. CITI		AT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2 TA	MED 10	It y	S DECENDENT res, specify Cub YES 2 NO	en, Maxican,	ORIGIN? (Specify Puerto Rican, atc.)		44 0405	American Indian, White te
PLETED	15. DECEDENT'S EDUC; (Specify only highest grade of Elementary/Secondary (0-12)		(Gi	CEDENT'S U	ork done dua retired.)	UPATION ing most of work	ing	16b. KIND OF		USTRY	
ŏ	17. FATHER'S NAME (First, Middle, Last)				-	18. MO1	HER'S NAME	E (First, Middle, Meid	len Surname)		
	Robert W. Reed					В	lanch	e Shoe			
	ocme Mrs. Linda L	a0range	198	1702	Harby	ther Tr	ails,	Edgewoo	own, State, Zip d Md.	21040)
	20b. METHOD OF DISPOSITION 1 ® Burla! 2 Cremettion 3 Removal from State 4 Donetton 5 Other (Specify) in State 21. SIGNATURE OF FUNERAL SERVICE LICENSEE ROnald Wade, Dir 22. NAME AND ADDRESS OF FACILITY 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, cremetery or other place) Meadowridge Mem. Cem. 22. NAME AND ADDRESS OF FACILITY 23c. LOCATION — City or Town, State 23d. PLACE AND DATE DATE 20c. LOCATION — City or Town, State 23d. PLACE AND DATE DATE 23c. LOCATION — City or Town, State 23d. PLACE AND DATE DATE 23c. LOCATION — City or Town, State 23d. PLACE AND DATE DATE 23c. LOCATION — City or Town, State 23d. PLACE AND DATE DATE 23c. LOCATION — City or Town, State 23d. PLACE AND DATE DATE 23c. LOCATION — City or Town, State 23d. PLACE AND DATE DATE 23c. LOCATION — City or Town, State 23c. LOCATION — City or Town, State 23c. LOCATION — City or Town, State 23c. LOCATION — City or Town, State 23c. LOCATION — City or Town, State										
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying such as cardles or respiratory except										
	23. PART I. Enter the diseases, or combook, or heart fellure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death)	Ader	iosc e	otie	Ca			aa cardlac or ra		eat,	Approximata Interval Batwean Onsat and Death
ATION	DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFIC	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (C	OR AS A CONSEC	OUENCE OF)	*						
PHYSICIAN: MEDICAL C	PART II. Other algnificant conditions Tobetes Ne			aaulting in	tha unde	rlying cauae	given in Pa		AN AUTOPSY ORMED?	AN CC DF	ERE AUTOPSY FINDINGS ALLABLE PRIOR TO MPLETION OF CAUSE F DEATH? YES 2 NO
SICIAN		HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER.	26. PLACE OF D		only one)			
ву РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF IN (Month, Day)		28b. TIME INJU	OF 20	Ic. INJURY AT WORK?	2	esd. DESCRIBE HOV	V INJURY OCC	URED	
	3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF building, et	INJURY — At hor ic. (Specify)	me, term, at	reet, tactory	, office	2	City or Town, Sta	et and Number (or Rural Rout	e Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICI MEDICAL EXAMINER:										d manner as stated.
I W I	29 MIO NATURE AND TITLE OF CERTIFIER	0 14	_				ENSE NUMBE				onth, Day, Year)
0 8	1 Sum	nul	$\Lambda \Lambda \lambda$				C.M.I	Ε.	•	0 02	1991

Penn Street

D TITLE OF CERTIFIER

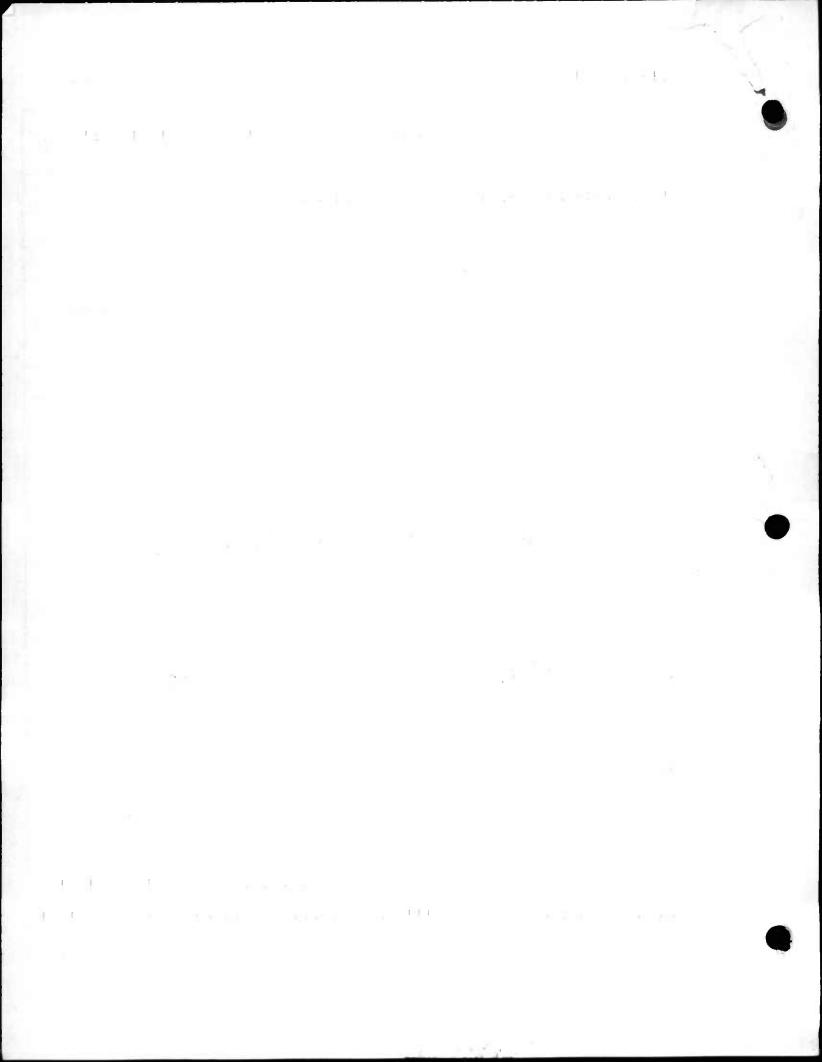
OF LOCAL MAN (TEM 27) (Typa, Print)

MD 111 F 33 REGISTRAR'S SIGNATURE Junia Lawdoon-Randers

J. Laron Locke
31. DATE FILED (Month, Day, Year)
OCT 22 1991

DHMH-18 Rev 1/89

Baltimore Maryland



BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OF ATTENDED CHOSCHAIN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hors TO THE FUNERAL DIFFERMAN AND THE STATEMAN AND THE S	BALTIMORE, MARYLAND	death. Page 6 may be retained by the hos	funeral director, page 5 should be detached		examiner must be notified at once.	
222	DIVISION DIVITAL RECORDS, P.O. BOX 68760,	THE HOSPITAL OF ATTENDIAL PUSCING. The law requires that the death certificate be executed within 24 hours after di	THE FUNERAL INFECTION And the completely filled in by the attending physician and completely filled in by the	filed within 72 hours after with with 15 Sale Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	PORTANT: If them 28 minimed, or item \$3 shows any injury, or other traumatic event, the medical ex	

STATE OF MARYLAND	/ DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
C	ERTIFICATE	OF DEAT	ГН		REG. NO.

FOR 1 - STATE REGISTRAR	STATE OF MARYI		NT OF HEALTH AND	MENTAL HYGI		20023	
1. DECEDENT'S NAME (First, Middle, L			UL OT BEATT	2. DATE OF DEATH	н	3. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER 2.15-16-03 9a. FACILITY NAME (If not institution, g	8. SEX 6. AGE	81 YRS. MONT	NOTE 1 YEAR IF UNDER 24 HRS. HIS DAYS HOURS MIN. CITY, TOWN OR LOCATION OF	7. DATE OF BIRTH (Month, Day, Yea 6-23	7) 8.	BIRTHPLACE (State or Foreign Country) Maryland	
The state of the s	y General Hos	pital	Randallstown		Ba	ltimore	
10a. STATE 10b. CO	TATE 106. COUNTY 10c. COUNTY 10c. CO				10d. INSIDE LIMITS' 1 \[YES :		
5640 Sykesville	5640 Sykesville Road					S.A.	
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	Never Merried 2 Merried FORCES? 1 YES 2 NO		13. WAS DECENDENT OF HISP If yes, specify Cuben, Maxi- 1 YES 2 X NO Specify	can, Puarto Rican, atc			
(Specify only highest of Elementary/Secondary (0-12)	011			during most of working			
17. FATHER'S NAME (First, Middle, Last	Nurses A:			Ide Baltimore City Hos 18. MOTHER'S NAME (First, Middle, Maiden Surname)			
Joseph Brown				ynthia W			
190. INFORMANT'S NAME (Type/Print) Mr. Edward Chas				umber or Rural Route Number, City or Town, State, Zip Code) Road Eldersburg, MD 21784			
28. METHOD OF DISPOSITION 15 Burlel 2 Cremation 3 4 Donation 5 Other (Specify). 21. SIGNATURE OF FUNERAL BERVICE	Removal from State 0 L	ob. PLACE AND DATE OF I f cemetary, crematory or of ake View Me		10/21/91 S FACILITY Funeral	Directo	e. MD	
	disease or condition resulting in deeth) a. DSPYCE I FOR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): b. DE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):						
PART II. Other algnificent cond	PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in ADVORGED PORM IN TOR'S PISERSE			Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
EXAMINER?							
1 YES 2 NO	1 YES 2 NO 1 Prinpatient 2 EN/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)						
1 Natural 8 Pending 2 Accident Investigat	(Month, Dey, Year) INJURY WORK? M 1 YES 2 NO						
	City or lown. State)						
and and	(Check only 1 CERTIFFING PHYSICIAN: 10 the best of my knowledge, desth occurred at the time, data and place, and due to the cause(a) and manner as stated.						
cellul 1	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Year) 10/18/91						
Allan J.C	Allan J. Chipeus 8507 LiBurty RD 31133						
31. DATE FILED (Month, Dey, Year)	32. REGISTRAR'S SIG	GNATURE					

AND 2 100

22 - 21 - 21 - 4

3

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	STANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL DR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely the filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, crema	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event,

	FOR STATE (1 - STATE REGISTRAR	OF MARYLAND / DEPARTI	MENT OF HEALTH AND MEN CATE OF DEATH	ITAL HYGIENE	28624			
10000	1. DECEDENT'S NAME (Birst, Middle, Last) FLORENCE E	2.1	DATE OF DEATH	3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER 5. SEX 219 109106 1 1 M 2 [FUNDER 1 YEAR FUNDER 24 HRS. 7. DON'THS DAYS HOURS MIN.	ATE OF BIRTH 8.	BIRTHPLACE (State or Foreign Country)			
TOR	99. FACILITY NAME (If not institution, give street and number of the st		BALTIMORE	9c. COUNTY				
BY FUNERAL DIRECTOR	100. STATE 10b. COUNTY MARYLAND		TOWN OR LOCATION		10d. INSIDE CITY LIMITS? 1 PYES 2 □ NO			
	2407 ST STEPHENS CT APT 1B 21216 U.S. A							
	1 Never Married 2 Merried FORCES	CEDENT EVER IN U.S. ARMED 1 YES 2 PNO BIVE WAR OR OATES	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yes, specify Cubas, Mexican, Puerto Rican, etc.) 1 — YES 2 17-NO Specify:					
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) ADD NOT use retired.)							
BE COM	17. FATHER'S NAME (First, Middle, Last), 18. MOTHER'S NAME (First, Middle, Meiden Surname) STELLA COPPER							
TO B	196. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street end Number or Pural Boure Number, City or Town, State, Zip Code) 1912 MCKEAN AVET BALZO MD 21217							
	20s. METHOD OF DISPOSITION 1 Devile 2 Cremation 3 Removal from State 4 Donetton 5 Other (Specify) 20s. PLACE AND DATE OF DISPOSITION (Name of Company), crematory or other place) ARBUTUS MEM PARK PARK 20c. LOCATION — City or Town, State ARBUTUS BARTO CO MO							
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY VOSEPH LA RUSS FUNERAL HOME 22. NAME AND ADDRESS OF FACILITY VOSEPH LA RUSS FUNERAL HOME 22. NAME AND ADDRESS OF FACILITY VOSEPH LA RUSS FUNERAL HOME 22. NAME AND ADDRESS OF FACILITY VOSEPH LA RUSS FUNERAL HOME 22. NAME AND ADDRESS OF FACILITY VOSEPH LA RUSS FUNERAL HOME 22. NAME AND ADDRESS OF FACILITY VOSEPH LA RUSS FUNERAL HOME 22. NAME AND ADDRESS OF FACILITY VOSEPH LA RUSS FUNERAL HOME 22. NAME AND ADDRESS OF FACILITY VOSEPH LA RUSS FUNERAL HOME 22. NAME AND ADDRESS OF FACILITY VOSEPH LA RUSS FUNERAL HOME 22. NAME AND ADDRESS OF FACILITY VOSEPH LA RUSS FUNERAL HOME 22. NAME AND ADDRESS OF FACILITY VOSEPH LA RUSS FUNERAL HOME 22. NAME AND ADDRESS OF FACILITY VOSEPH LA RUSS FUNERAL HOME 22. NAME AND ADDRESS OF FACILITY VOSEPH LA RUSS FUNERAL HOME 22. NAME AND ADDRESS OF FACILITY VOSEPH LA RUSS FUNERAL HOME 22. NAME AND ADDRESS OF FACILITY VOSEPH LA RUSS FUNERAL HOME 22. NAME AND ADDRESS OF FACILITY VOSEPH LA RUSS FUNERAL HOME VOSEPH LA RUSS FUNERAL HOME 22. NAME AND ADDRESS OF FACILITY VOSEPH LA RUSS FUNERAL HOME VOSEPH LA RUSS							
	23. PART I. Enter the disease, or complication ehock, or heert feilure. List only on IMMEDIATE CAUSE (Finel disease or condition resulting in death)	e ceuse on eech line.		cerdiec or respiretory erres	t, Approximete Interval Between			
CERTIFICATION	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING							
ERTIFIC	CAUSE (Disease or Injury that Initiated events resulting in death) LAST							
AL.	PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. Metastatic CNS and primary disclose Dicheles multitus 244. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO							
PHYSICIAN: MEDIC	S. WAS CASE REFERENCE TO MEDICAL 28. PLACE OF DEATH (Check only one)							
SIC	EXAMINER? HOSPITAL: OTHER: OTHER:							
ву РНУ	27. MANNER OF DEATH 280. DATE OF INJURY (Month, Day, Year) 280. TIME OF INJURY AT WORK? 1 Netural 5 Pending 280. DATE OF INJURY (Month, Day, Year) 1 YES 2 NO							
	2 Accident investigation 3 Suicide 5 Could not be distermined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)							
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and manner as stated.							
TO BE C			OFFICER 29c. LICENSE NUMBER D405		BIGNEO (Month, Day, Year)			
F	30, NAME AND ADDRESS OF PERSON WHO COMPLETE DR. OCHANEY	D CAUSE OF DEATH (ITEM 27) (Type, F	ERTY HEIGHTS	BATTIMORE,	ER mD 21215			
	31. DATE FILED (Month, Day, Year) 32. BE	GISTRAR'S SIGNATURE						

BETTE BETTE SCALES WASHER

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Versan z

BACTIMORE, MARYLAND 21215-0020	the death. Find 6 for a minimed by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral of tune and the following permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	al examiner must be netfled at once.	TO DE COMPLETED DE LA CONTRA LA CONT
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours aftr death. Page 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be natified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF H	IEALTH AND	MENTAL HYGI	ENE	281	525
	1. OECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATN
	4. SOCIAL SECURITY NUMBER	ny J. Caputo				10/21/			М
			(In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTH Countr	PLACE (State or Foreign
	110-40-3937	1 M 2 F	42 YRS.			12/27/4	8		ew York
E C	9e. FACILITY NAME (If not institution, give				OR LOCATION OF E	DEATH	9c. COUNT	TY OF D	EATH
ĕ	5158 Stafford Represent	oau		Ba.	ltimore				
DIRECTOR	10a. STATE 10b. COUNT	ry	10c, CITY	, TOWN OR LOCAT	ION				10d. INSIDE CITY
5	Maryland Bal	timore	B	altimore	City				LIMITS? 1 X YES 2 NO
A	10e. STREET AND NUMBER				. ZIP CODE		10e CITIZI	EN OF W	HAT COUNTRY?
FUNERAL	5158 Stafford Ro	nad			21229				
5	11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED	13. WAS DEC		NIC ORIGIN? (Specify		JSA A BACE	- American Indian.
	1 Never Married 2 Married	FORCES? 1 YES	2 XNO	If yes, sp	ecify Cuban, Maxic	an, Puerto Rican, atc.)		Black	, While, atc.
BY	3 Widowed 4 Divorced			1 1 163	2 NO Speci	ny:		Specify: White	
	15. DECEDENT'S EDU (Specify only highest grad	JCATION COMPONENTS	16a. DECEDENT'S	USUAL OCCUPATION	ON	16b. KIND OF	BUSINESS/INDU	STRY	WILLCE
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	ork done during mo retired.)	st of working				
4	12		Cable lo	cator		Teleph	one Co	moar	nv
5	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, Middle, Maid		puz	-7
	Anthony J. Caput	.0			Rose Mo		,		
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a		Route Number, City or	Farma Charte Via C		
2	Vicki Rohrs Capu	1to				d Baltimo			nd 01000
	20a. METNOD OF DISPOSITION	201	PLACE AND DATEO						
	1 X Burial 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State Cen	netery, cremetory or oth	ner place)			LOCATION — CI		
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	orraine P		D ADDRESS OF F	10/25/91	Woodla	wn,	Maryland
	0	1	0			eral Home	Tng		
	The state of		Ji.			r Spring		227	
1	23. PAPT I. Enter the diseases, or	complications that cause List only one cause on a	d the deeth. Do no	ot anter the mo	de of dying, aud	h as cerdlec or re	spiratory erres	st,	Approximata
HILLAIION	IMMEDIATE CAUSE (Final disease or condition reculting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
CENTIFIC	CAUSE (Disease or injury that initiated evente resulting in death) LAST	Injury C							
THE DIOME	Marchi afres	Africe + dependency 1 - YES 2 NO PERFORMED? 1 YES 2 NO DEPORTED N							
									1 TYES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			28. PL	ACE OF DEATH (Ch	eck only one)		1	
5	1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outp		OTHER:	N-A	6 Other (Specify)			
	27. MANNER OF DEATH	28a. DATE OF INJURY	26b. TIME			28d. DESCRIBE HOW	V IN ILIEN OCCU	050	
	1 Netural 5 Pending	(Month, Day, Year)	INJU	RY WOI	RK?	200. DESCRIBE NO	INJUNT OCCU	HED	
n 2 Accident Investigation									
	3 Suicide 6 Could not be detarmined 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28s. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)								
Mr LE	29a. CERTIFIER 1 CERTIFYING PNYS	CIAN: To the hest of my knowl	lades death seems	Catalon de Labor		me			
	one) 2 MEDICAL EXAMINE	(Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the lime, data and place, and due to the cause(s) and manner as stated.							
3	290. SIGNATURE AND TITLE OF CERTIFIES			,, opinion, or	an occurred at the	inne, data and place,	and dua to the o	cause(a)	and manner as stated.
4	0 A11 m				29¢. LICENSE NUI	BER /	29d. DATE S	IGNED (Month, Day, Year)
	710 900 100				1785	14	10	1-2	1-4/
	Dr. Joseph Gibbo				Ellico	tt City, N	/arrell an	A 2	1043
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE	LD MOAU	TITICO	CTLY, I	aryran	u 2.	TO#2
	OCT 2 2 1991	Luka Davidson	Agrica 82						

and the second of the second

BALTIMORE, MARYLAND 21215-0020

BOX 68760,

o

DIVISION OF VITAL RECORDS,

STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

382-24-7351

4. SOCIAL SECURITY NUMBER

Donald J.

Drouillard

8. AGE (In yrs. last birthday)

61

5. SEX

1X M 2 | F

9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c COUNTY OF DEATH 6806 Bank St. Eastpoint_Balto.City DIRECTOR Baltimore/ RESIDENCE OF DECEDENT 10e. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md'. Baltimore 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 6806 Bank Street 21224 U.S.A. 11. MARITAL STATUS 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR OATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—II yes, specify Cuben, Mexicen, Puerto Rican, atc.) 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried BY 1 TYES 2 X NO Specify: 3 Widowed 4 Divorced White COMPLETED 18e. DECEDENT'S USUAL OCCUPATION
Taken kind of work done during most of working 15. DECEOENT'S EOUCATION 16b. KINO OF BUSINESS/INOUSTRY (Specify only high (Give kind of work done life. Do NOT use retired.) /Secondary (0-12) College (1-4 or 5+) Unknown Painter Painters Union 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surneme) Louis Drouillard Ħ Helen Kalaska notified 194. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Betty R. Drouillard 6806 Bank St., Baltimore, MD. 21224 pe 20e, METHOD OF DISPOSITION

1 Burlel 2 Commelton 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, Siste must Green Mount Crematory 10-18-91 BAlto.Md. 4 Donation 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY Bradley-Ashton Funeral Home, 2134 Willow Spring Rd., Dundalk, MD.21222 medical 23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximata ehock, or heert fellure. Liet only one ceuse on each line. Interval Between IMMEDIATE CAUSE (Final an and completely filled to burial, cremation, t Onset and Death the disease or condition_ ESPIRATORY resulting in deeth) event. DUE TO (OF AS A CONSEQUENCE OF): Cancer una traumatic CERTIFICATION Sequentially list conditiona, DUE TO OR AS A CONSEQUENCE OF): If any, leading to immediate the attending physician Mental Hygiene prior to ceuse. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF) thet initiated events resulting in death) LAST 9 Injury, PART II. Other significent conditions contributing to death but not resulting in the underlying ceuee given in Part I. MEDICAL 24e. WAS AN AUTOPSY PERFORMEO? been signed by the 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO shows any COMPLETION OF CAUSE 1 TES 2 NO 1 YES 2 NO PHYSICIAN: certificate has been the State Dept. of item 23 sl DR ATTENDING PHYSICIAN: The law 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpetient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF GEATH 26e. DATE OF INJURY (Month, Day, Year) marked, this c 28b. TIME OF INJURY 28c, INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCUREO 5 Pending Investigation 1 Natural BY м 1 YES 2 NO 10 THE HOSPITAL UN FORTON TO THE FUNERAL DIRECTOR: After De fied within 72 hours after death MADORTANT: If item 28 is m After 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide determined 29e. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end menner as stated. 2 MEDICAL EXAMINER: On the besis of exemination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(s) end manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) olin 73535 19 cell 10/16 5 2 36. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month, Day, DET MOESIBERAR'S SIGNATURE DEVISION-Pandalle

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

IF UNDER 1 YEAR | IF UNDER 24 HRS.

CERTIFICATE OF DEATH

223

28626

PAR

Mich

3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign

7:30am

REG. NO.

10-16-1991

2. DATE OF DEATH

7. DATE OF BIRTH (Month, Day, Year)

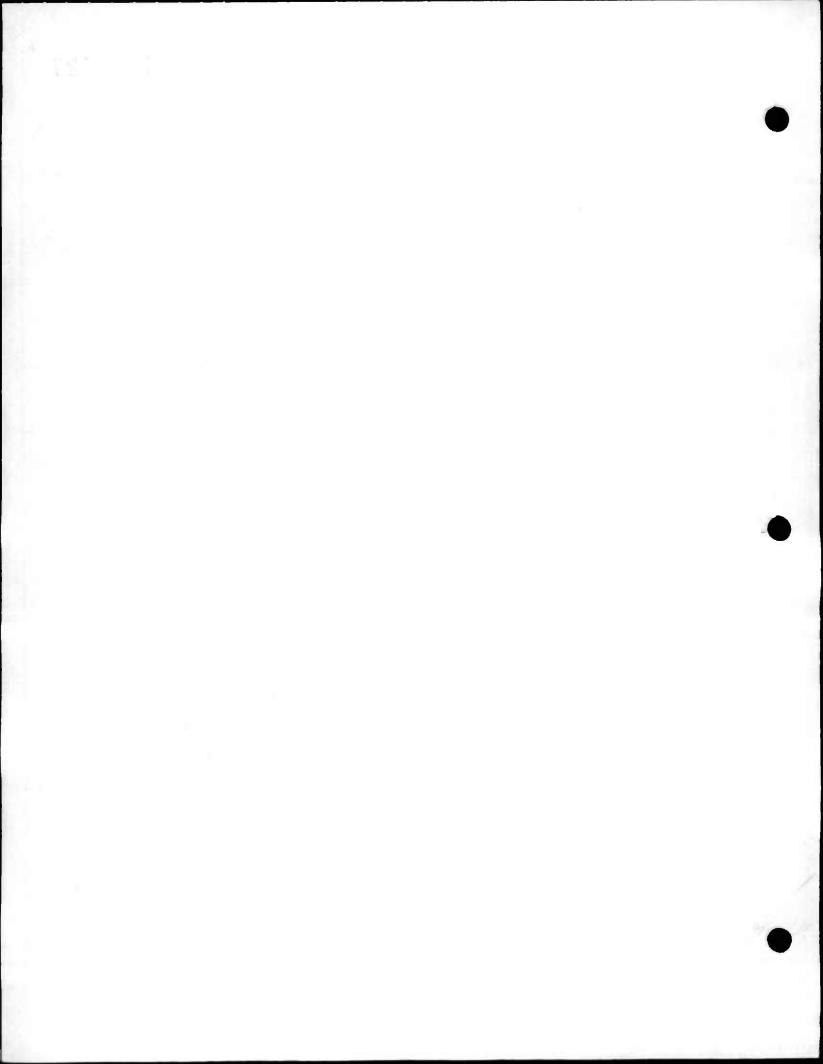
2-9-29

0 THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITA	TO THE FUNERAL be filed within 72	IMPORTANT: If

					DAV 107 332	O INCEL	Y WALKE	R SHELLA A		
	FOR 1 - STATE REGISTRAR				F HEALTH AND	MENTAL HYGIE		O n I		
	1. DECEOENT'S NAME (First, Middle, Last)			1 1		2. DATE OF DEATH		3. TIME OF DEATH		
	Beatrice	Henry		Davis			8 9			
1 8	4. SOCIAL SECURITY NUMBER 217-18-9374		AGE (In yrs. last birthday)	MONTHS DAY		7. DATE OF BIRTH (Month, Day, Ybay)		BIRTHPLACE (State or Foreign Country)		
1		1 M 2 F	91 YRS.		THE MAINS.	10/03/0	DO NO	orth Carolin		
<u>~</u>	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH SINAI HOSPITAL 8ALTIMORE									
15	RESIDENCE OF DECEDENT	141			AL I IMOR	< <u>E</u>				
DIRECTOR	10a. STATE 10b. COUNT	Y	10c. C	HTY, TOWN OR LO	DCATION			10d. INSIDE CITY		
	Maryland			Baltim	nore			LIMITS?		
FUNERAL	10e. STREET AND NUMBER			74	101, ZIP CODE		10g. CITIZEN	N OF WHAT COUNTRY?		
Ä	3320 Inglesid		P = P		21215		U.	S.A.		
BY	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT ET FORCES? 1 I	YES 2 NO	I1 yee	DECENDENT OF HISPA e, specify Cuban, Maxic YES 2 NO Speci	ANIC ORIGIN? (Specify Yocan, Puerto Rican, etc.) city:	es or No— 14.	. RACE — American Indian, Black, White, etc. Specify:		
	15. DECEDENT'S EDUI (Specify only highest grade	ICATION COMPleted	16a. DECEDENT	'S USUAL OCCUP	PATION	16b. KIND OF B	USINESS/INDUST	Black		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Iffe. Do NOT	of work done during use retired.)	j most of working					
₽	Grade School		Do	mestic	2	Priva	ate Fa	mily		
8	17. FATHER'S NAME (First, Middle, Last)					IAME (First, Middle, Maide	n Sumame)			
H	Henry Carter					ie Davis				
2	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or To				
	Katie Brown m	.D.	1			ve ALTBAIN				
	1 X Burial 2 Cremation 3 Rem		20b. PLACE AND DATE cemetery, cremetory or	other place)			OCATION — City			
	4 Donation 5 Other (Specify)	CENSEE	Arbutus	Memori	al Park	10/23 Ba	ltimor	re Co., MD		
	· Lary X	Kollin	2	25 Ba	01 Gwyni	ns Falls	Parkw	ral Homes Inc		
	23. PART I. Entar the diseases, or of shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition reaulting in death)	complications that ca List only one cause a. SUBAR DUE TO (OR	on each lina.	not anter the	mode of dying, suc	ch as cardiac or rea	piratory arrest	Approximate Interval Batween Onset and Death		
ATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING		TENSION							
임		C. DUE TO (OR	AS A CONSEQUENCE O	OF):						
CERTIFIC	resulting in death) LAST	4						i		
	04.75 11 04 11 12 11 11 11 11 11	d.								
MEDICAL	ASTHMA	6 contributing to das	ath but not resulting	In tha underly	ring cause given in	PERFO	N AUTOPSY DRMED? 2 NO	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
Z										
호	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	B. PLACE OF DEATH (C)	heck only one)				
PHYSICIAN:	1 TYES 2 NO	1 Inpatient 2 ER	R/Outpatient 3 DOA	4 - Nursing H	Home 5 🗆 Residence					
	27. MANNER OF DEATH 1 Natural 5 Pending	26a. DATE OF INJU (Month, Day, Y		YAURY	INJURY AT WORK?	26d. DESCRIBE HOW	INJURY OCCUR	EO		
à	2 Accident Investigation	260 PLACE OF IN			YES 2 NO					
ETED	3 Suicide 6 Could not be 4 Homicide detarmined	building, atc.	IJURY — At home, farm, (Specify)	atreat, factory, o	Hica	261. LOCATION (Street City or Town, State	and Number or R	lural Route Number,		
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC DESCRIPTION ON DESCRIPTION ON DESCRIPTION OF DESCRIPTION O	ICIAN: To the best of my terms of the basis of examination	knowledge, death occurring institution and/or investigat!	red at the time, d	lets and place, and dus n, death occured at the	a to the cause(s) and ma s time, data and place, a	inner as stated.	iuse(a) and manner as stated,		
BE (29b. SIGNATURE AND TITLE OF CERTIFIER	1			29c. LICENSE NUI	MBER	29d. DATE SIC	GNED (Month, Day, Year)		

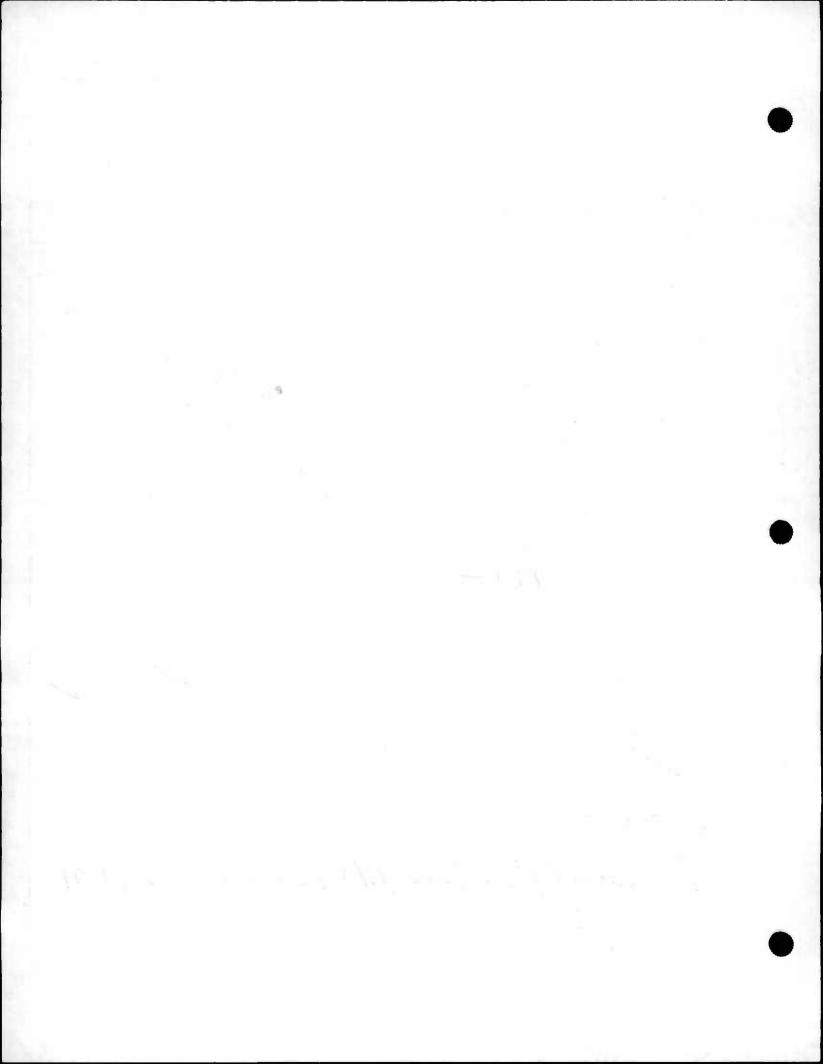
the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 10/18/91 DEVETTEN m.D 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) DEVETTEN SINAI HOSPITAL BALTIMORE 31. DATE FILED (Month, Day, Year)
UU 1 2 2 1991 32, REGISTRAR'S SIGNATURE
Julia Davidson-Randelle

2



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE C	F DEATH	REG. NO.			
,	1. DECEDENT'S NAME (First, Middle, Last)	BRUCE HOLL	EY (CHIP)	DOWNES		2. DATE OF DEATH DA OCTOBER 1		3. TIME OF DEATH 10:40 PM	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AC	GE (In yrs. last birthday)	IF UNDER 1 YEA	R IF UNDER 24 HRS.	7. DATE OF BIRTH	8.	BIRTHPLACE (State or Foreign	
	220-66-3393		36 YRS.	MONTHS DAY		8/17/1955		Maryland	
	9s. FACILITY NAME (If not institution, give s	and the same of th		96. CITY, TOWN OR LOCATION OF DEATH			9c. COUNTY OF DEATH		
8	Seton Hill Mand	or Nursing	Home	Baltimore City			N/A		
5	RESIDENCE OF DECEDENT						1 1// A		
DIRECTOR				y, rown on Lo Baltimo		lton Hill)	on Hill) 10d. Inside		
4	10e, STREET AND NUMBER			10f. ZIP CODE		10g. CITIZEN OF WHAT COUN			
FUNERAL	1313 Eutaw Place	a			21217		US	۸	
\ <u>\ \</u>	11. MARITAL STATUS	12 WAS DECEDENT EVE	ER IN U.S. ARMED	13. WAS		NIC ORIGIN? (Specify Yes		. RACE — American Indian.	
	1 X Never Merried 2 Merried	FORCES? 1 Y	ES 2 NO	If yes	, specify Cuben, Mexico	en, Puerto Ricen, etc.)		Black, White, etc.	
B	3 Widowed 4 Divorced	IF YES, GIVE WAN O	H DATES	''	YES 2 XNO Specif	γ:		Spec#y: White	
	15. DECEDENT'S EDU	CATION	16a. DECEDENT'S	USUAL OCCUR	ATION	16b. KIND OF BUS	SINESS/INDUS		
E I	(Specify only highest grade			work done during	most of working	100000000000000000000000000000000000000			
7	Elementary/Secondary (0-12) 12th grade	College (1-4 or 5+) 2 of College	e Reta	: Tou		Donan	tment	Ctono	
\$	17, FATHER'S NAME (First, Middle, Last)	2 of correg	el Keta	rier	T			Store	
COMPLETED	The state of the s	D				ME (First, Middle, Meiden	Sumame)		
BE	Vachel A.	Downes,	Jr.		Maude	A Holley			
2	19e. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow			
F	Mr. Bernard A. S	SUDOL	13:	l3 Euta	w Place,	Baltimore	. Marv	land 21217	
	20a. METHOD OF DISPOSITION 1 A Burlel 2 Cremation 3 Rem		20b. PLACE AND DAT	E OF DISPOSIT	ION (Name			y or Town, State	
	4 Donation 8 Other (Specify)	loval from State	of cemetary, cremator Centrevi	or other place;	eterv	Cen	trevil	le, Maryland	
_	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE Kevin	E. Ecker	22. NAM	F AND ADDRESS OF FA	CILITY			
	7 56	/ KCVIII	L. LCKEI	McC	ully Fune	ral HOME o	f Broo	klyn	
	18-67	-		237	E. Patap	sco Ave., I	Balto.	, Md. 21225	
CERTIFICATION	immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):							
		•							
EDICAL	PART II. Other aignificant condition		1	_	lying cause given in	Part I. 24s. WAS AN PERFOI		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
용	Muting	ons UI	Sease			1 _ YES :	MO	COMPLETION OF CAUSE OF DEATH?	
ME	11							1 TES 2/ NO	
-									
3	25. WAS CASE REFERRED TO MEDICAL			2	B PLACE OF DEATH (C	heck only one)			
S	1 YES 2 NO	HOSPITAL: 1 inpatient 2 ER/	Outpatient 3 DOA	OTHER:	Home 5 🗆 Residence	8 (Other (Specify)			
Ξ	27, MANNER OF DEATH	28s, DATE OF INJU	1RY 28b, TII	ME OF 28	INJURY AT	28d. DESCRIBE HOW	INJURY OCCU	RED	
BY PHYSICIAN:	1 Natural 5 Pending	(Month, Day, Ye	ear) IN	JURY	WORK?				
	2 Accident Investigation	28a PLACE OF IN	JURY — At home, farm,			281. LOCATION (Street	and Mumber of	Dural Bauta Mumbar	
	3 Suicide 8 Could not be 4 Homicide determined	building, etc.	(Specify)	street, ractory,	onice	City or Town, State,		r nurai riodie Numbei,	
1									
COMPLETED	tomor oray	ER: On the best of my b						l. cause(s) end manner ee stated.	
	296 GIGNATURE AND TITLE OF CERTIFIE	R/1/1/	1	, ^	29c. LICENSE NU	IMBER	29d. DATE	SIGNED (Month, Day, Year)	
) BE	1/annu	HTULE	1 well	M	122	625	10	-17-91	
5	30. NAME AND ADDRESS OF PERSON W			Print)					
	Dr. Sam J. W	lestrick, MD	3100	Saint	Paul Str	reet, Balti	more.	Md. 21218	
	31. DATE FILED (Month_Dex, Year) -	32. REGISTRAR'S						Lalao	
	7A900	1001 8.0	Mail. X						
	E 22 2 / / .	CHAIL COLLE	· Clarelle . B	V 00					



AND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE REGISTRAR	STATE OF N					ALTH AND	MENTAL HYGIE		Log Co	
	1. DECEDENT'S NAME (First, Middle, Las	Marjorie L	eona Engel					2. DATE OF DEATH MONTH 10/19/		YEAR 3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER		IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLA	ACE (State or Foreign
	212-16-9151	1 □ M 2 🛣 F	80	YRS.	MONTHS	DATS	HOURS MIN.	(Month, Day, Year)	11	M	aryland
OR	99. FACILITY NAME (If not institution, give Carroll County General				96. CITY, TOWN OR LOCATION OF DEATH Westminster Carroll Cou						
E	RESIDENCE OF DECEDENT 10e. STATE 10b. COU			10c. CIT	Y. TOWN O	R LOCATIO	M				
DIR	Maryland Carroll 100. STREET AND NUMBER			10c. CITY, TOWN OR LOCATION Westminster						d. INSIDE CITY X LIMITS? X	
ERAI	5130 Band Hall Hill Rd					10f. 2	21 158		10g. CITIZEN OF WHAT COUNTRY?		
BY FUNERAL DIRECTOR	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES			ED)	111	yes, speci	IDENT OF HISP Ify Cuben, Mexi	ANIC ORIGIN? (Specify) cen, Puerto Ricen, etc.)	fee or No — 14	Black, W	American Indian, Thite, etc.
COMPLETED	15. DECEDENT'S El (Specify only highest gra		16a. DECI	EDENT'S	USUAL OC	CUPATION	of working	16b, KIND OF B	USINESS/INDUS		
H	Elementary/Secondary (0-12)	College (1-4 or 5+	life. L	Do NOT us	retired.)	lanuf	of working acture	d			
ME	17. FATHER'S NAME (First, Middle, Last)	2 years	Exec	. 0	f	Age				quipm	nent Co.
BE CC		ohn Luther E	ngel				Caro	AME (First, Middle, Maide line Henri	etta An	nelia	Spieker
2	19e. INFORMANT'S NAME (Type/Print)							A Route Number, City or To			
	Mr. John L. Engel Jr							tminster Mary	land 211	158	
	20e. METHOD OF DISPOSITION 1 Duriel 2 Cremetion 3 Re 4 Donation 5 Other (Specify)	moval from State	cometery, creme Carrol	D DATE	ther place t	ion (Name	Servic	e 10/22	ocation - ch Hamps t		
- 1	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE							al Direc	etors.	Tnc 2113
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESP OF FUNERAL Directors, Inc 2113: 8728 Liberty Road Randallstown Maryland										
CERTIFICATION	shock, or heart fellund immediate cause or condition reculting in death) Sequentially liet conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	DUE TO (DIO PULI OR AS A CONSEOU A ABO UT	ENCE OF	ic ic nome	CATA	s more	HENOWN	puman	щ	Intervel Between Onset end Death
PHYSICIAN: MEDICAL C	PART II. Other significant condition	ons contributing to a	leath but not res	Sulting i	n the und	derlying o	euse given in	Part I. 24a. WAS A PERFC	N AUTOPSY ORMSD? 2) NO	COL	RE AUTOPSY FINDINGS ULABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:		E OF OEATH (C	theck only one)			
17S	1 VES 2 NO	1) Inpatient 2 🗆	ER/Outpatient 3	DOA			5 🗆 Rseldence	8 Other (Specify)			
급	27. MANNER OF DEATH Natural 5 Pending	28e. DATE OF (Month, Da	NJURY (Year)	28b. TIM(INJ	URY 4	28c. INJUR WORK	?	28d. DESCRIBE HOW	INJURY OCCUP	ED	
BY	Z Accident Investigation	28e PLACE OF	INJURY — At home	form o			2 NO				
ETED	4 Homicide S Could not b	building, e	tc. (Specify)	, rariii, u	dest, factor	ry, omce		281, LOCATION (Street City or Town, State	t and Number or 9)	Rural Route	Number,
COMPLETED	299. CERTIFIER (Check only one) 1 CERTIFYING PHY 2 MEDICAL EXAMI	SICIAN: To the best of m	ny knowledge, death mination and/or inv	occurre	d at the firm	ne, date en	d place, end du	e to the cause(s) end me e time, date end place, e	enner ee stated.	ause(e) enc	d manner as stated,
4	296 SIGNATURE AND TITLE OF CERTIF	ER		1		21	C LICENSE NU		29d. DATE S	IGNED (Mor	nth, Day, Year)
10 1		ma	10/21	191			2310	460	P 10		
-	1 HOMAS GAI	HO COMPLETED CAUSI	OF DEATH (ITEM 2			HIN(FRN P	-77	ח אריו עען	ER MO	21157
	31. DATE FILED (Month, Day, Ybar) OCT 2 2 1991	22. PHIN STRAN	'S SITUITURE								

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Banna

DETERMINE

1	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs.		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	4 8	BIRTHPLACE (State or Foreig
	212-56-6625	1 □ M 2 以 F 3 9	YRS.	THE DAYS	HOURS MIN.	12 - 25	51	Va.
E E	9a. FACILITY NAME (If not institution, s	give street and number) ICAL CENTER	9b.		I MORE	EATH	9c. COUNT	Y OF DEATH
DIRECTOR	RESIDENCE OF DECEDEN	T	10c, CITY, TO	OWN OR LOCAT				10d. INSIDE CITY
	MD		BALT	IMORE				1 X YES 2 NO
ERAL	1342 NORTH	AVENUE			101. ZIP CODE 21215			S . A .
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES		If yes, spi	ENDENT OF HISPAI ecity Cuben, Mexica 2 X NO Specifi	n, Puerto Rican, ato	ly Yee or No— 1-	4. RACE — American Indian, Black, White, etc. Specify: BLACK
APLETED	15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12) 12 T H	grade completed) College (1-4 or 5 +)	DECEDENT'S USU (Give kind of work life. Do NOT use ret EMPLOY	done during mo- tired.)		16b. KIND O	F BUSINESS/INDU	STRY
COMPL	17. FATHER'S NAME (First, Middle, Last ROY LEE SHEL	•				ME (First, Middle, M		
20 BE	19e. INFORMANT'S NAME (Type/Print)				and Number or Rural	Route Number, City of	r Town, State, Zip C	
	CHERRY WILKI	-	4619 U				E. LOCATION — CI	ORE, MD 21
	1 Burlet 2 Cremetion 3 4 Donation 5 Other (Specify)				EMETERY	C		ILLE, MD
r),	21. SIGNATURE OF FUNERAL SERVICE	DE LICENSIA			ND ADDRESS OF FA		101 =	NORTH AVE
	IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	a. DUE TO (OR AS A COR	line.		Abus		respiratory arre	Interval Bet
RTIFICATION	disesse or condition	a. DUE TO (OR AS A COM	line.				respiratory arres	Interval Bet
CE	Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	,	Ine. A ho I ISEQUENCE OF): A fix ISEQUENCE OF):	ng Taih	Abus	Part I. 24a. W	AS AN AUTOPSY RECORMED?	Approximate interval Bety Onset and D 24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
: MEDICAL CE	Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	b. DUE TO (OR AS A COM C. DUE TO (OR AS A COM d.	Ine. A ho I ISEQUENCE OF): A fix ISEQUENCE OF):	ng Taih	Abus	Part I. 24a. W	AS AN AUTOPSY RFORMED?	24b. WERE AUTOPSY FINE AMILABLE PRIOR TO COMPLETION OF CAL OF DEATH?
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PHYSICIAN: MEDICAL CE	Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other significent conditions. 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	DUE TO (OR AS A COME DUE TO (OR AS A COME	Ine. A C A N ASEOUENCE OF): A FIC ASEOUENCE OF): Ot resulting in the	The landerlying 28. Ph. THER: Nursing Hom F 28c. IN. WC	G cause given in	Part I. 24a. William Pe 1	S AN AUTOPSY REFORMED? ES 2 NO	24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 NO
ED BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions. 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	DUE TO (OR AS A COME DUE TO (OR AS A COME	Ine. ISEQUENCE OF): A FIC. ISEQUENCE OF): Ot resulting in the control of the	ha underlying 28. PI THER: Nursing Horr W M 1	G cause given in	Part I. 24a. W PE 1 V Peck only one) 6 Other (Specific DesCRIBE I	AS AN AUTOPSY PREPORMED? ES 2 NO NO NO NO NO NO NO NO NO NO NO NO NO	24b. WERE AUTOPSY FINI AMAILABLE PRIOR TO COMPLETION OF CAI OF DEATH?
ED BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions. 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Astural 5 Pending investigated	DUE TO (OR AS A COME DUE TO (OR AS A COME	ine. Issouence of): Issouenc	ha underlying 26. Pi THER: Nursing Horr F 26. IN W M 1 1 et, factory, office at the time, date	g cause given in LACE OF DEATH (C) THE 5 Residence SURPY AT SPRY? YES 2 NO THE STREET OF THE STREET THE STREET OF THE STREET THE STREET OF THE STREET THE STREET OF THE STREET THE STREET OF THE STREET THE STREET OF THE STREET OF THE STREET THE STREET OF THE STREET OF THE STREET OF THE STREET THE STREET OF THE S	Part I. 24a. We pe 1	AS AN AUTOPSY REFORMED? ES 2 NO NO NO NO NO NO NO NO NO NO	Interval Beh Onset and E 24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 NO JRED W Rural Route Number,
D BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions. 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Astural 5 Pending investigated	a. DUE TO (OR AS A COM DUE TO (OR AS A COM DUE TO (OR AS A COM DUE TO (OR AS A COM d. DUE	ine. Issouence of): Issouenc	ha underlying 26. Pi THER: Nursing Horr F 26. IN W M 1 1 et, factory, office at the time, date	g cause given in LACE OF DEATH (C) THE 5 Residence SURPY AT SPRY? YES 2 NO THE STREET OF THE S	Part I. 24a. W Pt 1 Y oneck only one) 6 Other (Specific City or Town, City or Town, city or Town,	AS AN AUTOPSY REFORMED? ES 2 NO NO NO NO NO NO NO NO NO NO	Interval Beh Onset and E 24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 NO JRED W Rural Route Number,

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

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CERTIFICATION

PHYSICIAN: MEDICAL

BY

COMPLETED

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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

B2. REGISTRAR'S SIGNATURE DE

DR. OCHANEY

31. DATE PILEP (Marin 200) 1991

69

28631 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH CARLIE FORTUNE 10 6.20 PM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year IF UNDER 24 HRS. s. BIRTHPLACE (State or Foreign Country) 1 🔀 M 2 🗌 F 705-09-7312 Oct 15,1915 South Carolina 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR Liberty Medical Center Baltimore 10e, STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore 1 TYPES 2 NO 10e, STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1720 North Bentalou Street 21216 S. U. A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-if yes, specify Cuben, Mexicen, Puerto Ricen, atc.) 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried 1 YES 2 NO Specify: 3 Widowed 4 Divorced Specify. Black COMPLETED 18e. DECEDENT'S USUAL OCCUPATION
***Chain kind of work done during most of working 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KINO OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 8th Grade Mechanic Balto Transit Company 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Torence Fortune Susanna Toni 19e. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Floute Number, City or Town, State, Zip Code) 21216 Iona Fortune 1720 North Bentalou St. Baltimore, MD 20e. METHOD OF DISPOSITION

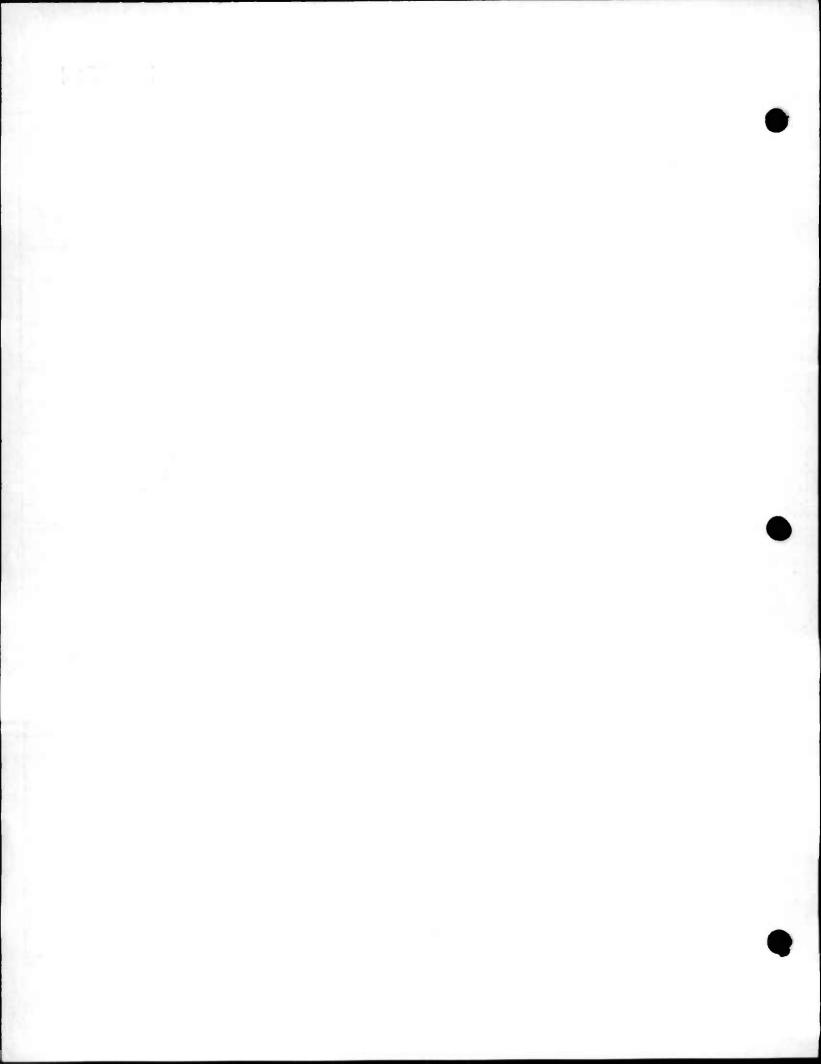
\$\(\)\Quad \Quad \q 20c. LOCATION - City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE Cemetery 10/23| Baltimore, 122. NAME AND ADORESS OF FACILITY Nutter Funeral Homes Inc 2501 Gwynns Falls Parkway Baltimore, Maryland 21216 Baltimore 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 23. PART I. Enter the diseases, or complications that caused the drath. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. intarvai Between IMMEDIATE CAUSE (Final Onset and Daath disease or condition Sepsis resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequantially list conditions, if any, leading to immediate OUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF): that initiated eventa reaulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS Perihou AVAILABLE PRIOR TO Chronic COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO Pneumonia 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA te 5 🗆 Residence 6 🗆 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 26b, TIME OF 28c. INJURY AT WORK? 26d. OEŞCRIBE HOW INJURY OCCURED 5 Pending Investigation 1 Natural 1 YES 2 NO 2 Accident 26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 6 Could not be 4 🔲 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, date end place, end due to the cause(e) and menner ee stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the ceuse(s) end menner ee stated. MEDICAL HOUSE OFFICE 200 LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Charey D40521 91 10 117

MD 21215

CENTER

LIBERTY MEDICAL

2600 LIBERTY HEIGHTS BALTIMORE



TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the death certificate be executed within the form of the function of the following physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

29e. CERTIFIER (Check only one)

31. DATE FILED (Month, Day)

29b. SIGNATURE AND TITLE OF CERTIFIER

1991

1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIE REG. N		28632
1. DECEDENT'S NAME (First, Middle, Last)	Ford	JOHN		FORD	2. DATE OF OEATH	10-14-9	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 213 28 0998			IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURE MIN.	7. DATE OF BIRTN (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
9a. FACILITY NAME (If not institution, give standard Medical (RESIDENCE OF DECEDENT			96. CITY, TOWN C Balti	more Cit		9c. COUNTY	na
100. STATE 10b. COUNTY	na	10c, CITY,	TOWN OR LOCAT		Ltimore		10d. INSIDE CITY LIMITS? 1 TYES 2 NO
100. STREET AND NUMBER 4017 Liberty He:	ights		101	, ZIP CODE	21207	10g. CITIZEN	OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 TYES IF YES, GIVE WAR OR D	2 NO	If yes, sp		IIC ORIGIN? (Specify n, Puerto Ricen, etc.)		RACE — American Indian, Black, White, etc. Specify: White
15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondery (0-12)	CATION completed) College (1-4 or 5+)	16e. DECEDENT'S U (Give kind of wo life. Do NOT use	ork done during mo		16b. KIND OF	BUSINESS/INDUS	TRY
17. FATNER'S NAME (First, Middle, Last)				18. MOTNER'S NA	ME (First, Middle, Mak	den Surname)	
190. INFORMANT'S NAME (Type/Print) Arthur Ford	Son	19b. MAILING	ADDRESS (Street of	and Number or Rural F	Route Number, City or	Yown, State, Zip Co	rde)
20e. METHOD OF DISPOSITION 1	ovel from State	b. PLACE OF OISPOSI other place)	ITION (Name of cer	metery, cremetory or	20с.	LOCATION — City	y or Town, State
21. SIGNATURE OF FUNERAL SERVICE LIC		ade, Dir 0-21-91		. Baltim	ore St, I	ANATOM Balto.,M	
23. PART I. Enter the diseases, or ahock, pr heart fellura. IMMEDIATE CAUSE (Final disease or condition resulting in daeth)	a. Ass.	ration	Bre	da of dying, such		apiratory arrest	t, Approximeta Interval Between Onset and Desth
Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING	1. 8626 B	A CONSEQUENCE OF					
CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):				
PART II. Other significant condition	s contributing to deeth	but not resulting in	n tha undarfyln	g cause given in	PER	AN AUTOPSY FORMED? S 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?				LACE OF DEATN (Ch	eck only one)		
1 VES 2 NO	HOSPITAL: 1 ☐ Inpatient 2 ☐ ER/Out		OTHER: 4 Nursing Nor	ne 5 🗆 Residence	8 Other (Specify)		
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	URY W	JURY AT DRK? YES 2 NO	28d. DESCRIBE NO	W INJURY OCCU	RED
3 Suicide 8 Could not be determined	28e, PLACE OF INJUR building, etc. (Sp.	tY — At home, farm, at	treet, factory, offic	:•	281. LOCATION (Str. City or Town, St	eet and Number or tate)	Rurel Route Number,

1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) end menner as stated.

| MEDICAL EXAMINER: On the basic of examination end/or-investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(e).

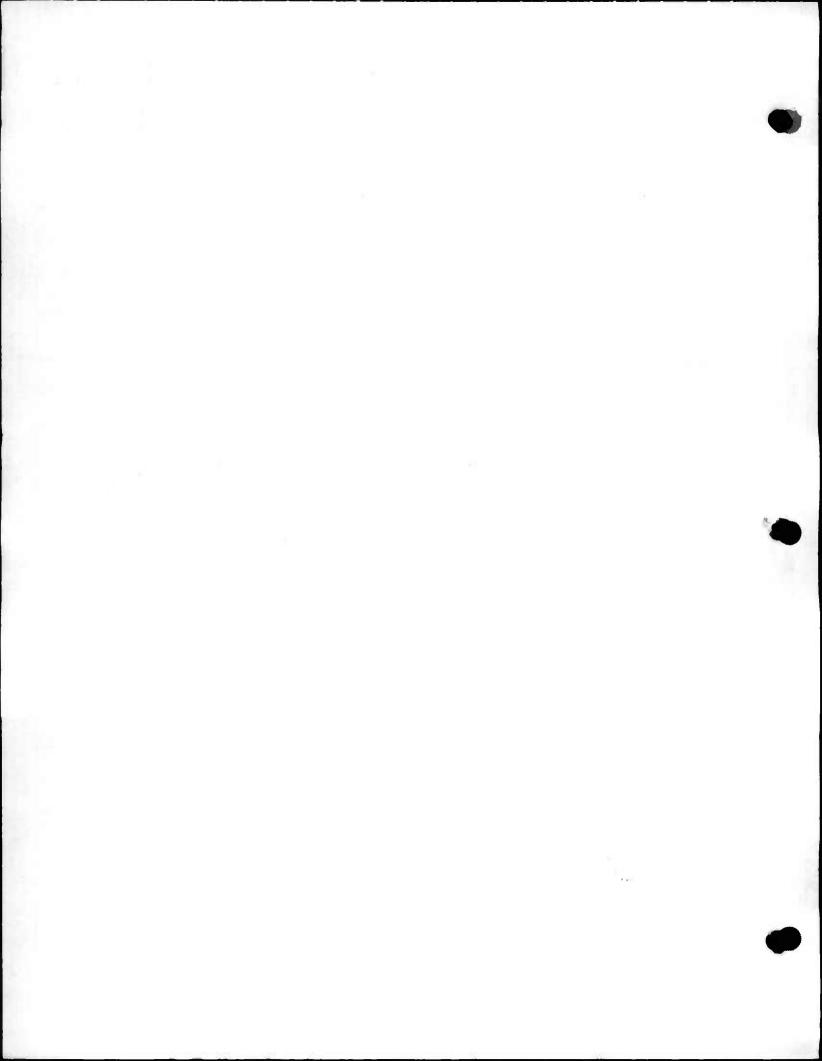
WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

29c. LICENSE NUMBER

D25044

29d. DATE SIGNED (Month, Day, Year)

10



BALTIMORE, MARYLAND 21215-0020

2, 3 should

an.	ransit permit. P	d	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tr	be filled writin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

30, NAME AND

31. DATE FILEO (Month, Day, Ybar,

ADDRESS OF PERSON

2 2

199

MPLETED CAUSE OF DEATH (JPEM 27) (Type, Print)

who surden fondelle

32. REGISTRAR'S GIGNATURE

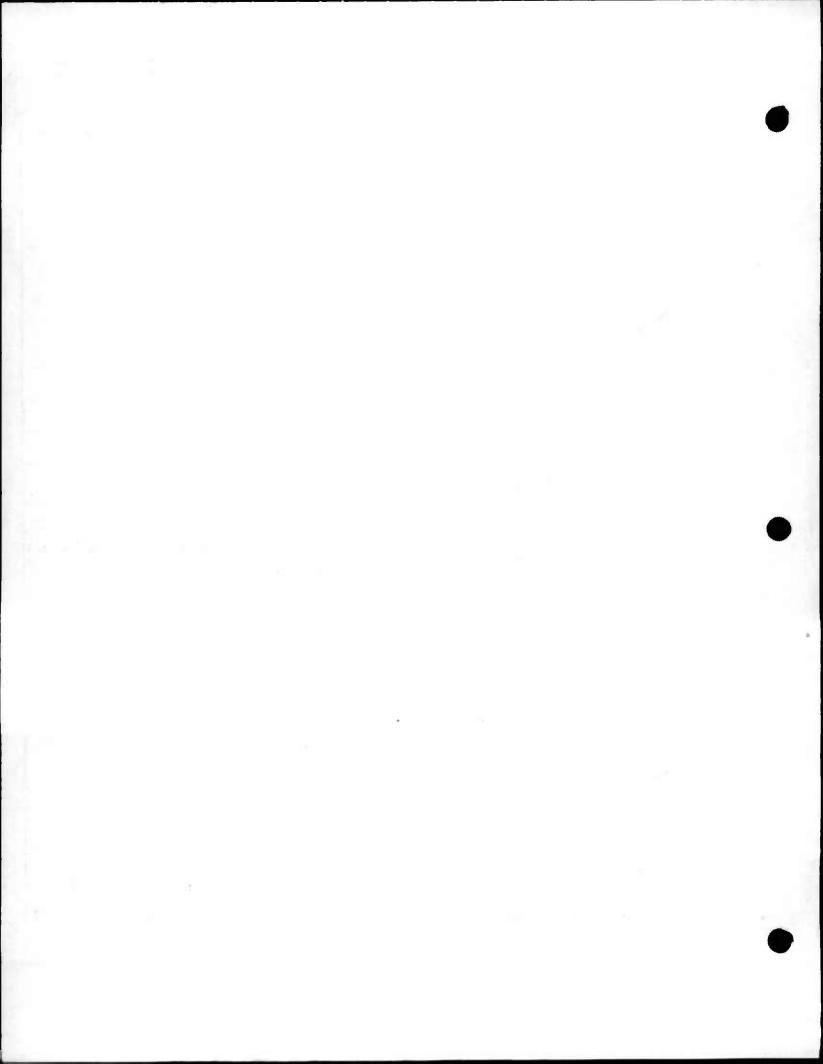
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

91 28633 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Willard Oct. 18,1991 Dale Fawley Sr. 6:15 AM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTN (Month, Day, Year) a. BIRTHPLACE (State or Foreign HOURS 1 💢 M 2 🗌 F 218-42-2009 YRS. 9/13/1946 Maryland 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 2121 Annapolis Rd. Balto.City, Md. RESIDENCE OF DECEDENT 10b. COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Balto.City,Md. 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2121 Annapolis Rd. 21230 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, alc. 1 Never Merried 2 Married
3 Widowed 4 Divorced If yes, specify Cuben, Maxican, Puarto Rican, etc.)

1 ☐ YES 2 ☑ NO Specify: BY Specify: White Vietnam COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest Elementary/Secondary (0-12) College (1-4 or 5+) 12th.Grade Years Plumber E.J. Snyder Co. notified at once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Meiden Surname) Carl Α, BE Fawley Dara Levilla Dugger 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mrs.Connie J.Fawley 1838 Westphal Place, Balto.Md.21230 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE 1 Burlet 2 Greenation 3 Rem 4 Donetion 5 Other (Specify) Metro Crematory, Inc Catonsville, Md 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND AODRESS OF FACILITY Balto.Md.21230 McCully Funeral Home, 130 E. Fort Ave. 23. PART LEnter the diseasea, or complications that ceused the deeth. not enter the mode of dying, such as cardiec or respiretory errest, Approximate shock, or haert failure. List only one cause on each line. Intervei Between **IMMEDIATE CAUSE (Fine)** Onset and Death disease or condition resulting in death) 29 months DUE TO (OR AS A CONSEQUENCE OF): Stra MEDICAL CERTIFICATION Sequentielly list conditions, OUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initleted events reaulting in death) LAST PART il. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 TES 2 NO OF DEATN? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATN (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpetiant 2 | ER/Outpetient 3 | DOA 4 ☐ Nursing Home 5 Residence 6 ☐ Other (Specify) 27. MANNER OF DEATH 28a. OATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Natural 2 Accident 5 Pending BY 1 YES 2 NO 28a. PLACE OF INJURY — At home, farm, atreel, fectory, office building, atc. (Specify) 3 Sulcide 6 Could not be determined 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 4 Homicide 29e. CERTIFIER CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner sa stated. 2 MEDICAL EXAMINER: On th desth occursd at the time, date and place, and due to the cause(s) end manner as stated, 29b. SIGNATURE AND TITLE OF CERTIFIE BE 9

DHMH-16 Rev 1/89

230



TO THE HOSPITAL DRATTENDING PHYSICIAN: The law requires that the death certificate be executed within CATIOUTS after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE

E. Goozh,

ANO ACCRESS Walter

1. DECEDENT'S NAME (First, Middle, Last)	In The Table) Fig.						2. DAT	E OF DEATH	AY	YEAR	3. TIME OF DEATH
	FRIEDLAN							-	tober :	.7	1991	
4. SOCIAL SECURITY NUMBER 577 48 4544 A	5. SEX 1 2 M 2 D F	6. AGE (In yrs. Ia	st birthday) YRS.	MONTHS	DAYS	IF UNDER	MIN.	(Mor	e of Birth oth, Day, Year)	1905	Court	HPLACE (State or Foreign try)
9a. FACILITY NAME (If not institution, give st 1131 University	51000 VS5-4	rd. Wes	t			Spr	on of DE				MOT	ntgomery
RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		10c. CI			y, town on Location Silver Spring			Ī			7	10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 1131 University	Bouleva	rd, Wes	t		101	209	T					WHAT COUNTRY? States
11. MARITAL STATUS 1 Never Married 2 Merried 3 X Widowed 4 Divorced	12. WAS DECEDEN	T EVER IN U.S. A	RMED		13. WAS OECENOENT OF HISPAN If yes, specify Cuban, Maxica: 1 YES 2 NO Specify			n, Puerto		or No—	14. RACE — American Indian, Black, White, atc. Specify White	
15. DECEDENT'S EDUC (Specify only highest grade		16a. D	ECEDENT'S	USUAL O	CCUPATIO	ON out of world	0.0	16	b. KIND OF BU	SINESS/INI	DUSTRY	79 790
Elementary/Secondary (0-12) 7 years	College (1-4 or 8 +)	Give kind of e. Do NOT u P COV						Conti	cacto	r	
17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First,	Middle, Malden	Surname)		
Morris Friedlan	der					Sar	ah H	ymaı	n.			
19a. INFORMANT'S NAME (Type/Print)		.1	96. MAILING	G ADDRES	S (Street a	nd Numbe	r or Rural I	Poute Nu	mber, City or Tow	rn, State, Zij	p Code)	
Morton N. Fried	lander	18	60 Ne	w Ma	irk E	spla	nand	, Re	ockvil.	Le, M	[ary]	Land 20850
						-						
20a_METHOD OF DISPOSITION 1	oval from State	20b. PLACI	of Dispo	SITION (N	lame of ce	al G	matory or arde	n		cation –		
1 ABurial 2 Cremation 3 Rame		20b. PLACI	OF DISPO	d Me	eme of co	al G	arde		Fal:	Ls Ch	ruch	n, Virginia
1 (ABurial 2 Cremation 3 Remaided Donatton 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE Cornald C.	Star	20b. PLACE office (of Dispo	d Me ST	emo of contents of the content	al G HEBR RROL	arde SS OF FA LEW M	CILITY EMO REE	Fall RIAL FU F, N.W	Is Ch JNERA , WA	ruch L HO SHIN	n, Virginia
1 (ÀBurtel 2 Cremation 3 Remeded Donatton 5 Other (Specify) 21. SIONATURE OF FUNERAL SERVICE LICE 23. PART I. Enter the diseases, or cannot be shock, or heart fellure. IMMEDIATE CAUSE (Finsi disease or condition	ENSEE	20b. PLACE King King	of Dispo	d Me ST	emo of contents of the content	al G HEBR RROL	arde SS OF FA LEW M	CILITY EMO REE	Fall RIAL FU F, N.W	Is Ch JNERA , WA	ruch L HO SHIN	n, Virginia DME
Aburtal 2 Cremation 3 Remet Donation 5 Other (Specify)	complications the List only one ceu a. Cara DUE TO DUE TO C. ALLE DEPTO	20b. PLACION (Other In King) King t coused the case on each lin	eath. Do ecourage of	osition (Med Med ST 23 not enter	emo of contents of the content	al G	Sarde SS OF FA LEW M LL ST Pring, suc	EMOI REE	Fall RIAL FU F, N.W	JNERA , WA	L HO SHIN	ME NGTON, D.C. Approximate interval Betwee Onset and Deat
Aburtal 2 Cremation 3 Remetal 2 Donation 5 Other (Specify)	complications the List only one ceu a. Car a DUE TO DUE TO DUE TO d.	t coused the dise on each line of the part	e of Dispo	STITION (N) d Me STI 23 not enter	eme of common of	al G	arde	CILITY EMOI REE' h as ca	Fall RIAL FI I, N.W.	JNERA JNER JNERA JNERA JNERA JNERA JNERA JNERA JNERA JNERA JNERA JNERA J	L HO SHIN	ME NGTON, D.C. Approximate interval Betwee Onset and Deat
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Aburtal 2 Cremation 3 Remeter	complications the List only one ceu a. Car a DUE TO DUE TO DUE TO d.	t coused the ase on each lin	eath. Do e. EOUENCE C	STTION (N) d Me ST 23 not enter	Inne of cooking the mori in th	al G	given in	EMO! REE h as ca	Fall RIAL FU RIAL FU	JNERA JNER JNERA JNERA JNERA JNERA JNERA JNERA JNERA JNERA JNERA JNERA J	L HO SHIN	DME NGTON, D.C. Approximate interval Betwee Onset and Deat LAN MCA B. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
1	complications the List only one ceu a. Car a DUE TO b. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO DUE T	t ceused the ceused th	eath. Do e. EOUENCE C	SITION (N) d Me SI 23 not enter	Inderlyin 28. Pi 28. IN. 28. IN. 28. IN.	al G	given in	CHLITY EMO! REE h as ca	Fall RIAL FI I, N.W. Ardiec or resp Ardiec or resp Ardiec or resp Ardiec or resp	JNERA JNER JNERA JNERA JNERA JNERA JNERA JNERA JNERA JNERA JNERA JNERA J	L HO SHIN TOST,	DME NGTON, D.C. Approximate interval Betwee Onset and Deat LAN MCA B. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

Shorefield Road,

Jula Navidson-Handale

18 OCT

20902

Wheaton, Maryland

pe must medical examiner the or other traumatic event, any 23 shows has been s Dept. of H this certificate his with the State C irked, or Item Item marked,

once.

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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 2. DATE OF DEATH O/17/O1 3. TIME OF DEATH MONTH 1. DECEDENT'S NAME (First, Middle, Last) Herbert Foster Louis Herbert Octobus FOS er Louis 1991 M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 12/26/26 IF UNDER 1 YEAR IF UNDER 24 HRS. a. BIRTHPLACE (State or Foreign 1 XM 2 | F DAYS HOURS 102-18-6395 64 North Carolina 9a. FACILITY NAME (If not institution, gir 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Haure de GIACE Hartord 10b. COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY <u>Maryl</u>and Cecil Port Deposit 1 - YES 2 X NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10e, CITIZEN OF WHAT COUNTRY? 155 Honeysuckle Drive 21904 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Maxican, Puerto Rican, atc.)

1 □ YES 2 KNO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 N Divorced WW II Black COMPLETED 15. OECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 10th Truck Driver Transportation 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) William Foster BE Lula Belle Egerton 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Susanne Houghland Honeysuckle Dr. Post Deposit, MD 21904 20e. METHOD OF DISPOSITION
1 □ Burlel 2 ★ Cremellon 3 □ Removal from State
4 □ Donetlon 5 □ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION -- City or Town, State Metro Crematory, Inc.10/19 Baltimore, MD 21. SIGNATURE OF FUNERAL SERVICE DICENSION 22. NAME AND ADDRESS OF FACILITY
Cremation Society of Md., Inc. George E. MacNabb 299 Frederick Rd. Balto., MD 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feliure. List only one cause on each line. Approximata interval Batwean IMMEDIATE CAUSE (Final disease or condition Onset and Daath resulting in death) exerial CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST 18chennie PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE 1 | YES 2 | NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 TES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA ng Home 5 - Rasidence 8 - Other (Specify) 4 Nursi 27. MANNER OF DEATH 28a. OATE OF INJURY 28c. INJURY AT WORK? 28b. TIME OF 28d. OESCRIBE HOW INJURY OCCURED 1 Natural м 1 YES 2 NO BY Investigation 2 Accident 28a. PLACE OF INJURY — At homa, tarm, street, factory, office building, etc. (Specify) 3 Suicida COMPLETED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide 29a. CERTIFIER 1- CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SJGNED (Month, Day, Year) ovalion lan N 10 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) ANDROW Nowskeronski N MOUNST MD

31. DATE FILEO (Month, Day, Year)

32. REGISTRAR'S SIGNATURE

Juna Davidson-Handell

DIRECTOR: After the hours after death w

FUNERAL within 72 f IMPORTANT: If

포 표현

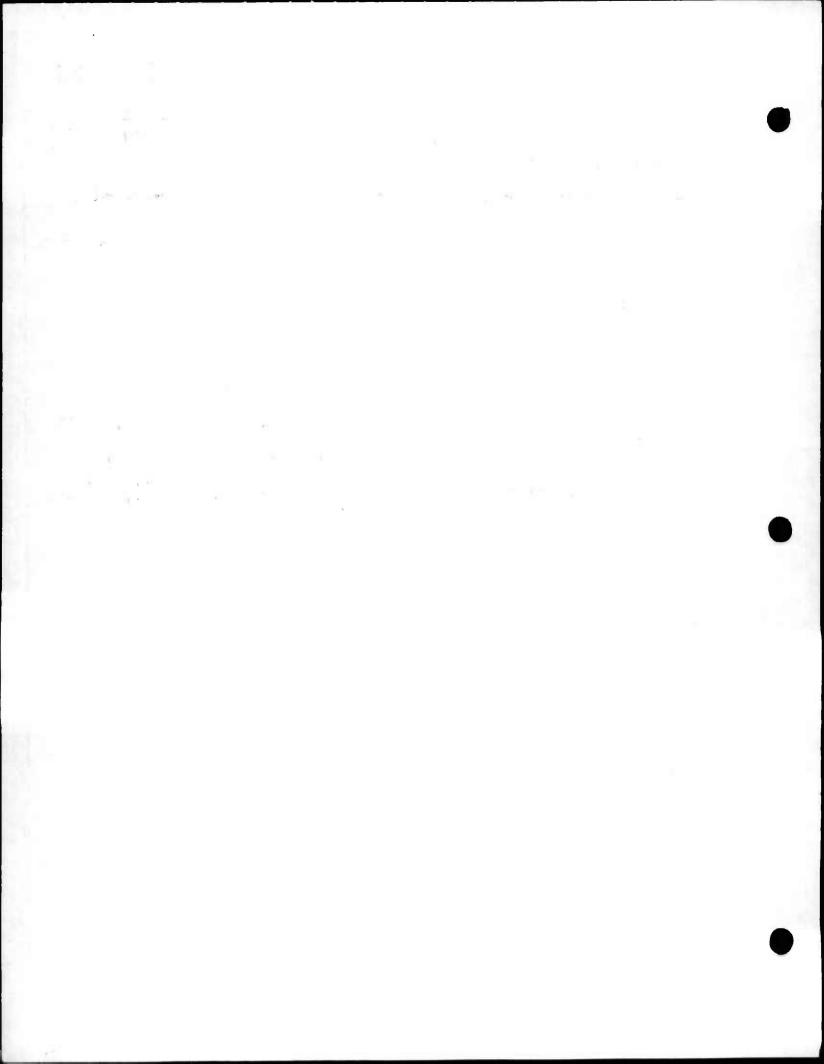
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Item

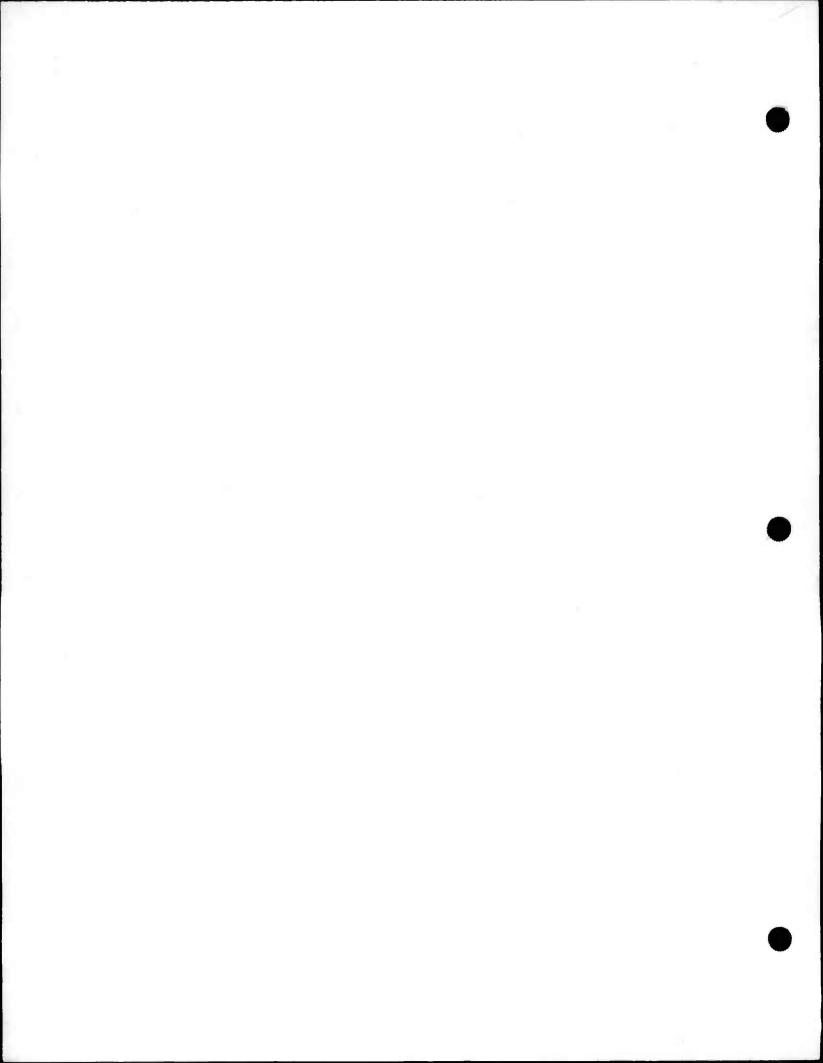
(MD 210)

BOUME



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND M	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

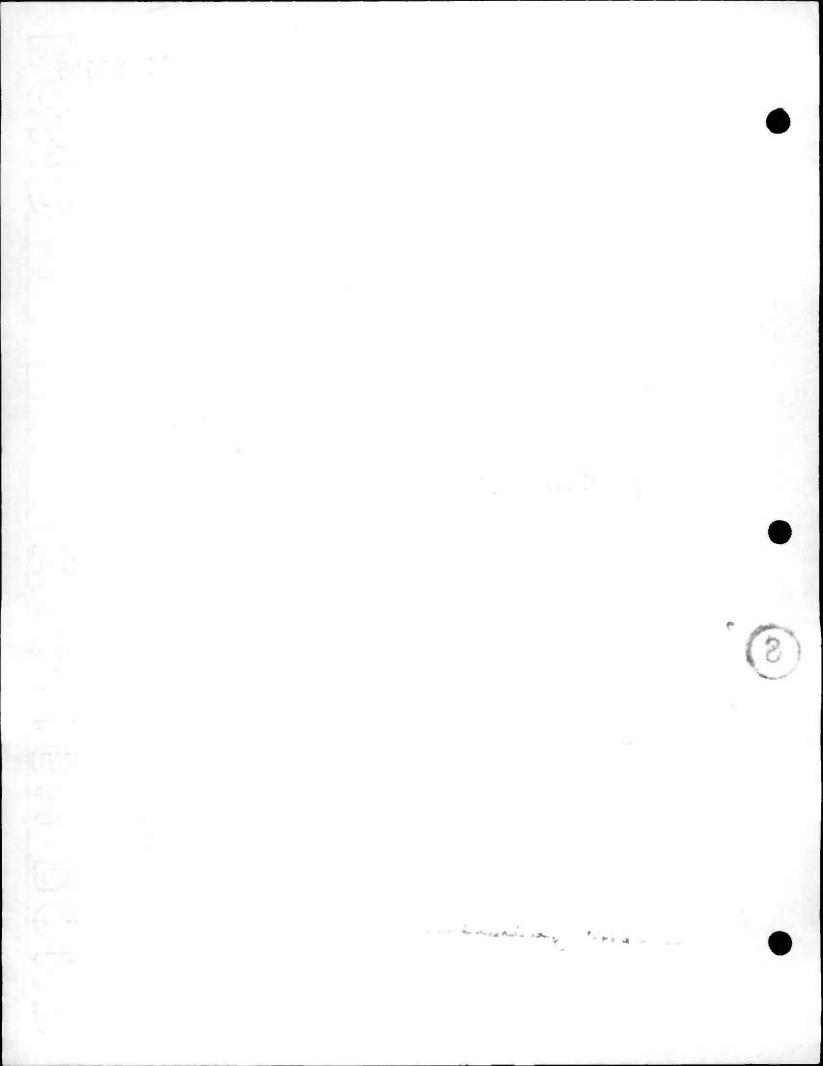
	1 - FOR STATE REGISTRAR	TE OF MARYLA	ND / DEPARTA			IENTAL HYGIENE REG. NO.		
į	Derena- 1		1015tra	w		2. DATE OF DEATH DAY	19 0	3. TIME OF DEATH PM
	4. SOCIAL SECURITY NUMBER 5. SE 19 - 18 - 47 45 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	M 2 KF	YRS. MO	ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 2 24	8. BIRT Coun	Maryland
FUNERAL DIRECTOR	Deaton Hospit	imore	2	City	.4			
E	Margara 1 and 1	wall 0		OWN OR LOCATION			,	10d. INSIDE CITY LIMITS?
2	Maryland Car: 100. STREET AND NUMBER	roll Co.	- Syr		IP CODE		10g. CITIZEN OF	1 TYES 2 TO NO WHAT COUNTRY?
ER	5587 I	inton Ro	l.		21784		US	A
B	1 Never Married 2 Married FO	AS DECEDENT EVER IN PROES? 1 YES YES, GIVE WAR OR DA	2 NO	if yes, speci		C ORIGIN? (Specify Yes , Puerto Rican, etc.)	or No— 14. RAC Blac Spe	E — American Indian, ok, White, atc. city: White
	15. DECEDENT'S EOUCATION (Specify only highest grade complete	ed)	16e. DECEDENT'S US (Give kind of work	UAL OCCUPATION k done during most etired.)	of working	16b. KIND OF BUS	INESS/INDUSTRY	
COMPLETED	Elementery/Secondery (0-12) Colle 12th.Grade	ge (1-4 or 5+)	Homemak			Own	Home	
OM	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM	IE (First, Middle, Meiden :		
BE C	Martin	H. Rog	ers		7×/	Teresa	M. We	1ch
2	19e. INFORMANT'S NAME (Type/Print)					oute Number, City or Town		21704
.	Mary T. Browne	20b.	PLACE OF DISPOSITI			kesville	CATION — City or 1	21784
	♣ Buriel 2 □ Cremetion 3 □ Removal fro 4 □ Donation 5 □ Other (Specify)	m State,	other place) Cedar H				A.Co.M	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	1		22. NAME AND	ADDRESS OF FAC	Balto	.Md.21	230
	h miss (14/1	ullo		McCi	ılly Fu	neral Ho	me,130	E.Fort Ave
	23. PART I. Enter the diseases, or complications, or heart fellure. List or iMMEDIATE CAUSE (Fine) disease or condition resulting in deeth)	andi	ich line.		of dying, auch	as cardled or reepl	ratory arrest,	Approximata interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A Diab	CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF):	me	cal 1	ofor		IHr. Years.
	resulting in deeth) LAST	Peripi	eral	art	elice	l dis	ease	years.
DICAL	PART ii. Other aignificent conditions cont	ributing to deeth b	ut not resulting in	the underlying	ceuse given in i	Part i. 24s. WAS AN PERFOR	IMED?	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDI						-		1 YES 2 NO
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	PITAL:			CE OF DEATH (Che	ck only one)		
YSI	1 UYES 2/1 NO 1/2/1	npatient 2 - ER/Outp	atient 3 DOA 4			8 Other (Specify)		
ВУ РН	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	28b. TIME (M 1 N	RY AT K? S 2 NO	28d. OEŞCRIBE HOW II	NJURY OCCUREO	
	3 Suicide a Could not be 4 Homicide determined	building, etc. (Spec	Y — At home, farm, street, factory, office 28f. LOCATION (Streetly) City or Town, Ste			28f. LOCATION (Street a City or Town, State)	and Number or Rura	Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On t							(s) end manner es stated.
띪	296. SIGNATURE AND TITLE OF CERTIFIER CPMehtam)				D 34	1974		D (Month, Day, Year) $21-9/$
5	30. NAME AND ADDRESS OF PERSON WHO COM 7154 (roellerock		ATH (ITEM 27) (Type, P	rine)	D 210	45		
	31. DATE FILEO (Morith, Day, Year) OCT 2 2 1991	2. REGISTHAR'S SIGN	ATURE Widson-Pand	402				



DIVISION OF VITAL RECORDS 4. BOX 68760,

G PHYSICIAN: The law requires my marken of incate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	er this certificate has been signed to the period of the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	the State Dept. of Health and Mi	narked, or item 23 shows any injury, or sper traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law require	TO THE FUNERAL DIRECTOR: After this certificate has been sign	be filed within 72 hours after death with the State Dept. of He	IMPORTANT: If Item 28 is marked, or Item 23 shows

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			ENTAL HYGIENE REG. NO.		
1. DECEOENT'S NAME (First, Middle, L MAY	E. GARRITY				2. DATE OF DEATH MONTH DAY XX 10 20	91	TIME OF DEATH 12:30 P.
4. SOCIAL SECURITY NUMBER 219-10-5857 9e. FACILITY NAME (If not institution, or	1 □ M 2 🔀 F 72	YRS. MO		HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 09 01 19	Country)	MARYLAND
3158 REMINGTO	ON AVENUE		BALTI		J. 0	OUNTY OF DEA	
MARYLAND 10b. CO	UNTY	10c. CITY, T	OWN OR LOCATION	BALTIMO	DRE		Dd. INSIDE CITY LIMITS? XYES 2 NO
100. STREET AND NUMBER 3158 REM	INGTON AVENUE		101.	21211	10g. (CITIZEN OF WHAT	
11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2V NO	If yes, spec	NDENT OF HISPANI offy Cuban, Maxican, NO Specify:	C ORIGIN? (Specify Yea or No- , Puerto Rican, etc.)	- 14. RACE - Black, \ Specify:	American Indian, White, atc.
15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)		16a. DECEDENT'S USI (Give kind of work life. Do NOT use re	done during mos tired.)	t of working	16b. KIND OF BUSINESS	/INDUSTRY	
9TH 17. FATHER'S NAME (First, Middle, Las	0	HOUS	EWIFE		IE (First, Middle, Maiden Surnam	10)	
JESSIE ROOT 19a. INFORMANT'S NAME (Type/Print) WAYNE GARRIT				d Number or Rural Re	PRANTYAN oute Number, City or Town, State, ENUE, BALTO.,		1011
20a. METHOD OF DISPOSITION 1 \$\overline{3}\$ Burial 2 \(\) Cremation 3 \(\) 4 \(\) Donation 6 \(\) Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	Removal from State	b. PLACE AND DATE OF cemetary, crematory or of DRITTD_RTDG	E CEMET 22. NAME ANI A . AI	ERY 10/ ADDRESS OF FAC AN SEITZ	24/91 BALTIM JR. FUNERA VENUE, BALTO	ORE, M.	ARYLAND
23. PART I. Enter the disease, ahock, or heert feli	a. PRTER	ech line.			ea cardiec or reepiratory		Approximete interval Between Onset and De
Sequentielly list conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	c	A CONSEQUENCE OF):					
PART II. Other algnificent cond		but not resulting in t Blackde		ceuse given in I	Part i. 24a. WAS AN AUTOP PERFORMED? 1 YES 2 NO		VERE AUTOPSY FINDIN MAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? YES 2 NO
25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Out		THER:	ACE OF DEATH (Che			
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investige	28e. DATE OF INJURY (Month, Day, Year)		OF 28c. INJU	IRY AT	28d. DESCRIBE HOW INJURY	OCCURED	- 137
3 Suicide 6 Could no 4 Homicide determin	building, etc. (So	Y — At home, farm, stre	et, factory, office		28f. LOCATION (Street and Nur City or Town, State)	nber or Rural Ro	ute Number,
1000	PHYSICIAN: To the best of my know						and manner as stated
29b. SIGNATURE AND TITLE OF CER	geier h	·),		DO23		DATE SIGNED (1	
30. NAME AND ADDRESS OF PERSO	1	EATH (ITEM 27) (Type, Pr					1
31. DATE FILED (Month, Dev. Year)	32 AEGISTRAR'S SA						100



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND C	/ DEPAI	RTMEN	NT OF I	HEALTH	AND I		YGIENE EG. NO.	21	1 2	8638
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF D	EATH DAY			3. TIME OF DEATH
	HUGO		BARON			RDON	1_		10 20 1991			91	10:30 p
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	ast birthday)	IF UND	ER t YEAR	IF UNDER		7. DATE OF BI (Month, Day,			a. BIRTHPI Country)	LACE (State or Foreign
	212-05-3306	1 XM 2 F	84	YRS.	BONTHS	DAYS	HOURS	MIN.	12 19)6		SYLVANIA
_	9a. FACILITY NAME (If not institution, give e	treet end number)			9b. CI1	TY, TOWN	OR LOCATE	ON OF DE	ATH	96		TY OF DEA	
2	407 NEW JERSEY A	VE.	GLEN BURNIE					ANNE				RUNDEL	
DH C	407 NEW JERSEY AVE. RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY MD ANNE ARUNDEL			10c CI1	LA TOWN	OR LOCA	TION						
8				10c. CITY, TOWN OR LOCATION									0d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	AKUNDEL		1 6	LEN	BURN	1. ZIP CODE			1.0	AITIE		TES 2 X NO
FUNERAL	407 NEW JERSEY A	W.E.											AT COUNTRY?
S	11. MARITAL STATUS		TEVER IN U.S. A	RMED	12	WAS DEC	2106		IC ORIGIN? (Spe	I	J.S.		
	1 Never Married 2 X Merried	12. WAS DECEOEN FORCES? 1 IF YES, OIVE V	YES 2	NO NO	1"	17 yes, sp	ecify Cube	n. Mexicar	s. Puerto Rican.	atc.)	10-		- American Indian, White, etc.
ВУ	3 Widowed 4 Divorced	ARMY	?			1 YES	2X NO	Specify	:			Specify:	WHITE
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION COmpleted	18e. O	ECEDENT'S	USUAL	OCCUPATION	ON		16b. KIND	OF BUSINE	SS/INDU	ISTRY	
9	Elementary/Secondery (0-12)	College (1-4 or 5		Give kind of the Do NOT u	se retired.	e auring mo .)	ost of workin	g					
MP	9	NONE	CON	NSTRU	CTIC	N FO	REMAI	V	B.G.	& E.			
8	17. FATHER'S NAME (First, Middle, Lest)						18. MOTH	IER'S NAM	ME (First, Middle,	Meiden Surn	ame)		
BE	ALFRED B.		GOI	RDON			ANI	NA		(UNK	NOWN)
10	19e. INFORMANT'S NAME (Type/Print)		11	9b. MAILING	ADDRES	SS (Street	and Number	or Rural A	loute Number, Cit	y or Town, St	ate, Zip (Code)	
	MARIE A. GORDON			407 NEW JERSEY AVE. GLEN BURNIE, MD 21060									1060
	20a. METHOD OF DISPOSITION 1 X Buriel 2 Cremetton 3 Remo	ovat from State	20b. PLACE cemetery, cr	remetory or o	ther place	al.			1	20c. LOCATI			
	4 Donation 5 Other (Specify)	0000000	GLEN	HAVE	1 ME	MORIA	AL PA	RK	10-24	0-24 GLEN BURNIE, MD			MD
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	1)-	/	22		ND ACCRES		NERAL I	JOME			
100	Herryd	1011	msos	1							DIII	ANT TO	MD 21061
	23. PART I. Enter the diseases, or c	omplicatione the	ceused the d	eeth. Do r	not ente	r the mo	de of dyle	ng, auch	aa cardlac o	r reepirato	DUR	et.	Approximete
	ahock, or heert fellure. IMMEDIATE CAUSE (Finel	rier only one cen	se on eech live	e.									Intervel Between
	disease or condition resulting in deeth)	ass	OR AS A CONSE	10 00	2 -	0	0.0	¥ 33	. ,				Onset and Death
		OUE TO	(OR AS A CONSE	OUENCE OF	F):		-	0 14	er un	2			
Z	Sequentially list conditions.	i							01.7				
Ĕ	if any, leading to immediate	DUE TO	OR AS A CONSE	OUENCE OF	F):				1	-	_		
CERTIFICATION	CHOOF INISCRESS OF HIGH												
Ë	that initiated eventa resulting in death) LAST	OUE TO	OR AS A CONSE	OUENCE OF	F):								
8													
	PART II. Other algnificent conditions	contributing to	deeth but not	resulting i	in the u	nderiying	ceuse g	iven in P	Pert i. 24e. 1	MAS AN AUTO	PSY	24b. W	ERE AUTOPSY FINDINGS
MEDICAL										PERFORMED		AV	MILABLE PRIOR TO OMPLETION OF CAUSE
Ä									_ ''	YES 2 I	10		F DEATH?
									_			'	YES 2 NO
IA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					28. PL	ACE OF OE	ATH (Chec	ck only one)				
Sic	1 TES 2 NO	HOSPITAL: 1 Inpetient 2	ER/Outpatient 3	DOA	OTHE	R:			☐ Other (Spec	44.1			
PHYSICIAN:	27. MANNER OF DEATH	28e. DATE OF (Month, De	INJURY	28b. TIM	E OF	28c. INJ	URY AT		28d. DESCRIBE		y occu	REO	
BY	1 Netural 5 Pending 2 Accident Investigation	(moran, De	y, roat)	INJ	M		RK? 'ES 2 🗌						
						1		281. LOCATION	(Street and N	umber or	Rural Rout	e Number,	
City or Town, State)													
COMPLETED	29a. CERTIFIER (Check only	IAN: To the best of	my knowledge, de	eth occurre	d at the	time, data	and plece.	end due to	o the councies	nd menner	o stated		
§	one) 2 MEDICAL EXAMINER	: On the besie of ex	emination and/or	investigation	n, in my	opinion, de	eath occure	d at the II	me, date end pi	eca, end due	to the	ceuse(s) er	id menner se stated
шШ	29b. SIGNATURE AND TITLE OF CERTIFIER		1				29c. LICER						
<u>a</u>			1, 1				4	1	0	290	. DATE S	MONED (MC	onth, Day, Year)

					1 YES 2 NO	OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatient		OTHE					
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	TE OF INJURY 28b, TIME OF 28c INJURY AT			28d. DESCRIBE HOW INJURY OCCUREO			
3 Suicide	28e. PLACE OF INJURY At	28e. PLACE OF INJURY At home, form, street, factory office						

(Check only	The centre in the best of my knowledge, death occurred at the time, data and piece, end due to the ceuse(e) end manner se atstad.	
one)	2 MEDICAL EXAMINER: On the beale of exemination and/or investigation, in my opinion, death occured at the time, date end piece, and due to the cause	e(s) end

		500	-	
a,	NAME AND ADD	NESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27)	(Type, F	Print)

31. DATE FILED (Month, Day, Year) OCT 2 2 1991 32. REGISTRAR'S SIGNATURE Cha Sairdon Pandase

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	vician.	al-transit permit. Pages 1, 2, 3 should		
BALTIMORE, MARYLAND 21203-3146	after death. Page 6 may be retained by the hospital or attending phys	by the funeral director, page 5 should be detached for use as the buri	emoval.	fical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within pure after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. or Health and Merital Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI				YGIENE EG. NO.	20033		
2	1. DECEDENT'S NAME (First, Middle, Last)	. / /		RDON		2. DATE OF I	DEATH	YEAR 125 P M		
	4. SOCIAL SECURITY NUMBER 519-16-6106	5. SEX 6. AGE (1)	In yrs. lest birthdey) YRS.	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B (Month, Pa)	4/20	D. BIRTHPLACE (State or Foreign Country) ARY/AND		
TOR	90. FACILITY NAME (If not institution, give str 5+5-5-6-6-5 RESIDENCE OF DECEDENT	HOSPITA		Towson	city, town or Location of Death / 9c. County of Death / Baltimore County					
DIRECTOR		more County		rown or locat	ION			10d. INSIDE CITY LIMITS? 1 TYES 2 NO		
FUNERAL	3607 Double Rock 1	Lane			21234		17.5	S.A.		
BY	11. MARITAL STATUS 1 Never Merried 2 Married 3 Vidowed 4 Divorced	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yes, specify Cuben, Mexicen, Puerto Ricen, atc.) 1 VES 2 NO Specify: 1. Specify: White, atc.								
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+) Years	16a. DECEDENT'S US (Give kind of wor life. Do NOT use of Motive P	k done during mo etired.)			S COMOS	(B.O.R.R.)		
BE COM	17. FATHER'S NAME (First, Middle, Last) Joseph Luther Gord		TDCIVC I	OWCI	18. MOTHER'S NA Gladys	ME (First, Middl	a, Melden Surname)	(B.O.I.I.I		
TO B	190. INFORMANT'S NAME (Type/Print) John L. Gordon		3607 Do	uble Ro	ock Lane		imore, Mar	cyland 21234		
	20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremetton 3 Remo 4 Donetton 5 Other (Specify)	oval from State	other place) rest Lawn	Cemete	ery		20c. LOCATION — CI	Younty, Md.		
	21. SIGNATURE OF FUNERAL SERVICE LICE	M. Thurp	hy	John (6415 H		r, Inc. bad, Ba	altimore,	Maryland 21206		
	23. PART I. Enter the diseases, or conduction to the conduction resulting in death)	omplications that cause clat only one cause on a	act //ina.			ch as cardiac	or reapiratory arre	Approximata interval Batwean Onset and Daath		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST		CONSEQUENCE OF):							
PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. Heparic Factore Renal Factore 1 YES 2 1 YES 1 YES 1 YES 2 1						24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 TO				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HEART FOR'(ue.	26. PL	ACE OF DEATH (C)	neck only one)				
HYS	1 VES 2 NO 27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)		Nursing Hom	e 5 Residence URY AT		BE HOW INJURY OCCU	JRED		
BY	1 Natural 5 Pending 2 Accident investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY		M 1 🗆	YES 2 NO	284 LOCATIO	N (Street and Number of	or Reveal Proofs Alternhee		
ETED	4 Homicide 8 Could not be determined	building, atc. (Spec	city)				own, State)	Trans Toda Parios,		
COMPLET	amal	R: On the beele of examination						d. couse(e) end menner ee stated.		
BE	296. SIGNATURE AND TITLE OF CERTIFIER	O. Part	~		139 C	MBER 09	29d. DATE	SIGNED (Month, Day, Year)		
07	30. NAME AND ADDRESS OF PERSON WHO R. D. Patter 7	6.20 You	ATH (ITEM 27) (Typo, PI	1	2 Town	sm. L	MD) 217	-04.		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN		lasse		- / - /				

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	THE UNBURAL OB ATTENDIAL DUNCKHAM. The last required that the death markfacts he assessed within the house of the same than the form the same the same than the same that the same than the same than the same than the same than the same that the same than the same than the same than the same than
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TO THE PLINEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be made within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE STATE OF MARYLAND / CE	DEPARTMENT OF	HEALTH AND	MENTAL HYGIEN	_	28640
	1. DECEDENT'S NAME (First, Middle, Last) HENRY R GIVES 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last	t birthday) IF UNDER 1 YE	R IF UNDER 24 HRS.	2. DATE OF DEATH MONTH TO THE PROPERTY OF BIRTH	8/9	EAR 3. TIME OF DEATH
	225-34-7708 XM20 F 66	YRS. MONTHS DAY	8 HOURS MIN.	(Month, Day, Year)	5	BIRTHPLACE (State or Foreign Country)
TOR	S. NA HOSP	9b. CITY, TOV	A 172	DEATH	9c. COUNTY	OF DEATH
DIRECTOR	10e. STATE 10b. COUNTY	10c. CITY, TOWN OR LO				10d. INSIDE CITY LIMITS? 1 ✓ YES 2 □ NO
FUNERAL	1303 N. Kenwood Auc	101. ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARM FORCES? 12. YES 2 NO. IF YES, GIVE WAN OR DATES	MED 13. WAS If yes	DECENDENT OF HISPA apocity Cuban, Moxic (ES 2 DENO Speci	NIC ORIGIN? (Specify Yean, Puerto Ricen, etc.)	a or No— 14.	RACE — American Indian, Black, White, etc. Specify:
15. DECEDENT'S EDUCATION (Specify gat mighted grade completed) Elementary/Secondry (0-12) College (1-4 or 5+) 16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) LABOY-RET': Red 17. FATHER'S NAME (First, Middle, Last) 18. KIND OF BUSINESS/INDUSTRY						TRY
JAMES Giles MARY Thaniel						
2	ZATELIA Giles	MAILING ADDRESS (Street 1303 N	· Kenu	Route Number, City or Tow 1 cocl A-V-C		0. hd
	20e. METHOD OF DISPOSITION 1 Deuriel 2 Cremetion 3 Removal from State 4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE		orest V.A	By O	CATION - City	or Town, Stata 5 Mills md
	Betts Funeral Ho		29 N.	0	- 5	
	23. PART I. Enter the diseases, or complications that caused the desease, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due To or as a consecution of the consecution of	ath. Do not anter tha			iretory arrest	Approximata interval Between Onaet and Daeth
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr injury that initiated events resulting in death) LAST DETO (OR AS A CONSEQUENCE OF): C. DE DOCK DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF):						
PHYSICIAN: MEDICAL (PART II. Other significant conditions contributing to death but not re-	aulting in tha underly	ing cauaa givan in	Part I. 24a, WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		PLACE OF DEATH (Ch	eck only one)		
HYSI	1 YES 2 NO 1 Infipetient 2 ER/Outpetient 3		ome 5 - Residence			
ВУ Р	Netural 5 Pending (Month, Day, Year) Accident Investigation	M 1	NJURY AT WORK? YES 2 NO	28d. DEŞCRIBE HOW I	NJURY OCCURE	ED
ETED	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At hom building, stc. (Specify)	ie, ferm, street, factory, o	fice	28f. LOCATION (Street a City or Town, State)	and Number or R	lural Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, deat	th occurred at the time, d	ite end place, end due	to the cause(a) end mar time, date and place, en	ner as stated. d due to the ca	use(a) end manner as stated.
8	296. SIGNATURE AND TITLE OF CERTIFIER 7. Movo as MD		29c. LICENSE NUI			GNED (Month, Day, Year)
٩	30. NAME AND ADDRESS OF PERSON WHO COMPLEYED CAUSE OF DEATH (ITEM	17) (Type, Print)	2+ B.	Pere don	9	// 5/ /
Ì	31. DATE FILED (MONTH) Day 1800 2 1 1991 Suma Day de	con Pandata	MISU		Х.	

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THE ON ALLENDING THE SECTION HE SAW INQUITE SING AND ADDRESS OF EXCLUSION WHEN 24 HOURS ARE USABLE, FABRE OF THE	VAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page	
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2	SC	the state of
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2	Affer	72 hours after death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.
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-	E	aft
-	R	DUCS
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	1. DECEDENT'S NAME (First, Middle, Las	st) (1	EE)			F DEA			REG. NO		3. TIN	AE OF DEATH
	RUBY		L.		HARPER	2		10		9 19	YEAR	:50 /
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In	yrs. lest birthday)	IF UNDER 1 YEAR			7. DATE	OF BIRTH	_	8. BIRTHPLACE Country)	
	215-16-1660	1 M 2 F	<u></u>	73 YRS.	MONTHS DAYS	HOURS	MIN.	10-	- 25 - 1	7	M	ID
œ	9e. FACILITY NAME (If not institution, giv				9b. CITY, TOWN	OR LOCATI	ON OF DE	ATH		9c. COUN	TY OF DEATH	
5	HOME - 501 EAST	PRESTON	STR	EET	BA	LTIM	ORE	CI	ГΥ			
L DIRECTOR	MD 106. COU	NTY			LTIMOR	E					L	NSIDE CITY IMITS? YES 2 N
FUNERAL	100. STREET AND NUMBER 500 E. PREST	ON STREE	T AP	T. 402		2120	2	Ĺ		U.	S.A.	OUNTRY?
BY	11. MARITAL STATUS 1 \(\times\) Never Married 2 \(\times\) Merried 3 \(\times\) Wildowed 4 \(\times\) Divorced				.ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yes, specify, Cuben, Mexicen, Puerto Ricen, atc.) 14. RACE — American Puerto Ricen, atc.)						ericen Indien, , etc. _ A C K	
LED	15. DECEDENT'S Et (Specify only highest gra		.1		Work done during i		207	168	. KIND OF BU	SINESS/INDL	JSTRY	
COMPLET	Elementery/Secondary (0-12) 1 2 T H	College (1-4 or 5		DISABL	se retired.)							
BE CO	17. FATHER'S NAME (First, Middle, Last) CALVIN HARPE	R	·			JES	SIE	BR	Middle, Maiden OGDON			
5	19e. INFORMANT'S NAME (Type/Print)				ADDRESS (Stme							
	GRACE RICE		1		CECIL	-	• / BA					
	1 V Buriel 2 Cremation 3 Re 4 Donetien 5 Other (Specify)	moval from State			OF DISPOSITION			DAT		CATION — C	alty or Town, Sta	rte
	21. SIGNATURE OF FUNERAL SERVICE	LICENSIE	7			AND ADDRE	SS OF FAC	CILITY	1,		,	
	I Mare Man	Ha	V									
	23. PART I. Enter the diseases, o shock, or heart failur IMMEDIATE CAUSE (Final disease or condition	e. Clat only one car	ine on eac	in lina.	not antar the π	noda of dy	Ing, auch	n aa can	dlac or reap	Iratory arre		Approximate
RTIFICATION	IMMEDIATE CAUSE (Final	a. HY DUE TO C.	PERTF OF AS A CO	in lina.	CARDI	noda of dy	Ing, auch	n aa can	dlac or reap	Iratory arre	est,	Approximati
L CE	iMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, laading to immediate cause, Enter UNDERLY/ING CAUSE (Disease or Injury that initiated events	a. HY DUE TO C. DUE TO	PERTF OF AS A CO OF AS A CO OF OF AS A CO	ENSIVE CONSEQUENCE O	CARDI	OVAS	CULA	AR I	DESEAS	SE	24b. WERE	Approximat ntarval Bet Dnast and 1
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	m 23 shows any injury, or other traumatic event, the medical examiner must be notified at one
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

										91	2	8642
1 - FOR STATE REGISTRAR	STATE OF I	MARYL	AND /	DEPAR	TMENT (OF H	EALTH DEAT	AND I	MENTAL HYGIEN	_		
1. DECEDENT'S NAME (First, Middle, Last)									2. DATE OF DEATH			3. TIME OF DEATH
HELEN Est	celle	H	ILL						OCTOBER 17	. 19	9 TEAR	2:35A M
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE	(In yrs. last	birthday)	IF UNDER 1 Y	-	IF UNDER	24 HRS.	7. DATE OF BIRTH	,	S. BIRTH	IPLACE (Stetn or Formion
214-16-5661	1 🗆 M 2 💢 F		70	YRS.		AYS	HOURS	MIN.	(Month, Day, Year) Jan 11 1	921	Countr	ryland
9a. FACILITY NAME (If not institution, give					9b. CITY, TO	OWN C	R LOCATIO	ON OF DE	ATH	9c. COL	INTY OF D	EATH
THE JOHNS HOPK	INS HOSP	TAL			BAI	TI	MORE	CIT	Y	BAL	TIMO	RE CITY
RESIDENCE OF DECEDENT 100. STATE 100. COUNT												
	Y			10c. CIT	Y, TOWN OR	LOCAT	ION					10d. INSIDE CITY LIMITS?
Maryland				Ba	1time	ore	9					1 X X X ES 2 NO
10e. STREET AND NUMBER						101	. ZIP CODE			10g. CIT	IZEN OF Y	VHAT COUNTRY?
1600 Mt Royal	Ave. A	pt	308				21	217		T	I. S	. A.
11. MARITAL STATUS	12. WAS DECEDEN	T EVER	N U.S. ARM	AED	13. WA	S DEC	ENDENT O	F HISPAN	IIC ORIGIN? (Specify Yes		14. RACE	- American Indian.
1 Never Merried 2 Married	FORCES? 1	MR OR D	2X_NO	0			cify Cubsi 2 NO		n, Puerlo Rican, atc.)		Speci	t, White, atc.
3 X Widowed 4 Divorced						,	(() ()	opoun			Speci	Black
15. DECEDENT'S EDI (Specify only highest grad	JCATION e completed)		18a. DEC	EDENT'S	USUAL OCCI	JPATIC)N		18b. KIND OF BUS	SINESS/INI	DUSTRY	DIACK
Elementery/Secondary (0-12)	College (1-4 or 5	-	life.	Do NOT us	e retired.)	ng mo	st of workin	g				
11th Grade				Dom	nestic							
17. FATHER'S NAME (First, Middle, Last)		-		DOM	COOL		16. MOTH	ER'S NA	ME (First, Middle, Maiden	Sumamal		
Moses Dorsey									ie Powel:			
19a. INFORMANT'S NAME (Type/Print)		-	196.	MAILING	ADDRESS (S	treet a	nd Number	or Rural F	Route Number, City or Tow.	n, State, Zij	Code)	
Fannie Skinner									. Baltin			0 21217
20s. METHOD OF DISPOSITION 12 Burlel 2 Cremetton 3 Ren		208			F DISPOSITION			1146			City or To	
4 Donation 5 Other (Specify)	noval from State	cen	netery, crem	natory or ot	her place)				1 200			
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		arse	Y C	emete	ME AN	n Annes	C OF EA	10/21 Da	Lsey	M	aryland
+ Hez Apo =	EM:	101	7		250	01	Gwy	nns	Nutter Falls Pa Maryland	Fune	eral av	Homes Inc
23. PART I. Entar tha disesses, or	complications the		d the dea	ah Da -	Ba	Lti	mor	e,	Maryland	21	216	
shock, or haart failure.	List only one cau	sa on a	ach lina.	itn. Do n	ot enter th	a mo	da of dyli	ng, suci	h as cardiac or raspi	ratory an	rest,	Approximata Intarval Between
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resulting in death)		(OR AS A CONSEQUENCE OF):									3 clays	
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if sny, leading to immediate cause. Enter UNDERLYING	4					. 1						1
CAUSE (Disesse or Injury	c. Acq U	red	C	oay L	110 pa	t h	7					6 1100
that initiated events	QUE TO	(OR AS A	CONSECU	JENCÉ OF):	/						
resulting in destri) LAS1	d											

PART II. Other algnificant conditions contributing to dasth but not resulting in the underlying cause given in Part 1. 24a. WAS AN AUTOPSY

25. WAS CASE REFERRED TO MEDICAL

ľ	sease		PERFORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
		26. PLACE OF DEATH	(Check only one)	
	OTHE 4 Nu	R: rsing Home 5 Reside	nce 8 C Other (Specify)	
TIME	OF JRY	28c. INJURY AT WORK?	28d. DESCRIBE HOW INJURY OCCUP	RED

1 YES 2 NO	HOSPITAL: 1 Vinpetient 2 - ER/Outpetient :	OTHE	R: rsing Home 5 - Residence	8 Other (Specify)		
27. MANNER OF DEATH 1 Natural 5 Pending Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE HOW INJURY OCCURED		
3 Suicide 8 Could not be determined	28a. PLACE OF INJURY — At he building, atc. (Specify)	oma, ferm, atreet, fac	tory, office	28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)		

	really and the state of the same, date and pit	ace, end due to the csuse(s) and menner as atale
29b. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMBER	29d DATE SIGNED (Month One Mont)

Villiam Berton, MD - Johns Hopkins Hosp, Go N. Wolfe St. Bult MD 213	1
The state of the s	4205

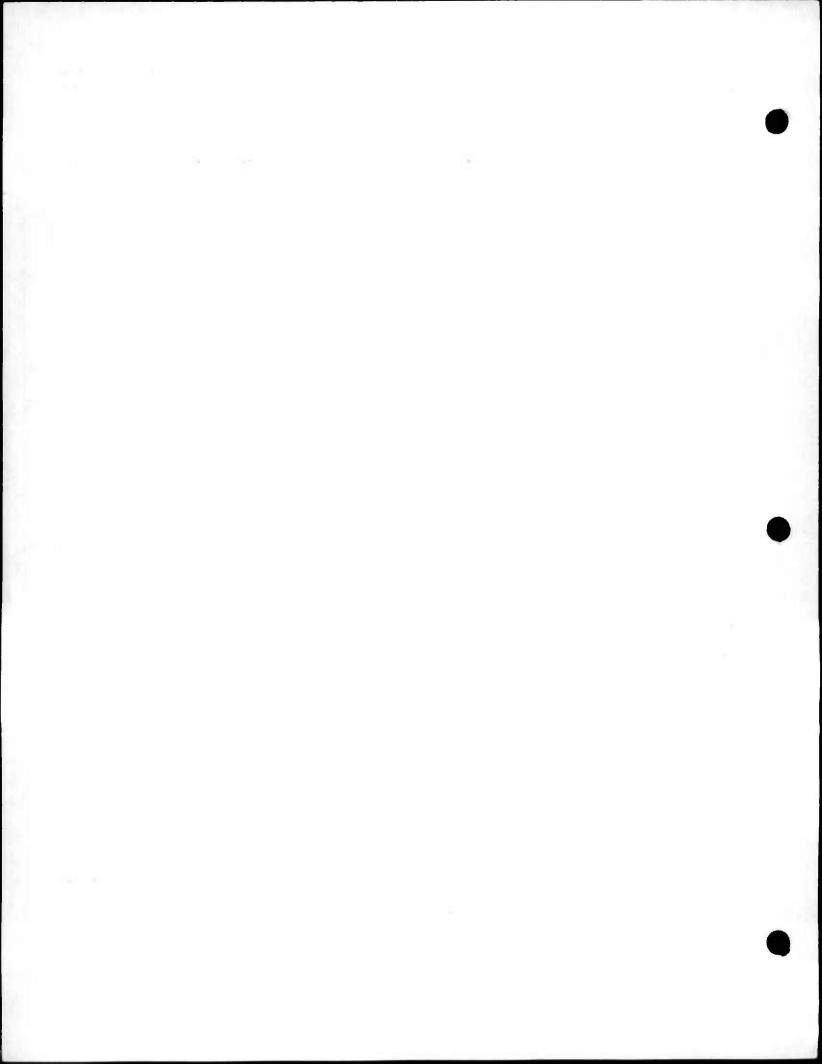
REGISTRAR'S SIGNATURE
JUNIA DAVIDON-RONDESSE 1991

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er traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law receives the TO THE FUNERAL DIRECTOR; where this certificate has the second be filed within 72 hours after death with the State Dept. of Fresh iMPORTANT; If Item 28 is marked, or item 23 shows any

Day of Hollins 243-22-0593 10 2 0 1 18 1991 10 18 1	1. DECEDENT'S NAME (First, Middle, Last)	- 0.		·	OF	JEA		REG. NO		1	3. TIME OF DEATH
243-22-0593 TO 10 2 1 10 10 10 10 10									MONTH D			8:30
Section Sect							-		7. DATE OF BIRTH ()	29/24	8. BIRTH Country	
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Andrew Hollins 190. MALING ADDRESS (Some and Number or Pural Room Number, City or Room, State, 20 Code) Anthony Hollins 200. MALING ADDRESS (Some and Number or Pural Room Number, City or Room, State, 20 Code) Anthony Hollins 200. PLACE AND DATE OF DEPOSITION (Number) 1 L'ABURET 2 Chremation 3 Removal from State 200. PLACE AND DATE OF DEPOSITION (Number) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 1 Considering of Other (Roperty) 22. NAME AND ADDRESS OF FACILITY March F/H West 23. PART I. Enter the diseases, or comflictions and the dealer of the county of t	(Specify only highest grad	fe completed)	(Gh	ve kind of t	work done e	CCUPATION during most	N t of workin	g	16b. KIND OF BUS	SINESS/IND	USTRY	
Anthony Hollins 3308 Parkington Avenue Baltimore, Mc21215 230, MERTOD OF DISPOSITION 1.1 Avenue 1.2 Ave	Andrew Hollins						Isa.	belle	ME (First, Middle, Maiden Hollins	Surname)		
1 Chartes 2 Cremation 3 Removal trom State Condition Chart (Specify) Chart (Spec	Anthony Hollins		19b	3308	Park	ington	n Ave	or Rural R	Baltimore,	n. Stete, Zip Md 212	215	·
22. NAME AND ADDRESS OF FACILITY March F/H West 4300 Wabash Avenue 23. PART I. Entar the diseases, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory arrest, interval Bett diseases or condition Approximate interval Bett diseases, or condition and the conditions are caused that death. Do not antar the mode of dying, such as cardiac or respiratory arrest, interval Bett diseases or condition and the conditions. But TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): A. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): A. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): 28. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 YES 2 NO 29. LANGERPHIER	1 ABuriel 2 Cremation 3 Rer	noval from State	20b. PLACE A	ND DATE (OF DISPOSI	Park	ne of		102391 Ra	cation — o	city or Tow	rn, State Md
23. PART I. Enter the diseases, or complications that caused the dead. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List fully one cause on each line. IMMEDIATE CAUSE (Final disease) or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (O	21. SIGNATURE OF FUNERAL SERVICE L	M MANO!	+ to	FAR	22. I	arch F	ADDRES	est	CILITY			
28. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 28. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 1 Inpatient 2 ER/Outpatient 3 DOA 4 Winsting Home 5 Residence 8 Other (Specify) 28. DATE OF INJURY AT WORK? 1 Neturel 5 Pending Investigation 3 Suicide 8 Could not be determined 28. PLACE OF INJURY At home, farm, street, tectory, office 28. PLACE OF DEATH (Check only one) 28. DATE OF INJURY AT WORK? 1 YES 2 NO 28. DATE OF INJURY AT WORK? 1 YES 2 NO 28. DATE OF INJURY AT WORK? 1 YES 2 NO 28. DATE OF INJURY AT WORK? 1 YES 2 NO 28. DATE OF INJURY AT WORK? 1 YES 2 NO 28. DATE OF INJURY AT WORK? 1 YES 2 NO 28. DATE OF INJURY AT WORK? 1 YES 2 NO 28. DATE OF INJURY AT WORK? 1 YES 2 NO 28. DATE OF INJURY AT WORK? 28. DATE OF INJURY AT WORK? 28. DATE OF INJURY AT WORK? 1 YES 2 NO 28. DATE OF INJURY AT WORK? 28. DATE OF INJURY AT WORK? 28. DATE OF INJURY AT WORK? 1 YES 2 NO 28. DATE OF INJURY AT WORK? 28. DATE OF DEATH (Check only one) 28. DATE OF INJURY AT WORK? 28. DATE OF INJURY AT WORK? 28. DATE OF DEATH (Check only one) 28. DATE OF DEATH (Check only one) 28. DATE OF INJURY AT WORK? 28. DATE OF INJURY AT WORK? 28. DATE OF INJURY AT WORK? 28. DATE OF DEATH (Check only one) 28. DATE OF DEATH (Check only one) 28. DATE OF INJURY AT WORK? 28. DATE OF INJURY AT WORK? 28. DATE OF INJURY AT WORK? 28. DATE OF INJURY	Sequentially list conditions, it arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO	OR AS A CONSECUTION OF THE PROPERTY OF THE PRO	UENCE OF	ensi	in				lugo		ion med.
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28e. DATE OF INJURY Naturel 5 Pending Investigation 3 Sulcide 8 Could not be determined 28e. PLACE OF INJURY At home, farm, street, tectory, office 28t. LOCATION (Street end Number or Bural Route Number, City or Town, State) 28e. PLACE OF INJURY At home, farm, street, tectory, office 28t. LOCATION (Street end Number or Bural Route Number, City or Town, State) 28e. PLACE OF INJURY At home, farm, street, tectory, office 28t. LOCATION (Street end Number or Bural Route Number, City or Town, State) 28e. PLACE OF INJURY At home, farm, street, tectory, office 28t. LOCATION (Street end Number or Bural Route Number, City or Town, State) 28e. PLACE OF INJURY At home, farm, street, tectory, office 28t. LOCATION (Street end Number or Bural Route Number, City or Town, State) 28e. PLACE OF INJURY At home, farm, street, tectory, office 28t. LOCATION (Street end Number or Bural Route Number, City or Town, State) 28e. PLACE OF INJURY At home, farm, street, tectory, office 28t. LOCATION (Street end Number or Bural Route Number, City or Town, State) 28e. PLACE OF INJURY At home, farm, street, tectory, office 28t. LOCATION (Street end Number or Bural Route Number, City or Town, State) 28e. PLACE OF INJURY At home, farm, street, tectory, office 28t. LOCATION (Street end Number or Bural Route Number, City or Town, State) 28t. LOCATION (Street end Number or Bural Route Number, City or Town, State) 28t. LOCATION (Street end Number or Bural Route Number, City or Town, State) 28t. LOCATION (Street end Number or Bural Route Number, City or Town, State) 28t. LOCATION (Street end Number or Bural Route Number, City or Town, State) 28t. LOCATION (Street end Number or Bural Route Number, City or Town, State) 28t. LOCATION (Street end Number or Bural Route Number, City or Town, State) 28t. LOCATION (Street end Number or Bural Route Number, City or Town, State) 28t. LOCATION (Street end Number or Bural Route Number, City or Town, State) 28t. LOCATION (Street e			ER/Outpatient 3 [□ DOA	OTHER	:						
29e. CERTIFIER (Check only Orie) 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. CERTIFIER 29c. CERTIFIER (Check only Orie) 29c. CERTIFIER (Check only Orie) 29c. CERTIFIER (Check only Orie) 29c. CERTIFIER (Check only Orie) 29c. CERTIFIER (Check only Orie) 2 MEDICAL EXAMINER: On the besie of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the ceuse(e) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Near) 29d. DATE SIGNED (Month, Day, Near) 29d. DATE SIGNED (Month, Day, Near)	1/	28e. DATE OF	INJURY	28b, TIM	E OF	28c. INJUF	TA YF	1		JURY OCC	URED	
29e. CERTIFIER (Chack only one) 2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, date and piece, end due to the ceuse(e) and menner es stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Near) 30. NAME AND ADDRESS OF DESCRIPTION OR DESCRIPTION OF DESCRIP					М	1 YE		NO				
(Check only One) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) and menner es stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Peer) 30. NAME AND ADDRESS OF DESCRIPTION ORDERS (SIGNED MONTH).	3 Suicide	28e. PLACE O building,	F INJURY — At hometc. (Specify)	ne, farm, s	treet, tecto	ry, office			28t. LOCATION (Street e City or Town, State)	nd Number	or Rural Ro	ute Number,
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Nor) 201. NAME AND ADDRESS OF DESIGN MINO CONTINUED. 202. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Nor)				th occurre	d at the tir	ne, date er	nd place,	end due t	to the ceuse(e) end men	ner es elate	rd.	
20, NAME AND ADDRESS OF DESIGNATION OF 10 18 91	4 Homicide determined 29e. CERTIFIER (Check only) 1 CERTIFYING PHYS	ICIAN: To the best of ER: On the beste of ex	my knowledge, dez amination and/or in	rvestigatio	n, in my op	Inion, des	th occure	d at the t	ime, date and place, and	due to the	Councies	and manner as stated
30. NAME AND ADDRESS OF PERSON WHO COURT STEP CHARLES	4 Homicide determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINI	ER: On the besie of ex	my knowledge, dez temination and/or in	rvestigatio	n, in my op							
Jonathan Forman my 7010 Pitchie 4 len Burnie MD 2 (56)	4 Homicide determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINI	ER: On the besie of ex	my knowledge, dear umination and/or in	rvestigatio	n, In my op						SIGNED	



BALTIMORE, MARYLAND 21215-0220	4 nours after death. Page 6 may be retained by the hospital or amening	illed in by the funeral director, page 5 should be detached for use some buried tra-	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or arm dung	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use the secon	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

permit. Pages 1, 2, 3 should

	1. DECEDENT'S NAME (First, Middle, Las	HEY	2. DATE OF DEATH		3. TIME OF DEATH					
	4. SOCIAL SECURITY NUMBER 186-03-5609	5. SEX 6. /	AGE (In yrs. lest birt		ER 1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, War) 10-09-191		BIRTHPLACE (State or Foreign Country) ennsylvania
	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH									
DIRECTOR	Joseph Richey Hospice Center Baltimore Baltimore Cit									
BE(10a. STATE 10b. COUN	ITY	10	c. CITY, TOWN	OR LOCA	TION				10d. INSIDE CITY LIMITS?
	Maryland 10a, STREET AND NUMBER							timore		1 🔀 YES 2 🗌 NO
FUNERAL	2643 Hampden Avenue 21211 U.S.									S.A.
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 1 1 IF YES, GIVE WAR (YES 2XXNO	13	If yes, sp	ENDENT O	F HISPANIO n, Mexican, Specify:	ORIGIN? (Specify Year Puerto Rican, atc.)		RACE — American Indian, Black, Whita, atc. Specify: White
TED	15. DECEDENT'S ED (Specify only highest gra-	DUCATION de completed)	18a. DECEDI	ENT'S USUAL	OCCUPATIO	ON set of weeking	~	16b. KIND OF BUS	INESS/INDUST	
COMPLETED	Elementary/Secondary (0-12) 8th	College (1-4 or 5+)	- W	nd of work done HOT use retired. emaker	•	St Cr WORD	'Y		Homema.	ker
	17. FATHER'S NAME (First, Middle, Last) Elias Smith							E (First, Middle, Meiden	Surname)	
) BE	19a. INFORMANT'S NAME (Type/Print)		19b. MA	ILING ADDRES	SS (Street a			ute Number, City or Town	State Zin Coo	(4)
5	Mr. and Mrs. Jet	rry Heyn	40	5 Nett	le H	ill 1	Lane	Reisters	town,	MD 21136
	XX Burial 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from State	cemetery, cremator	y or other place	9)				cation — cny	
	4 Donation 5 Other (Specify) Woodlawn, Maryland 21. SIGNATURE OF FUNERAL BERVICE LICENSEE Woodlawn Cemetery 10/22 Woodlawn, Maryland 22. NAME AND ADDRESS OF FACILITY BURGEE—HENSS FUNERAL HOME									
	- Harrys	Henss (1	Truga	u) 3	3631	Fall:	s Roa	d Baltimo	re, Ma	ryland 21211
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, abock, or heaft aliure. List only one cause on each line. Approximate interval Between									
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Myelo c	lyen last	i Se	and.	Man P	1	Leakon	(2.	Onset and Death
	readiting in death)	DUE TO (OR	AS A CONSEQUEN	CE OF):	N. C.	Galance		contest	HA)	
NO	Sequentially list conditions, if any, leading to immediate	b	AS A CONSEQUEN	CE OF1:						
ICAT	cause. Enter UNDERLYING CAUSE (Disease or injury	C								
CERTIFICATION	that initiated evanta resulting in death) LAST	DUE TO (OR /	AS A CONSEQUEN	CE OF):						
	PART II. Other significent condition	o.	h but not reguli	ing in the	m do duto a					
MEDICAL	Significant Condition	wie contributing to deal	in but not resum	ing in the u	nderlying	cause g	ivan in P	PERFORI	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
MED								_ 1 _ YES 2	Mo	OF DEATH?
				H				_		1 123 2 110
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHE	R:		ATH (Checi	only one)	17	,
HYS	1 YES 2 NO 27. MANNER OF DEATH	1 Inpetiant 2 ER/O	RY 28b	DA 4 Nu	28c. INJU			ether (Specify)	17.4	Co
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Ye	ar)	INJURY M	1 🗌 Y	RK? 'ES 2 🗌		ou. DESCRIBE HOW IN	JOHT OCCORE	.b
								ural Route Number,		
3 Suicide a Could not be detarmined 29s. LOCATION (Stree City or Town, State LocATION (Stree City or T								the cause(a) and many	ner se stated.	
	296. SIGNATURE AND TITLE OF CERTISE	ER: On the basis of axamin	ation and/or invest	gation, in my	opinion, de					
TO BE	James a	. leap	Net	1941		De	P2	68	P /e	NED (Month, Day, Year)
	500 M; RG	HI LINE R	DEATH (ITEM 27)	Vpe, Print)	M	0	dil	18		7
	0E 22 1997	Like Boundson	ranoe St	(777	C		- a		

2514 2140

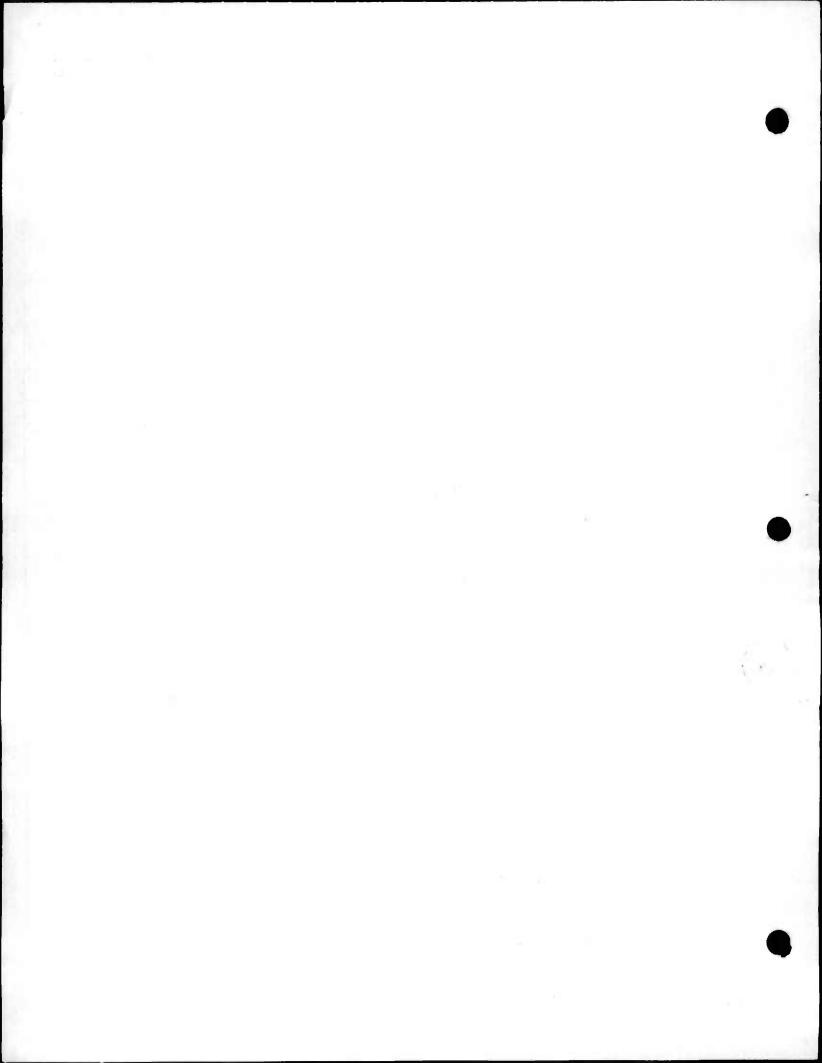
IT VILLAL RECORDS, P.O. BOX 68/60, BALTIMORE, MARYLAND 21215-0020	ithin 24 hours after death. Page 6 may be retained by the hospital or attending physician.	Jeronin physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	prior to burial, cremation, or removal.	nt, the medical examiner must be notified at once.	
DIVISION OF VILAL RECORDS, P.O. BOX 68/60	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The inventor in the design of the property of the propriet or attending physician.	tificate has been sign of by the	be filed within 72 hours after death with the State Dept. of Hearth Teach Hyginne prior to burial, cre	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - FOR STATE REGISTRAR	STATE OF MA	ARYLAND /	DEPAR RTIF	TMENT ICATE	OF H	IEALTH DEAT	AND I		H YGIENE REG. NO.	91	28645	
	1. DECEDENT'S NAME (First, Middle, Last) ETEANOR				lhet				2. DATE OF MONTH		16	year 10:40 a	
	4. SOCIAL SECURITY NUMBER 220-22-3393	1 □ M 2 □¾	. AGE (In yrs. las		IF UNDER 1	-	IF UNDER HOURS	24 HRS. MIN.	7. DATE OF (Month, D	BIRTH		8. BIRTHPLACE (State or Foreign Country) MAryland	
OR O	90. FACILITY NAME (If not institution, give a	pital			i	TOWN	R LOCATIO	ON OF DE	ATH		9c. COUN	TY OF DEATH 1bot	
5	Momoria 1 105										14	IDOC	
DIRECTOR	Md. B	altimore		10c. CIT	Y, TOWN OF		on Ssex				10d. INSIDE CITY LIMITS? 1 ☐ YES 2 ☑ NO		
₩.	10e. STREET AND NUMBER		101. ZIP CODE						10g. CITIZ	EN OF WHAT COUNTRY?			
Ä	522 Virginia Ave	•					3	2122	21			USA	
BY FUNERAL	11. MARITAL STATUS 1 X Never Merried 2 Merried 3 Widowed 4 Divorced	1. MARITAL STATUS X Never Merried Merried							IIC ORIGIN? (S n, Puerto Rice c:	Specify Yee o	or No-	14. RACE — American Indian, Black, White, etc. Specify:	
	15. DECEDENT'S EDUC	ATION	44- 05	050541710								White	
COMPLETED	(Specify only highest grade	completed)	(Gir	ve kind of a Do NOT us	USUAL OCK work done du se retired.)	uring mos	on st of working	g	16b, KI	ND OF BUSI	NESS/INDI	JSTRY	
P.	Elementary/Secondary (0-12) 8th	College (1-4 or 5+)			Lady	,							
OM	17. FATHER'S NAME (First, Middle, Last)			ares	Lau		40 MOTH	CD10 MA	ME (5) A(()				
	Frederick Himme	Thobar							ME (First, Midd				
BE	19e. INFORMANT'S NAME (Type/Print)	TUEDEL	19h	MAILING	ADDRESS	(Street or			erine				
5	Nancy Ingram												
	20s. METHOD OF DISPOSITION												
	1 GyBurlel 2 Cremation 3 Removal from State 4 Donation 8 Other (Specify) DATE 20b. FLACE AND DATE Of DISPOSITION (Name of particular of the place) OakLawnCemetery 10/19/91 BAltimore Md.												
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 23. NAME AND ADDRESS OF FACILITY												
	Comelly F	unelal	Hos	m!) (onne	llyF	uner	alHom			Ave.21221	
	23. PART I. Enter the diseases, or c ehock, or hear siliure. I IMMEDIATE CAUSE (Finel disease or condition	omplications that collections one cause	aused the dec on each line.	oth. Do n	ot enter t	he mod	de of dylr	ng, such	as cerdied	or respira	itory erre	at, Approximate interval Between Onset and Deeth	
-	resulting in death)	BUE TO 101	AS A CONSEO		Tra	201						Min	
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that infiliated events	Severe	R AS A CONSECU	UENCE OF	tata	المد						My	
ERT	resulting in death) LAST												
C	PART II. Other aignificent conditions	contributing to de	eth hut not re	autilan i	n the read			harm to t					
PHYSICIAN: MEDICA		ubdi			- The und		ceuse g			PERFORM	ED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
¥.	25. WAS CASE REFERRED TO MEDICAL					20 01 0	10F 0F 0F	AT11 (O)	ck only one)				
SS	EXAMINER?	HOSPITAL:	9/Outpeting 2 (7.00	OTHER:								
Ě	27. MANNER OF DEATH	28e. DATE OF IN.		28b. TIME		es. INJU		idence i	8 Other (Sp				
	1 Natural 5 Pending	(Month, Day,		ILNI	URY M	WOR	RK?	NO.	28d. DESCRI	DE HOW INJ	URY OCCI	PHED	
ED BY	2 Accident Investigation 3 Suicide a Could not be datermined	28e. PLACE OF It building, etc	NJURY — At hom. (Specify)	ne, term, s	treet, fector				28t. LOCATIO City or To	N (Street end wn, State)	1 Number o	r Rural Route Number,	
E	290. CERTIFIER	IANI, To China											
COMPLET	(Check only one) 2 MEDICAL EXAMMER	IAN: To the best of my	instion end/or in	th occurre	d at the time n, in my opie	e, date e nion, de	and place, ath occure	end due t	to the cause(e	place, end	due to the	couse(s) end menner es stated.	
TO BE	296. SIGNATURE AND TITUE OF CERTIFIER	tusel	Shi	7			29c LICEN	O C	966	2	P9d. DATE	SIGNED (Montil, Day, Year)	
-	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE (OF DEATH (ITEM	27) (Type,	Print)							11	

31. DATE FILED (Month, Day, Year)

OCT 22 1991

32. REGISTRAR'S SIGNATURE



91-6109-510

91 28646

FOR

1 - STATE REGISTRAR	SIAIL OF MAN	CERTI	FICATE	OF DEATH		YGIENE EG. NO.		
1. DECEDENT'S NAME (First, Middle, La	est)			0. 00	2. DATE OF I	DEATH		3. TIME OF DEATH
Carl		На	rris		1 0	18 DAY	991	5:45 A
4. SOCIAL SECURITY NUMBER 214 214-42-8682 868	5. SEX 6. AC	50 YRS.		YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF B	9, 1941	8. BIRT N ^{Coun}	HPLACE (State or Foreign
9e. FACILITY NAME (If not institution, gi	ive street end number)		9b. CITY, T	OWN OR LOCATION OF I			DUNTY OF I	
3209 Cherryla			Ba1	timore		В	ALTIM	ORE CITY
	ALTIMORE CIT	Y 10c. CI	BAL	TIMORE CIT	Υ			10d. INSIDE CITY LIMITS? VX YES 2 NO
3209 CHERRY LAND	ROAD			101. ZIP CODE 21225			S.A.	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 XXMerried 3 Nidowed 4 Divorced	Married 2 X Merried FORCES? 1 ☐ YES 2 NO IF YES, GIVE WAR OR DATES FORCES? 1 ☐ YES 2 NO IF YES, GIVE WAR OR DATES FORCES? 1 ☐ YES 2 NO If yes, specify: Giben, Mexicon, Puerto Rican, etc.) 1 ☐ YES A NO Specify: BLAC							ck, White, atc.
15. DECEDENT'S E (Specify only highes) gr	DUCATION ade completed)	16e. DECEDENT	work done dur	UPATION ing most of working	18b. KIN	D OF BUSINESS/	INDUSTRY	
September 2 Secondary (0-12)	none (1-4 or 5+)	REPAIR	use retired.)	ing most of working		AUTOMOT	IVE	
17. FATHER'S NAME (First, Middle, Last) CEDRIC	HARRIS			18. MOTHER'S IN	ME (First, Middle STE	"(BLACK	WELL)	
MRS. GLORIA HAR	RRIS	19b. MAILIN	SAME AS	Street end Number or Rural S 10 a-1	Route Number, C	ity or Town, State,	Zip Code)	
20a. METHOD OF DISPOSITION 1	emoval from State	NOB. PLACE AND DATE	OF DISPOSITI	ON (Name of Y, INC. 10-	-21-91	20c. LOCATION		own, State
21. SIGNATURE OF FUNERAL SERVICE	LICENSIII	el	22. NA	GULLY FUNE	RAL HOM	E OF BR	OOKLY	N
23. PART i. Enter the diseases, particular in the control of the c	or complications that cause	and the death. Do	not enter th	E. PATAP	SCO AVE	., BALT	IMORE	
shock, pr heart failur iMMEDIATE CAUSE (Final disease or condition reaulting in death)	a. Atherds	aach lina.				•	arreat,	Approximate interval Between Onset and Deati
Sequentially list conditions, if any, leading to immediate	ь	B A CONSEQUENCE (
cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa	cDUE TO (OR AS	S A CONSEQUENCE O	DF):					
resulting in death) LAST	d							
PART II. Other significant condition	lona contributing to death	but not resulting	In the unde	rlying cause given in		WAS AN AUTOPS PERFORMED? YES 2 NO	Y 24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26. PLACE OF DEATH (C)	eck only one)			
1X YES 2 □ NO	HOSPITAL: 1 Inpatient 2 ER/O	utpetlant 3 🗆 DOA	OTHER:	Home 5X Reeldence	6 Other (Spe	clfy)		
27. MANNER OF DEATH Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJUR (Month, Day, Year		JURY	c. INJURY AT WORK?	28d. DEŞCRIBI	E HOW INJURY O	CCURED	
3 Suicide S Could not b		RY — At home, ferm, pecify)	straet, factory	, offica	281. LOCATION City or Tow	(Street end Numb rn, State)	per or Rural F	Route Number,
29e. CERTIFIER (Check only one) 1 CERTIFYING PHY 2X MEDICAL EXAMI	YSICIAN: To the best of my known NER: On the beals of examination	owledge, death occur iion end/or investigati	red at the time on, in my opin	, data end place, and due lon, death occured at the	to the cause(a) time, date end p	end menner as s	tated,	e) end menner ee stated,
29b. SIGNATURE AND TITLE OF CERTIF		· uan		29c. LICENSE NU	MBER			(Month, Day, Year)
30. NAME AND ADDRESS OF PERSON Y	WHO COMPLETED CAUSE OF I	DEATH (ITEM 27) (Type	e, Print)	10.C.M.	Ε.		0 18	1991
		111 F	enn s	Street, B	altime	ore Ma	rula	nd 21201
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	Davidson-A	nulate			J. G. W.A.	- Y I d	71201

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

permit: Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

3. TIME OF DEATH

6. BIRTHPLACE (State or Foreign

1. OECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

ANNA

LASUK

IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS

HOURS

HIRNIAK

6. AGE (In yrs. last birthday,

REG NO 2. DATE OF DEATH

18.

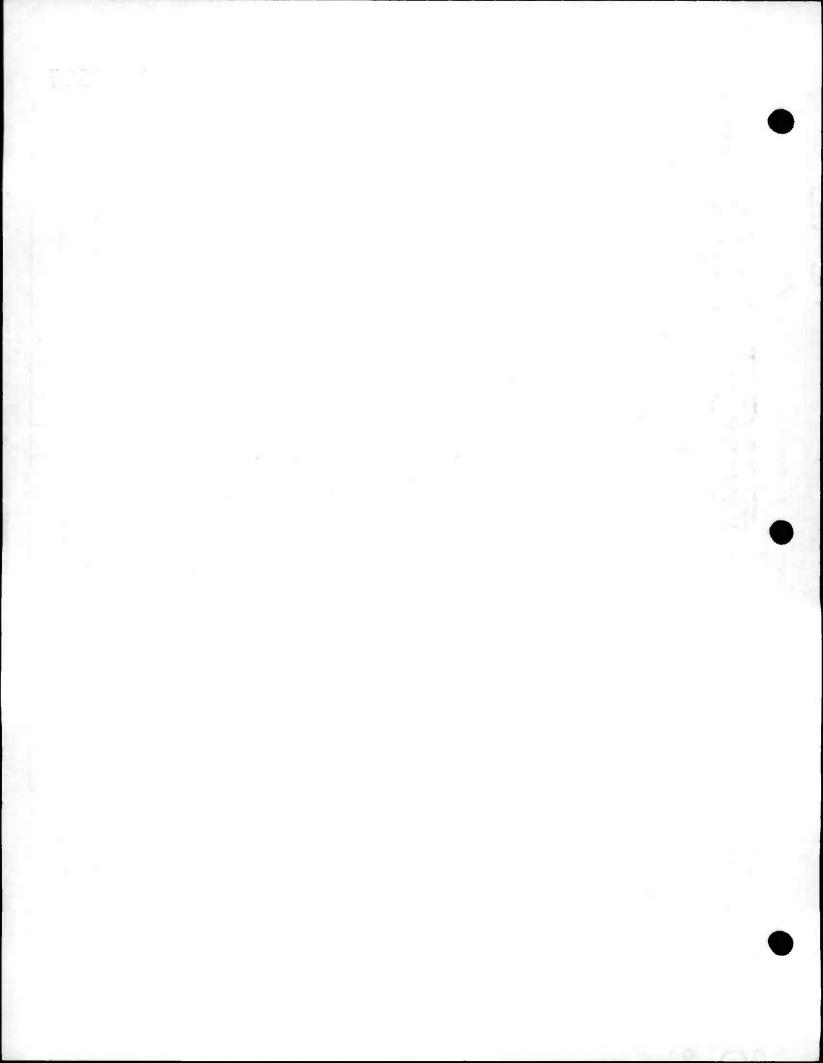
1991

OCT.

7. DATE OF BIRTH (Month, Day, Year)

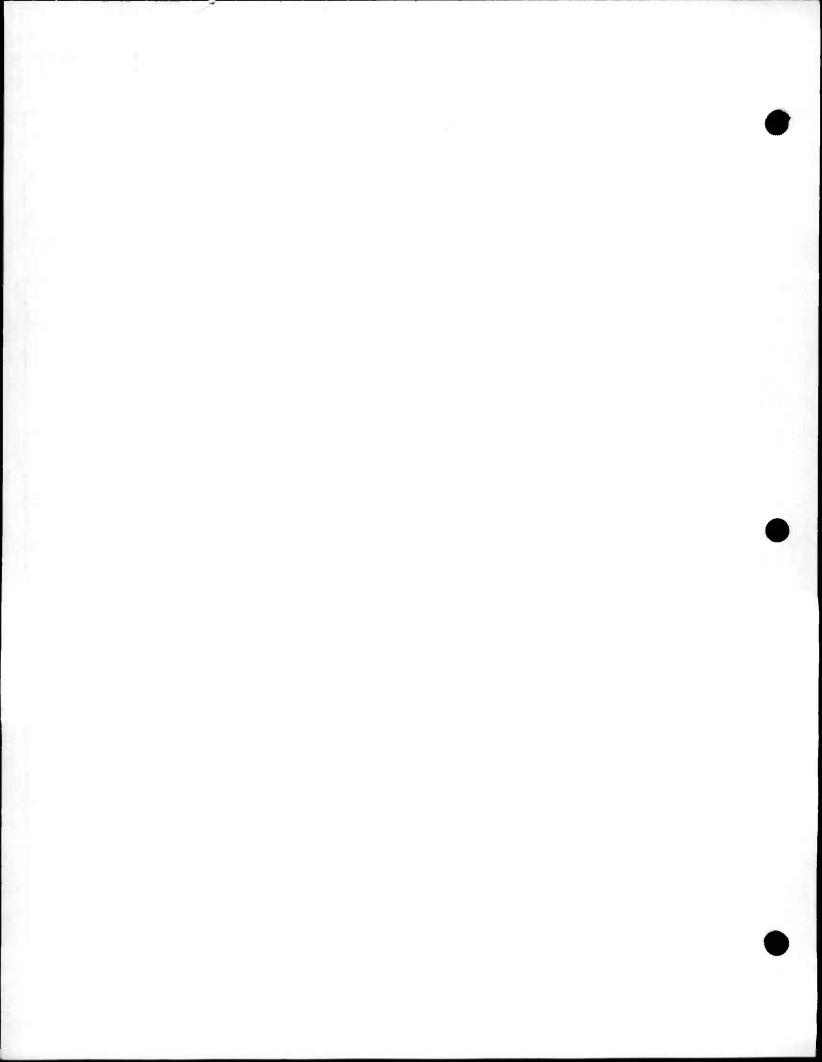
	b	permit.	1
BALTIMORE, MARYLAND 21215-0020	4 nours after death, Page 6 may be retained by the hospital or attending physician.	filled in by the funeral director, page 5 should be detached for use as the burial-transit if	on, or removal.
VISION OF VITAL RECORDS, P.O. BOX 68760,	ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician.	ECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit germit.	is after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

UKKATNE 212-74-4854 89 19,1901 1, 2, 3 should 90. FACILITY NAME (If not institution, give 1242 ASTER DRIVE, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF CEATH GLEN BURNIE ANNE ARUNDEL DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARYLAND ANNE ARUNDEL 1 YES 2 NO **GLEN** BURNIF FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21061 UKRAINE .242 ASTER DRIVE 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES V NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuben, Mexicen, Puerto Rican, etc.)
1 YES X NO Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried Specify: WHITE BY 3 Wildowed 4 Divorced 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple TJ. Elementary/Secondary (0-12) College (1-4 or 6+) HOMEMAKER DOMESTIC COMPL 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First Middle Maiden Surname) MARIA THEODORE KOMARNIAK BE DREST C. LASUK 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 SAME AS 10 a-f è 20s. METHOD OF OISPOSITION
1/ Burlal 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name DATE 20c. LOCATION - City or Town, State must Baltimore, MD MICHAFI'S CEMETERY OCT 1991 22. NAME AND ADDRESS OF FACILITY 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner McCULLY FUNERAL HOME OF BROOKLYN PATATSCO AVE RAITIMORE medical 23. PART I. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fallure. List only one cause on each line. Approximata intarval Between Onset and Death IMMEDIATE CAUSE (Final ŧ disesse or condition resulting in death) event, traumatic NO Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CERTIFICATI **CAUSE** (Disesse or injury or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? MEDICAL shows any 1 TES 2 NO 1 YES 2 NO PHYSICIAN: R 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA 4 Nursing Home 5 Hesidence 6 Other (Specify) 6 28e. OATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 26d, DESCRIBE HOW INJURY OCCURED marked. Natural м 1 YES 2 NO BY 2 Accident Investigation 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 3 Suicide 28 is 8 Could not be determined COMPLETED 4 Homicide TO THE HOSPITAL OR AT TO THE FUNERAL DIRECT be filed within 72 hours at IMPORTANT: If Item 2 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the besid rwestigation, in my opinion, death occured at the time, date end piece, end due to the ceuse(e) end manner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) BE 2 30. NAME AND RERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Pri 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 2 Julia Davidson-Bandalle 2



	FOR 1 STATE	STATE OF MARYL	AND / DEPART	MENT OF HEALTH	AND MENT	AL HYGIENE	91	28648
	REGISTRAR 1. DECEOENT'S NAME (First, Middle, Last) ELL 15		HYMA	CATE OF DEAT	H	REG. NO.	YE/	
	4. SOCIAL SECURITY NUMBER 218-30-6138	1 🗔 M 2 🗆 F		IF UNDER 1 YEAR IF UNDER 2 NONTHS DAYS HOURS	MIN. (Mo	E OF BIRTH (rith, Day, Year) -28-1901	8. B	INTHPLACE (State or Foreign ountry) MARYLAND
TOR	90. FACILITY NAME (If not institution, give 725 MT. WILSON I	·		BALTIM		90	B.	DE DEATH ALTIMORE
DIRECTOR	MARYLAND 106. COUNT	BALTIMORE	10c. CITY,	TOWN OR LOCATION BALT	TIMORE			10d. INSIDE CITY LIMITS? 1 YES YEN
FUNERAL	725 MT. WILSON I			101. ZIP CODE	21208			OF WHAT COUNTRY? USA
B	1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 XX0	13. WAS DECENDENT OF If yes, specify Cuben, 1 YES 2 NO	, Mexican, Puert	BIN? (Specify Yee or P o Rican, etc.)	'	RACE — American Indian, Black, White, etc. Specify: WHITE
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (6-12)	PCATION e completed) College (1-4 or 5+)	life. Do NOT use	rk done during most of working retired.)	10	6b. KIND OF BUSINE		
₩.	12 17. FATHER'S NAME (First, Mickle, Last)		MERCH				'S ST	ORE
BE CO	LOUIS	HYMAN		18. MOTHE		, Middle, Maiden Surn JENNIE		EBENBERG
2	19a. INFORMANT'S NAME (Type/Trint)		19b. MAILING A	OORESS (Street and Number of	or Rural Route Nu	mber, City or Town, St.	ate, Zip Code)
-	MR. LOUIS E. H.	YMAN	22 BA	RTHEL CT., I	UTHERV	ILLE, MD	2109	3
	100 Method of Disposition 2 Peer Commention 2 Commention 2 Comments and Proceedings of the Comments of the Com	novel from State ceme	etery, crematory or other		1			Town, State
	21. SIGNATURE OF SUMERAL SERVICE CO		LZUK AMUN	O (ARLINGTO) 22. NAME AND ADDRESS				ORE, MD & BROS., INC
L	mell	Denne		6010 REIS		N RD., B	ALTO.	
	23 PART i. Enter the diseases, or shock, or heert feliure.	complications that caused Liet only one cause on ea	the death. Do not	enter the mode of dyin	g, such ee ca	rdiec or reepirato	ry arrest,	Approximate Interval Between
	iMMEDIATE CAUSE (Finel disease or condition	Como			0	0 0	/	Onset and Death
	reaulting in deeth)	DUE TO (OR AS A	CONSEQUENCE OF	200	19	land	ec	3/125
Z	Composite the Heaves state of	· Re	nee	Treed	011	,		4 wis
CATIC	Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF)		and the second			100
CERTIFICATION	CAUSE (Disease or Injury that initieted events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):					
انا	PART II. Other significant condition	ns contributing to death bu	t not resulting in	the underlying cause giv	ven in Part I.	24s. WAS AN AUTO		24b. WERE AUTOPSY FINDINGS
MEDICA						PERFORMED	To	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
						-		1 TES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL			36. PLACE OF DEA	The Charle and			
SIC	T YES 2 NO	HOSPITAL: 1 □ inpetient 2 □ ER/Outpa		THER: 3.	was a communicate of	-582-3757		
PHYSICIAN:	27. MANNER OF DEATH	28s. DATE OF INJURY (Month, Dec. Worl)	28b. TIME C	F 28c, INJURY AT	dence 6 [] Oth	SCRIBE HOW INJUR	Y OCCURED	
BY	4 Netural 5 Pending Investigation	0.00010101010		₩ 1 □ YES 2 □ 1	NO			
TED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY - building, stc. (Specif	At home, farm, stre	et, factory, office	SRF, LO	CATION (Street and All or Ewen, State)	umber or Au	w/ Route Number
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of my knowle	dge, death occurred a	nt the time, date end place, e	nd due to the ca	e end place, end due	e stated.	te(s) end manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER		In M		SE NUMBER			MED (Month, Day, Year)
2	M. NAME AND ADDRESS OF PERSON WH	O JOMPLETED CAUSE OF DEA	IN (ITEM 21) (Type, Pri		0 7	2	10/) A
	19/1/1/7/9	1111570	NOW	1200-1	ONTH	on	ワー	21208

REGISTBAR'S SIGNATURE
Julia Davidson-Randelle



3. TIME OF DEATH

REG. NO.

2. DATE OF DEATH

permit. Pages 1, 2, 3 should

the bunial-transit

page 5 should be detached for use as

director,

the funeral

FOR STATE REGISTRAR

1. DECEOENT'S NAME (First, Middle, Last)

1 -

Mary Margaret Herbert 3:15 10/19/91 AM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birtnday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign DAYS 212-88-8592 1 M 200 F 11/30/15 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 817 Old Liberty Road Sykesville Carroll County RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION IOd. INSIDE CITY Maryland Carroll Sykesville 1 YES 2 NO 100. STREET AND NUMBER 817 Old Liberty Road FUNERAL 101. ZIP COOE 10g. CITIZEN OF WHAT COUNTRY? 21784 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-If yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never-Merried 2 Merried IF YES, GIVE WAR OR DATES 1 TYES 2 X NO BY 3 📈 Widowed 4 🗌 Divorced Specify: Caucasian COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KINO OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) 12 VeaRs Housewife 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at William F. Cole BE Mary From Tarre 19a. INFORMANT'S NAME (Type/Print) 196. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Finksburg 2201 Old Westminster Pike Sylvia D. Beckwith Maryland 21048 P 20b. PLACE AND DATE OF DISPOSITION (Name of must OATE 20c. LOCATION - City or Town, State 10/22 Hampstead Carroll Cremation Service Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACHTY STREET PROPERTY PROPERTY INC. 21133 8728 Liberty Road Randallstown amos Maryl and medicai 23. PART VEnter the diseases, or complications that caused the Do not enter the mode of dying, auch ea cardlec or respiratory errest, Approximate shock, or heart fellure. List only one cause on seth lin Interval Between IMMEDIATE CAUSE (Finel the Onaat and Death disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): event, cile NO traumatic Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate CERTIFICATI cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): thet initieted events resulting in death) LAST 0 Injury, PART II. Other algoliticent conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO any COMPLETION OF CAUSE 1 TES 2 NO OF OFATH? 1 TES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Hem EXAMINER? HOSPITAL OTHER:
4 | Nursing Home 5 | Residence 8 | Other (Specify) 1 TES NO nt 2 - ER/Outpatient 3 - DOA 5 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? is,marked, 26d. DESCRIBE HOW INJURY OCCURED Natural 5 Pending BY t YES 2 NO Accident investigation 3 Suicide 8 Could not be detarmined 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 4 Homicide 29a, CERTIFIER and place, and due to the cause(s) and manner as stated. 396. SIGNATURE AND TITLE OF CERTIFIE BE 29c. LICENSE NUM 21/4 D37949 2

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

1012 2 130 June Mark

(3)

AND 21215-0020

BALTIMORE, MARYI

TO BE COME	**	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
be notified at once.	ai examiner mus	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
)	oval.	Up the FUNEAL UNECLUAR. After this certificate has been agree by one accounting projection and companies in the first projection of the filed within 72 hours after death with the State Dept. of Health and Mertal Hydiene prior to burial, cremation, or removal.
ay be time thisp	ter death. Page 6 m	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be stress to the major

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. OECEOENT'S NAME (First	Middle, Last)	, L	. 4	4 V						DEATHOC	t.20	1991	3. TIME OF DEATH
	4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER	R 1 YEAR	IF UNDE	R 24 HRS.	7. DATE OF	BIRTN		a. BIRTNP	PLACE (State or Foreign
	215-10-05		1 M 2 □ F		YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, I	Day, Year)	14	MA	RYLAND
	9a. FACILITY NAME (If not in				9b. CITY, TOWN OR LOCATION OF DEATH					9c. COUNTY OF DEATH				
DIRECTOR	STELLA RESIDENCE OF DEC	MAR	(15 HO.	SPICE	TOWSON						BALTIMORE			
SE I	10a. STATE	10b. COUNT	Υ		10c. CITY, TOWH OR LOCATION						10d. INSIDE CITY LIMITS?			
	MARYLAND	BAL'	TIMORE		BALTIMORE						1 Tes 2 X No			
FUNERAL	100. STREET AND NUMBER 23 F ARLEN				101. ZIP CODE 21236					10g. CITIZEN OF WHA				
N	11. MARITAL STATUS	T EVER IN U.S. AR	ARMED 13. WAS DECEMBENT OF NISPANIC OF							or No-	14. RACE	- American Indian.		
ВУ	1 Never Married 2 🔀 3 Widowed 4 Dive	10				an, Mexica Specifi		an, atc.)		Specify	WHITE			
윤	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16e. DECEDENT'S US (Give kind of wor								ing	16b. K	IND OF BUS	SINESS/IN	DUSTRY	
Elementary/Secondary (0-12) College (1-4 or 5 +)									Maria	00) 0		14		
MP	NA		NA		CLERK						TEEL		PANY	
8,	17. FATHER'S NAME (First, N CHARLES		ZD.							ME (First, Mic		Surname)		
4	19a. INFORMANT'S NAME (JK.	10	h MAII INC	Annes	© /Chroni			CA ROI		n Ctata 7	la Cadal	
TOBE	CHARLES E.	HAX,), FAL				47
	20a METHOD OF DISPOSIT 12 ABuriel 2 Cremetic 4 Donation 5 Other		noval from State	20b. PLACE of cemetary BALTI	crematory	or other	place)			DATE			RE N	vn, Stata MARYLAND
	21. SIGNATURE OF FUNERA		ICENSEE	Dittill	TIOICE	22.	NAME A	ND AOOR	ESS OF FA					#IRTEMIND
*****	· hoh	7	alli:				SCH: 9705	EMUNI BEI	EK FU LAIR	NERAL ROAD.	HOME BALT	ES, I	INC.	21236
CERTIFICATION	iMMEDIATE CAUSE (Fidesese or condition resulting in death) Sequentially list condit if any, leading to immedause. Enter UNDERLY CAUSE (Disease or injustat initiated events)	tions, ediate	b	OR AS A CONSE	OUENCE O	PF):	LC	NE	Ĵ.					Onset and Daath
CERTI	resulting in death) LAS	TE	d											
MEDICAL	PART II. Other algnifice	ant conditio	ne contributing to	death but not	resulting	in the u	ndariyir	ig cause	given in		24a. WAS AN PERFOR	RMED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
N N	25. WAS CASE REFERRED TEXAMINER?	TO MEDICAL	HOSPITAL:			,	_	LACE OF	DEATN (C/	heck only one)				
rsic	1 TYES 2 NO			☐ ER/Outpetlent 3	DOA	4 Nu		me 5 🗆 i	Rasidance	6 Other	(Specify)	HO	SPIC	CE
BY PHYSICIAN		Pending Investigation		F INJURY Day, Year)	26b. TH	ME OF JURY M	W	JURY AT ORK? YES 2	□ NO	28d. DESC	RIBE NOW I	INJURY O	CCURED	
	2 Accident 3 Suicide 6 4 Homicide	Could not be determined	28e. PLACE	OF INJURY — At he, etc. (Specify)	ome, farm,	street, fac	ctory, offi	ce		26f. LOCAT	FION (Street Town, State)	and Numb	er or Rural R	oute Number,
COMPLETED	ana)		SICIAN: To the best of) and manner as stated.
TO BE C	296. SIGNATURE AND TITL	ila	S. al	exam	de	Ne	0	29c, LI	CENSE NU	085	2	29d. DA	TE SIGNED	(Month, Day, Year) 20/9/
F	CARLA S,	ALE	XANDE	R MD	M 27) (Typ)	e, Print) 巨山	AM	ARIS	105	PICE	DU	AN	EYN	ALLEY RD N 2/204
	31. DATE FILED (Month, Day, OC 12	1991	PEGISTO	AR'S SIGNATURE	44.									



12 \$ 1331 January

DHMH-15 Rev 1/89

BALTIMORE, MARYLAND 21245-

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

mit. Pages 1, 2, 3 should

STATE C	F MAF	RYLAND	/ DEPARTMENT	OF	HEALTH	AND	MENTAL	HYGIENE
		C	ERTIFICATE	OF	DEAT	TH		REG. NO.

1. DECEDENT'S NAME (First, Midd	the death of	CERTII	FICATE	OF DEATH		REG. NO.	_	
	MARIE E. HANLE	Υ -			MONT		1991 .	3. TIME OF DEATH 2:30 P
4. SOCIAL SECURITY NUMBER 218-01-8071	1 🗆 M 2	AGE (In yrs. lest birthday,	MONTHS	DAYS HOURS MIN.	(Mont) MAY	of BIRTH h, Day, Year) 24, 191	1 MA	RYLAND
ST. JOSEPH'S	S HOSPITAL			TOWN OR LOCATION OF I	DEATH	9c.	BALTI	
	BALTIMORE	10c. C	TTY, TOWN OF	LOCATION LTIMORE				10d. INSIDE CITY LIMITS? 1 YES 2XXNO
100. STREET AND NUMBER 63 CHAPEL TOW	JN CIRCLE			101. ZIP CODE 21236	7	10g	U.S.	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Merri 3 Widowed 4 Divorced	12. WAS DECEDENT EVEN CHES? 1	VER IN U.S. ABMED YES 2X XNO OR DATES	H	AS DECENDENT OF HISP/ yes, specify Cuban, Mexic YES 2 NO Spec	can, Puerto		14. BAC	E — American Indian, ck, White, etc.
	nt's EDUCATION hest grade completed) College (1-4 or 5+)	16a. DECEDENT (Give kind o life. Do NOT	"S USUAL OCI of work done do use retired.)	CUPATION uring most of working	16b	. KIND OF BUSINES	S/INDUSTRY	
NA	NA	COST A	ACCOUN	T CLERK		CITY GO		NT
17. FATHER'S NAME (First, Middle, JOHN SELLMA						Middle, Maiden Surne ATING	me)	
MS. V. JACQUE	erint) (S' ELINE BROCK SI	T TOT _		(Street end Number or Rura L TOWN CIR				21236
20a. METHOD OF DISPOSITION 1		20b. PLACE AND DA of cemetary, cremato ROSELAWN	ory or other pla		S DAT		ETON,	own, Stata WEST VA.
21. SIGNATURE OF FUNERAL SEI	RIVICE LICENSEE			SCHIMUNEK 19705 BELAII	FUNER			MD 21236
disease or condition			1	,				
resulting in deeth) Sequentielly list conditions.		AS A CONSEQUENCE	OF):	eukoni	<u>a</u>	-2		
resulting in deeth)		AS A CONSEQUENCE	OF):	eukoni	<u>a</u>		1 1	
resulting in deeth) Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST		R AS A CONSEQUENCE	OF): OF):			24a. WAS AN AUTO PERFORMED 1 YES 2 XA	2	Onset and De
resulting in deeth) Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other algnificant of the condition of the	cDUE TO (OF d	R AS A CONSEQUENCE	OF): OF): OF):	derlying ceuse given i	in Part I.	PERFORMED 1 YES 2 X	2	Do. WERE AUTOPSY FINDS AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
resulting in deeth) Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other algnificant c	c	R AS A CONSEQUENCE	OF): OF): OF): OTHER 4 Nurse	derlying ceuse given i	in Part I.	PERFORMED 1 VES 2 X	Ž	ib. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?
Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other algnificant of the condition of the con	C	RAS A CONSEQUENCE with but not resulting R/Outpatient 3 □ DOA JURY 28b. T	OF): OF): OF): OF): OTHER A A Nura TIME OF INJURY M	26. PLACE OF DEATH (1: ing Home 5 G Residenc 28c. INJURY AT WORK?	in Part I.	PERFORMED 1 YES 2 X	TY OCCURED	Onset and De
Sequentielly list conditions if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other algnificant ceuse in the condition of th	C	R/Outpetient 3 DOA JURY 28b. T	OF): OF): OF): OF): OTHER A A Nura TIME OF INJURY M	26. PLACE OF DEATH (1: ing Home 5 G Residenc 28c. INJURY AT WORK?	Check only o	PERFORMED 1 VES 2 6	TY OCCURED	Do. WERE AUTOPSY FINOIN AWAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2
resulting in deeth) Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other algnificant c 25. WAS CASE REFERRED TO ME EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pend Invest 2 Accident 3 Suicide 6 Could determine the County of the Coun	c	R/Outpatient 3 DOA JURY 28b. T Year) At home, farm. (knowledge, death occurrence)	OF): OF): OF): OF): OF): OTHER 4 Nurs TIME OF INJURY M m, street, factor urred at the til	26. PLACE OF DEATH (: :ing Home 5 Residenc 28c. INJURY AT WORK? 1 YES 2 NO ony, office	in Part I. Check only o a 6 Oth 28d. DE	PERFORMED 1 YES 2 S. ar (Specify) SCRIBE HOW INJUR CATION (Street and N or Town, State)	TY OCCURED	COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO
resulting in deeth) Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other algnificant c 25. WAS CASE REFERRED TO ME EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pend Invest 2 Accident 3 Suicide 6 Could determine the County of the Coun	EDICAL HOSPITAL: Apatient 2 El ding etigetion tid not be ermined EXAMINER: On the beet of exam	R/Outpatient 3 DOA JURY 28b. T Year) At home, farm. (knowledge, death occurrence)	OF): OF): OF): OF): OF): OTHER 4 Nurs TIME OF INJURY M m, street, factor urred at the til	26. PLACE OF DEATH (: :ing Home 5 Residenc 28c. INJURY AT WORK? 1 YES 2 NO ony, office	in Part I. Check only o a 6 Oth 26d. DE 26f. LOV City use to the ca	PERFORMED 1 YES 2 See or (Specify) SCRIBE HOW INJUR CATION (Street and N or Town, State)	ry Occured lumber or Rural as stated, to the cause	Ib. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSO OF DEATH? 1 YES 2 No

307 2 2 1391 Julian Julian

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	≱	ошо	E, C	any injury, or other traumatic event, the medical examiner must be notified at on
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hospital or a	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for us	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	PITA	ERAL	In 72	T: If
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OCT 2 2 1991

							91	28652		
	1 - FOR STATE REGISTRAR	STATE OF MARYLAND /		NT OF HEALTH TE OF DEAT		NTAL HYGIEN	E			
	1. DECROENT'S NAME (First, Middle, Last)	HARDY				DATE OF DEATH	Y Q YE	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 2 3-(00-3550)	6. SEX 6. AGE (In yrs. les	t birthday) IF UN YRS. MONTH	DER 1 YEAR IF UNDER	24 HRS. 7.	DATE OF BIRTH (Month, Day, Year)		DIRTHPLACE (State or Foreign ountry)		
DR	Se. FACILITY NAME (If not institution, give ein	Malpitali	96.0	Saltim		н .	9c. COUNTY	OF DEATH		
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		10c. CITY, TOW	N OR LOCATION				10d. INSIDE CITY LIMITS?		
	100. STREET AND NUMBER	instruct		10f. ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?		
BY FUNERAL	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify:									
COMPLETED	15. DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12)	completed) (G	CEDENT'S USUAL live kind of work do . Do NOT use retire	ine during most of working	ng	16b. KIND OF BU	SINESS/INDUST	RY		
BE COMF	17. FATHER'S NAME (Flot, Middle, Last)	rdu		M. MOTH	HER'S NAME	: (First, Middle, Meiden	Surname)	5		
TO 8	MR, S. B. H	ARdy 5	+1031	Street and Number	iew	Ave. b	Allo	md. 21215		
	20e. METHOD OF DISPOSITION 1 Duriel 2 Cremation 3 Remo 4 Donetion 5 Other (Specify)	val from State	7. Z1	(Name of cemetery, crements)	en	20c. LO	Allo)	Co, Md		
	Joseph a	1. Russ		Joseph K	North	Ave. B	alton	10,21216		
	23. PAST Enter the diseases, or control of the cont	omplications that caused the distance on sech lin	eath. Do not er	ater the mode of dy	ing, auch	as cardiac or reep	iratory arrest	Approximate interval Between Onsetvand Death		
	resulting in death)	DUE TO JOH AS A COHOE	OUENCE OF):	20 De	7	2 D	4000	1000		
CATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSE	OUENCE OF):	Kal	1	Shre	ld			
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	CO TO ION AS A COMPAN	SUPPLE OFF	ite			4	year		
MEDICAL O	ART U. Other significant conditions	contributing to death but not	resulting in the	underlying cause	given in Pr	PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
AN: M	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF I	DEATH (Chan	-		1 YES 2 NO		
PHYSICIAN:	EXAMINER? 1 VES 2 NO	HOSPITAL:		HER: Nursing Home 5 🗆 R						
ву РНУ	27. MANNEY OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2		28d. DEŞCRIBE HOW	INJURY OCCUR	ED		
ETED 8	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — At h building, etc. (Specify)	ome, farm, street,	factory, office		28f. LOCATION (Street City or Town, State	and Number or (Rural Route Number,		
COMPLE	cont only	CIAN: To the best of my knowledge, or R: On the basic of examination end/or						suse(e) and menner as stated.		
O BE C	200 STONATURE AND TITLE OF CENTIFIER	- Del	Dev	29c. LIC	Sense NUMB	63	29d. DATE S	GNED (Month, Cay, Year)		
	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF DEATH JIT	EM 1273 (Three Bear)	T I O		11	MA.			

DHMH-16 Rev 1/89

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BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending on a second or attending on a second or attending on a second or attending on a second or attending on a second or attending or
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the hurrial-transit permit Pages 1 2 ashould
be field within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

									91	28653
	1 - FOR STATE REGISTRAR	STATE OF	MARYLAND /	DEPAR	TMENT OF H	EALTH A	ND MEN	TAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)							ATE OF DEATH		3. TIME OF DEATH
	Ro	se Cat	herine	На	ckett		MA	ot. 20	190	YEAR
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las		IF UNDER 1 YEAR	IF UNDER 24	$\overline{}$	ATE OF BIRTH	19	0.00
	212-03-8934	1 🗆 M 2 💢 F	84	YRS.	MONTHS DAYS	7	AIN. (A	fonth, Day, Year)	.	8. BIRTHPLACE (State or Foreign Country)
	9a. FACILITY NAME (If not institution, give	677	04	1113.				9/03/07		Maryland
00		The second second			9b. CITY, TOWN (9c, COUN	TY OF DEATH
0	3506 Meadowsi	<u>de Road</u>	2120	7	Ba]	timo:	re		Ba.	Ltimore
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	ry		100 CIT	Y, TOWN OR LOCAT	100				
=				100. 011	T, TOWN OR LOCAL					tod. INSIDE CITY LIMITS?
	Maryland 100. STREET AND NUMBER	<u>Baltimo</u> :	<u>re</u>				altir	nore		1 TES 2 NO
MA M					101	. ZIP CODE			10g. CITIZ	EN OF WHAT COUNTRY?
1	3506 Meadowsi						2120	07		USA
FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDEN	T EVER IN U.S. AR	MED	13. WAS DEC	ENDENT OF H	ISPANIC OR	IOIN? (Specify Yes	or No-	14. RACE — American Indian, Bleck, White, atc.
BY	3 X Widowed 4 Divorced	IF YES, GIVE V	MR OR DATES		1 TES	2 X NO	Specify:	rto Hican, atc.)		Specify:
		<u> </u>								White
TED	15. DECEDENT'S EDI (Specify only highest grad	UCATION le completed)	(G)	ve kind of	USUAL OCCUPATION	N st of working		18b. KIND OF BUS	INESS/IND	JSTRY
1 11	Elementary/Secondary (0-12)	College (1-4 or 5	+) life.	Do NOT us			- 1			
₽ N	8th			Hom	emaker				Hon	ne
COMPLET	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER	'S NAME (Fir	st, Middle, Maiden	Sumame)	
BE	Oscar Gran	t Owen:	3			La	aura	Jane	Mil	ler
0	19a. INFORMANT'S NAME (Type/Print)		198	. MAILING	ADDRESS (Street a	nd Number or	Rural Route N	lumber, City or Town	. State, Zip	Code)
-	Laura J. Sh	aver	3	506	Meadow	rside	Road	a Balt	imor	e, MD 21207
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Ran	novel from State	20b, PLACE A	NODATE	OF DISPOSITION /Na	ment		ATE 200 LO		ity or Town, Stata
	4 Donation 5 Other (Specify)		Metro	Cr	ematory	. Inc	c. 10	$\frac{1}{2}$ F	alti	more, MD
	21. SIGNATURE OF FUNERAL SERVICE	CENSEE Man	201		22. NAME AN	D ADDRESS	OF FACILITY			
		-			Crema	tion	Soci	iety of	Md.	, Inc.
	George E.				1299 F	'rede	rick	Rd. E	alto	., MD 21228
	23. PART i. Enter the disesses, or shock, or heart failure.	List only one cau	t caused the de se on each line	sth. Dor	ot sater the mp	de of dying,	such as o	ardiac or respli	ratory arre	st, Approximate Interval Between
	iMMEDIATE CAUSE (Final disesse or condition			1	1		1			Onset and Deat
	resulting in death)	DUE TO	10/15/	11/0	Hory a	rres	5 (menu
		DUE TO	(OR AS A CONSEC	DUENCE O	n: /		1.			
Z	Sequentially list conditions,	6. AIZ	heim	er	s dei	mer	MO			2 years
Ĭ	If any, lesding to immediate		OR AS A CONSEC		7):					
2	cause. Enter UNDERLYING CAUSE (Disease or injury		P646 =							Syrau
ᄩ	that initiated events resulting in death) LAST		(OR AS A CONSEC		F):					
CERTIFICATION	resoluting in death, EAST	a. HYPR	rtensi	on						Syear
اتا	PART il. Other significant condition	ns contributing to	death but not n	esultina	n the underlying	ceuse alve	n In Bort I	- Nac - Nac - Na		
MEDICA				Journal	ii the underlying	cause give	m m rant t	24a, WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
								1 TYES 2	X NO	COMPLETION OF CAUSE DF DEATH?
Σ										t TYES 2 NO
z										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				ACE OF DEAT	H (Check onl)	one)		
İS	1 TYES 2 NO	1 Inputient 2	ER/Outpetlant 3	□ DOA	OTHER: 4 Nursing Home	5 X Reside	nce 8 🗆 O	ther (Specify)		
표	27. MANNER OF DEATH	28a. DATE OF (Month, Di		28b. TIM	E OF 28c, INJI	JRY AT	28d. I	DESCRIBE HOW IN	JURY OCCI	JRED
BY	1 K Natural 5 Pending 2 Accident Investigation	(Month, of	39, 1001)	1143		ES 2 N	0			
	3 Suicida 8 Could not be	28a. PLACE O	F INJURY — At hor	ne, ferm, s	traet, factory, office		28f. L	OCATION (Street as	nd Number a	r Rural Route Number,
TEO	4 Homicide determined	containg,	etc. (Specify)				°	ity or Town, State)		
길	29a. CERTIFIER (Check only 1 X CERTIFYINO PHYS	ICIAN: To the heat of	my knowledes de-	th cor-	d at the time	and attent	4.4			
COMPLET	(Check only one) 2 MEDICAL EXAMINI	ER: On the basis of a	amination and/or to	ner occurre	n. in my coloise d	mid place, and	due to the	cause(a) and man	ner as atate	d. cause(s) and manner as stated.
8				.vearight 10	upinion, di	ern occured s	n trie time, d	ere and place, and	due to the	cause(s) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE	700	1.4	N		29c, LICENSE	NUMBER		29d. DATE	SIGNED (Month, Day, Year)
TO BE		Jeldma	an M	4		29c, LICENSE	NUMBER 388	22	29d. DATE	SIGNED (Month, Day, Year)

3100 Wyman Park Drive, Baltimore,



Naomi

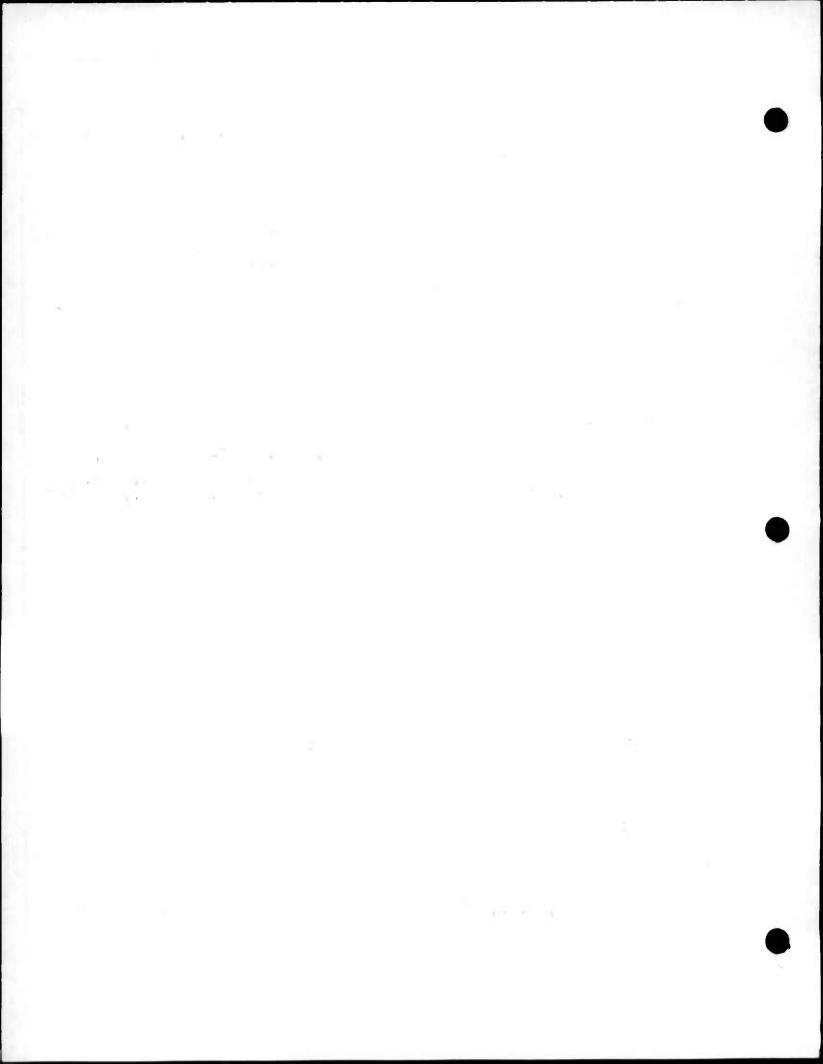
Feldman,

M.D.,

32. REGISTRAR'S SIGNATURE

whie Nevidson-Bondall

MD 21211

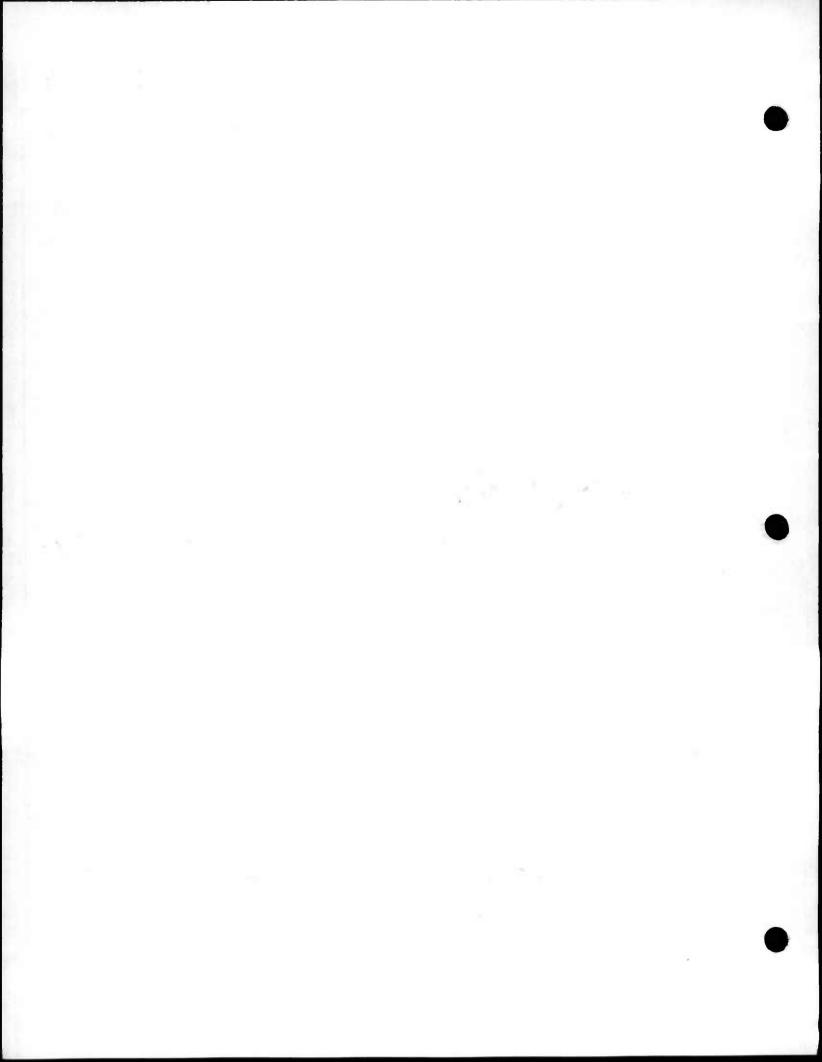


TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1	1	-	ST			rR	AR		
,	1.	DE	CE	DE	NT	'S	NAM	E	(Fl
ı	_	0/	~		-05	~	Incr		

1. DECEDENT'S NAME (First	t, Middle, Last)				IOATI		DEA			HEG. NO.			3. TIME OF DEATH
	F	\nna	M. H	Haupt					MONT	0/10	8/	YEAR	7:45P
4. SOCIAL SECURITY NUM	BER	5. \$EX	8. AGE (In yrs. In	st birthday)	IF UNDER	1 YEAR		R 24 HRS.	(Mon	OF BIRTH		8. BIRTH	IPLACE (State or Foreign
218-18-9	9069	1 🗆 M 2 🖳 F	66	YRS.			HOURS	MIN.	Feb.	17 1	925		Maryland
90. FACILITY NAME (If not in CHURCH I							OR LOCAT	-			9c. COU	NTY OF D	DEATH
RESIDENCE OF DEC		LAD			DE	711.	IMOR	E (City				
10e. STATE	10b. COUNT	Υ		10c. CIT	Y, TOWN	OR LOCA	TION						10d. INSIDE CITY
MD					Ba	ltin	ore	City	/				LIMITS?
100. STREET AND NUMBER						10	. ZIP COD	E			10g. CITI	ZEN OF V	VHAT COUNTRY?
11. MARITAL STATUS	<u>Antnon</u>	y Avenue	T FWF0 WHO 4		Υ					206	Uni		States
1 Never Merried 2			YES 2 XI			It yee, sp	ecify Cube	m, Mexic	en, Puerto	N? (Specify Yee Ricen, atc.)	or No-	Black	E — Americen Indien, k, White, etc.
3 Widowed 4 Divo	beard		AN ON DATES			I YES	2 X NO	Speci	ny:			Speci	White
15. DEC (Specify onl	EDENT'S EDU y highest grade	CATION completed)	18e. DE	CEDENT'S ive kind of w Do NOT us	USUAL O	CCUPATIO	ON ost of working	na	181	. KIND OF BUS	INESS/IND	USTRY	
Elementary/Secondary (0	0-12)	College (1-4 or 5	')					•					
10 17. FATHER'S NAME (First, M	ficiella (aut)		IPro	ducti	on F	isse							
		Arnno	Haupt				16. MOT		Helm	Middle, Maiden	_{Sumame)} Schmi	i d+	
190. INFORMANT'S NAME (1				b. MAILING	ADDRESS	S (Street a	nd Number			ber, City or Town			
Elaine So		t					Avei			timore			234
20e. METHOD OF DISPOSIT 1 X Burlel 2 Cremetic 4 Donation 5 Other	on 3 🗆 Rem	ovat from State	cemetery, cre Bal	Matory or of	F DISPOS	ITION (No	ame of	10/	DAT	E 20c. LO	CATION -	City or To	wn, State
21. SIGNATURE OF FUNERA		ENSEE Milton	J Knigh				ery ND ADDRE	SS OF FA	21/9	1 Bal	timor	^e	Maryland
· mil	ton	Knie	MI.	C OF						Balti Inc.	more, 5305	Md.	. 21214 rford Road
23. PART I. Entar the di	isaases, or k	compileations the List only one cau	caused the da	ath. Do n	Dt anter	tha mo	da of dy	ing, auc	h aa car	diac or respi	ratory arr	est,	Approximata
IMMEDIATE CAUSE (Fin disease or condition resulting in death)		CA	. 0	12	OV	SA	R	Y	Co	774	M	E1	Intarval Batween Onsat and Daath
		DUE TO	(OR AS A CONSE	DUENCE OF):			7					1
Sequentially list conditi		b DUE TO	OR AS A CONSEC	DUENCE OF):								
cause. Entar UNDERLYI CAUSE (Disease or Inju	ING	c											
that initiated events resulting in death) LAS		DUE TO	(OR AS A CONSEC	DUENCE OF):								
- County EAO		d											
PART II. Other significa	nt condition	a contributing to	death but not r	esulting is	n tha un	derlying	cause g	ivan in	Part I.	24a. WAS AN		24b.	WERE AUTOPSY FINDINGS
										PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
l													OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			OTHER		ACE OF D	EATH (Ch	eck only on	10)			
1 YES 2 NO		1 Inpatient 2		□ DOA	4 🗆 Nun		• 5 □ Re	eldence	6 🗆 Othe	r (Specify)		_	
1 Natural 5	Pending	28e. DATE OF (Month, De		28b. TIME INJU			RK?	7.00	28d. DES	CRIBE HOW IN	JURY OCC	URED	
2 Sudelde	Investigation	28e, PLACE OF	FINJURY — At ho	me ferm et	real facts		ES 2	NO	201 1 00	ATION (0)			
_ " "	Could not be determined	bullding,	etc. (Specify)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	noot, tact	ory, orner			City	ATION (Street as or Town, State)	nd Number	or Rural A	loute Number,
29e. CERTIFIER t CERT	IFYING PHYSIC	CIAN: To the best of	my knowledge, de	eth occurre	d at the ti	me, date	and place.	end due	to the cau	ste(s) and man	ner es state	vd.	
2 MEDI	CAL EXAMINE	R: On the basis of ax	amination end/or i	nvestigation	i, in my o	pinion, d	eath occur	ed at the	time, date	end plece, end	due to the	ceuse(e)	end menner ee stated.
296. SIGNATURE AND TITLE	OF CERTIFIER	Vous		-			29c. LICE	NSE NUN	-	2	29d. DATE	SIGNED	(Month, Day, Year)
30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	E OF DEATH (ITEM	1 27) (Type, I	Print))	11	(/	92	-	-/	0/	(0/7/
DR. NAZI	EMI M					Bal	timo	re	MD,	2123	1		
31. DATE FILED (Month, Bay:	Year)	32. REGISTRAI	SIGNATURE									-	
0.0	TXX	1931 9	- HAVIA	001 -11		-							



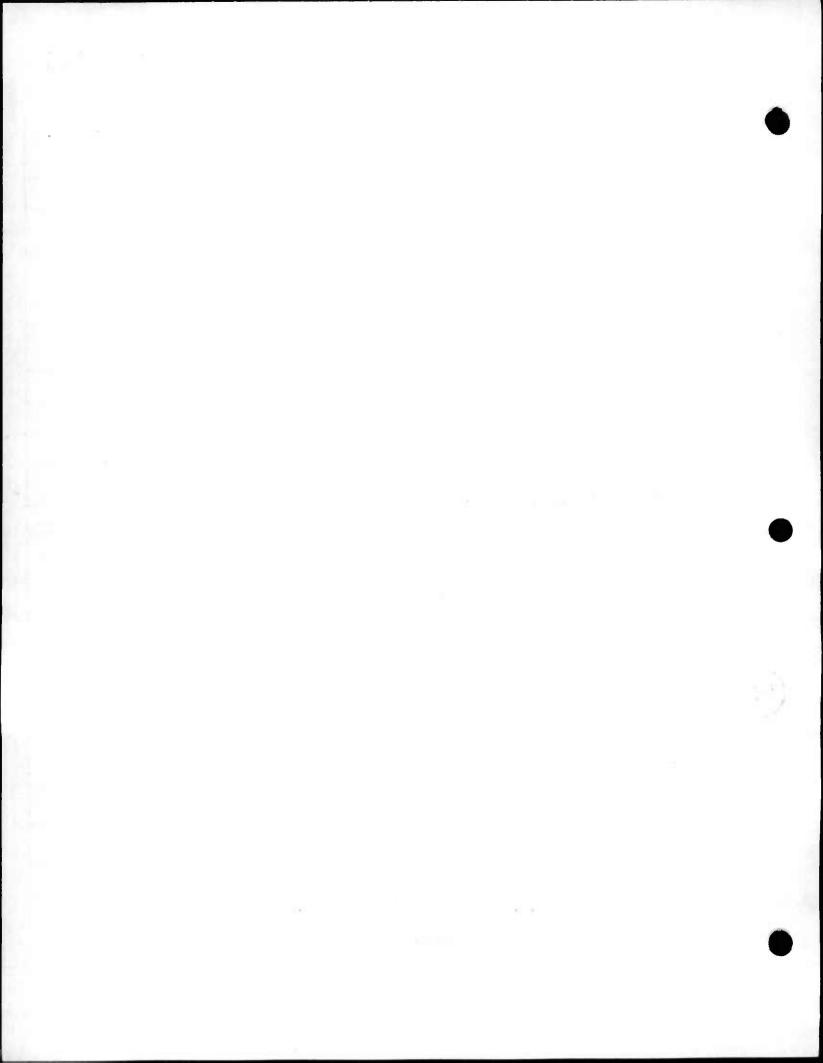
Pages 1, 2, 3 should

BALTIMORE, MARYLAND 21215-0029 ours after death. Page 6 may be retained by the hospital or attending on DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF	HEALTH AND		GIENE	ine U	
	1. DECEDENT'S NAME (First, Middle, Last) Stephen	J.		nowski		2. DATE OF D		YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 218-28-2614 90. FACILITY NAME (If not institution, give si	1 M 2 □ F	(In yrs. last birthdey) 57 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		PRTH (**) 1933	e. BIRTHI	PLACE (State or Foreign ryland
стоя	517 S. Ann Street			Balti	MOTE	DEATH	9c. COUN	TY OF DE	АТН
- DIRECTOR	10a. STATE 10b. COUNTY	,	Ba.	timore	ATION				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	10a. STREET AND NUMBER 517 S. Ann Street	t		10	21231		10USA	EN OF W	HAT COUNTRY?
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR O	2 NO	If yes, s	CENDENT OF HISPA pecify Cuben, Mexic S 2 NO Spec	en, Puerto Rican,	etc.)	Black,	American Indian, White, etc.
COMPLETED	15. OECEDENT'S EDUC (Specify only highest grade Elementary/Secondery (0-12) 12th Grade	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of ville. Do NOT us	vork done during m e retired.)	ION ost of working		of Business/INOU		1
BE CON	17. FATHER'S NAME (First, Middle, Lest) James Janowski				He]	AME (First, Middle, en Krol			
10	190. INFORMANT'S NAME (Type/Print) Mary Janowski 200. METHOD OF DISPOSITION	T	517 9	S. Ann S	StreetBal	Ltimore	y or Town, State, Zip (21231
	1 Suriel 2 Cremetion 3 Remote 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE UC	oval from State cen	netery, crematory or of HOLY ROS	sary Cen	netery NO AGORESS OF FA		Baltimo		n, State Maryland
	Harris	1. mas	in				401 S.		ter St.
7	23. PART I. Enter the diseases, or chock, or heart fellury is immediate CAUSE (Finel disease or condition reaulting in deeth)	List only one ceuse on e	consequence of	falii	ч		r reepiratory erre		Approximate interval Between Onset and Deeth
CERTIFICATION	Sequentielly list conditiona, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		CONSEQUENCE OF		ong a	moun	gunn	4	
PHYSICIAN: MEDICAL C	PART II. Other significant conditions	contributing to deeth b	ut not resulting i	the underlyin	g couse given in	F	MAS AN AUTOPSY PERFORMED? YES 2 NO	0	YERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
ICIA		HOSPITAL:		26. P	LACE OF DEATH (C)	neck only one)			
BY PHYS	27. MANNER OF OEATH 1 Natural 5 Pending 2 Accident Investigation	1 Inpatient 2 ER/Outp 28e. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. IN.	NURY AT ORK? YES 2 NO		HOW INJURY OCCU	RED	
	3 Suicide 6 Could not be determined	26e. PLACE OF INJURY building, atc. (Spec	— At home, ferm, si	real, factory, offic	•	261. LOCATION City or Town	(Street and Number of, Stete)	Rural Ro	rte Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINER	CIAN: To the best of my knowl E: On the basis of examination	ledge, death occurre	d at the time, date	end place, end due	to the cause(s) e	nd menner ea stated	i. couse(e) e	and menner ee atated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	lacher,	ATH (ITEM 27) (Type,	Print)	29c, LICENSE NUI	\$ 30	29d. DATE :	SIGNED (A	fonth, Day, Year)
	Marvin J. Fele 31. DATE FILEO (Month, Day, Year)		301 54	-	Place	Bacto	. md	21.	202
	OCT 2 2 1991	guli tenja	- free			•			

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II: If item 28 is	i
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	1 - STATE REGISTRAR	STATE OF M	ARYLAND /	DEPAR	TMENT	OF H	EALTH A	ND MEI	NTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Lest) Gloria	Jas	sinski						DATE OF DEATH		YEAR	3. TIME OF DEATH 9:44 A. M
	4. SOCIAL SECURITY HUMBER 219-22-7632	1 M 2 KF	6. AGE (In yrs. les	YRS.	IF UNDER	1 YEAR DAYS	IF UNDER 24	HRS. 7.	DATE OF BIRTH (Month, Day, Year) Tune 3,19	27	Country	PLACE (State or Foreign
СТОВ	98. FACILITY NAME (If not institution, give sto Franklin Square				9b. CITY		r location OSSVI	OF DEATH		9c. COUN		e County
DIREC	10a. STATE 10b. COUNTY	BAltim	ore	10c. CIT	Y, TOWN C		ion Essex					10d. INSIDE CITY LIMITS?
ERAL	16 Riverside Roa	ad			-	101	ZIP CODE	1221			EH OF W	1 YES 2 NO HAT COUNTRY?
BY FUNE	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2 VN		1 1	f yes, sp	ENDEHT OF	HISPANIC O	RIGIN? (Specify Yes		14. RACE	- American Indian, White, atc.
APLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	(Gi	Do NOT u	usual or work done of se retired.)	during mo	N et of working		Cokesbu			
notified at once. TO BE COMPL	17. FATHER'S HAME (First, Middle, Last)			-					First, Middle, Maiden			
BE	John Luhn 19a. INFORMANT'S HAME (Type/Print)		100		1000000				Driscoll			
일	Edward Jasinski		100						Number, City or Tow			1221
must be	20a. METHOD OF DISPOSITION 1X Burlal 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)	val from Stata	20b. PLACE A cometery, crea Sacre	ANDDATE	OF OISPOS	TION (Na	ne of	/23/9	DATE 20c. LO	cation — ci	ity or Tow	rn, State
examiner must be	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	1 Ha	501	22.	NAME AN	DADDRESS	OF FACILIT				
Injury, or other traumatic event, the medical	23. PART I. Enter the diseases, or considered to the condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	Hemor	rhage on as a consecuency of the control of the con	OUENCE OF	otid	Art	ery(L	.)	cardlac or reapi	ratory arres	pt,	Approximata interval Between Onset and Daeth
y, or other	that initiated events resulting in death) LAST	DUE TO (C	OR AS A CONSEO	UENCE OF	ን፡							
MEDIC	PART II. Other algnificant conditions	contributing to d	eath but not re	eaulting i	n the un	derlying	cauae giv	an in Part	I. 24a. WAS AN PERFOR	MED?		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? I YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					CE OF DEAT	TH (Check or	nly one)			
I ASI	1 YES 2 XNO	1 1 Inpatient 2 🗆 I				ing Home		enca 8 🗆	Other (Specify)			
is marked, or D BY PHY	Natural 5 Pending 2 Accident Investigation	28a. DATE OF IN (Month, Day,	Year)	28b, TIMI IHJ	M M				DESCRIBE HOW II	UNITY OCCU	RED	
	3 Suicide 8 Could not be detarmined	28a. PLACE OF building, at	INJURY — At hon c. (Specify)	ne, farm, a	freet, tacto	ry, office		28t.	LOCATIOH (Street a City or Town, State)	nd Number or	Rural Ro	ute Number,
IMPORTANT: If item 28 O BE COMPLETE	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICI CHECK ONLY ONE) 2 MEDICAL EXAMINER:	AN: To the best of m	y knowledge, dae mination and/or in	ith occurre	d at the tir	ne, date i	ind place, an	id due to the	e cause(a) and man	ner as stated	cause(a)	and manner as stated.
PORTA BE C	29b. SIGNATURE AND TITLE OF CERTIFIER						29c. LICENS					Month, Day, Year)
٦ E	30. NAME AND ADDRESS OF PERSON WHO Michael Udwin,	COMPLETED CAUSE M.D. 9	of DEATH (ITEM	nkli	Print) n Sa	uare	dr.	Balti	more 212	237	0.2	2091
		ina Davido			- 1							



BALTIMORE, MARYLAI

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	W	ple	Cre	/en
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 no	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, o	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the m
	7	7	0	-
				- 1

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH me 10 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS 8. BIRTHPLACE Country) DATE OF BIRTH 08 2 🗆 F 3 9e. FACILITY NAME (If not in TOWN OR LOCATION OF DEATH Cit 9c. COUNTY OF DEAT FUNERAL DIRECTOR llimore RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY myland more 1 YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? MG 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yee or No. If yes, specify Cubap Mexicen, Puerto Rican, atc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 100 - American Indian, White, atc. If yes, specify Cuben IF YES, GIVE WAR OR DATES BY Specify: 3 Widowed 4 Divorced COMPLETED 16a. OECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last 18. MOTHER'S NAME (First, Middle, Maiden Surneme) no 12 BE 19b. MAILING ADORESS (S) 2 20a. METHOD OF DISPOSITION

1 Burlel 2 Cremetion 3 20b. PLACE AND DATE OF DISPOSITION Warme of em 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22 NAME AND 105 23. PAPT I. Enter the disesses, or complications that caused the desth. Do not enter the mode of dying, such as cerdiac or respiratory strest, shock, or heart fellure. List only one cause on each line. Approximete Intervel Between IMMEDIATE CAUSE (Finel Onset end Deeth disease or condition DUE TO (OR AS A CONSEQUENCE OF): reculting in desth) Immediate obstructius pulsionamy CERTIFICATION Chronic 204 Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in deeth) LAST PART ii. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part 1. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: Inpatient ER/Outpetlent 3 - DOA 5 🗆 Raeldence 8 🗀 Other (Specify) 4 I Nun 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 286. TIME OF 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED Natural 5 Pending BY 1 YES 2 NO 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 🗌 Homicide detarmined 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner se stated. MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the ceuse(e) and menner ee atsted. 29b. SIGNATURE AND TITLE OF BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) DE5039 10/6 91 9 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

JANOBOUT)

31. DATE FILED (Month, Day, OCT 2 2

(11)

100 2 2 TOO

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TOING physician.	of the hurial-transit carmil Dage 1 2 2 change	s are burial-trained permit. Fages 1, 2, 3 should	
The state of the s) THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the	in 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	O THE FU	e filed wit	MPORTANT: It I

	FOR 1 - STATE REGISTRAR	STATE OF	MARYLAND / DE	EPARTMEI TIFICAT	NT OF I	HEALTH	AND	MENTA		-	2	8658
	1. DECEDENT'S NAME (First, Middle, La HARRY	st)		TENK			-	MONT	REG. NO FOF DEATH	DAY	VEAR 1991	3. TIME OF DEATH 5:10 A
	4. SOCIAL SECURITY NUMBER 216 60 7645 90. FACILITY NAME (If not institution, gi		6. AGE (In yrs. lest bird	YRS. MONTH		IF UNDER	MIN.	7. DATE (Mont	OF BIRTN th, Day, Year)	53	8. BIRTNI Country MAR	PLACE (State or Foreign
TOR	Maryland Gene		tal			more				9c. COU	NTY OF DE	ATH
REC	10a. STATE 10b. COU	NTY	10	c. CITY, TOW	OR LOCA	TION						10d. INSIDE CITY
L 0	MARYLAND]		more		У			_	LIMITS?
FUNERAL DIRECTOR	1100 BOLTO	N ST	APT 317	7	10	ZIP CODE		,			L. S.	HAT COUNTRY?
B	11. MARITAL STATUS 1 Fever Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDER	TEVER IN U.S. ARMED YES 2 PAO MAR OR DATES		If yes, sp		F HISPAI	NIC ORIGIN	N? (Specify Ye Ricen, etc.)		14. RACE Black,	- American Indian, White, etc.
COMPLETED	15. DECEDENT'S E (Specify only highest gr Elementery/Secondary (0-12)	DUCATION ade completed) College (1-4 or 5	(Give ki	ENT'S USUAL ind of work don NOT use retired	e during mo	st of working	9	16b	. KIND OF BU	JSINESS/INC		
BE CO		ENKINS			100	18. MOTH	LIFE	1 11	Middle, Maide	DSO	v	
2	190. INFORMANT'S NAME (Type/Print)	0.5.11.50		AILING ADDRE	- 1	nd Number	or Rural I	Route Numi	ber, City or Tox	vn, State, Zip	Code)	
	20a. METHOD OF DISPOSITION		20h PLACE AND I	O LOCK T	SITION (No	me of				OCATION —		
	1X Burlal 2 Cremetion 3 R 4 Donation 5 Other (Specify)		cepletery cremato	ry or other plac	574	2 Ca	M	10/	24 3	ALTU	Co	.Mo
	21. BIGHATURE OF FUNERAL SERVICE	L. Ru	as Cdy	2) 2	NAME AN	ADDRES	S OF FA	CILITY IS FU	NYRA BA	~ HOM	14	
CERTIFICATION	IMMEDIATE CAUSE (Final diseases or condition resulting in dasth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in dasth) LAST	a. Acqui DUE TO Sepsi DUE TO	red Immune	e Defi					lac or resp	iretory arr	est,	Approximata Intarval Batween Onset and Daeth
PHYSICIAN: MEDICAL CE	PART II. Other significent condition	ona contributing to	death but not result	ting in tha u	ındariyinç	g cause gi	ven in	Part I.	24s. WAS AN PERFO	RMED?		NERE AUTOPSY FINDINGS MAAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL	1			26 PI	ACE OF DE	ATH (Chi	ork only on	el .			
2	EXAMINER?	HOSPITAL: 1 Inpatient 2	ER/Outpatient 3 🗆 D	OA 4 No	R:	5 Ras						
E	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF (Month, D		TIME OF	26c. INJI	JRY AT			CRIBE HOW	NJURY OCC	URED	
ED BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE O	F INJURY At home, for	erm, atreet, fe		E\$ 2 _	NO	28f. LOCA	ATION (Street	and Number	or Rural Ro	ute Number,
- 1	4 Homicide detarmined								or Town, State)			
COMPLE	(Check only one) 1 CERTIFYING PNY ONE) 2 MEDICAL EXAMI	SICIAN: To the best of NER: On the basic of ea	my knowledge, dasth or camination and/or invest	ccurred at the ligation, in my	time, date opinion, de	end place, a	and dua	lo lhe cau time, dete	se(e) end ma	nner se state	d. couse(e)	and menner se steled,
<u> </u>	296. SIGNATURE AND TITLE OF CERTIF	IER				29c. LICEN	ISE NUM	BER		29d, DATE	1-	Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON V							_			1/2	
	Dr. Walid Frei 31. DATE FILED (Month, Day, Year)	i C/O Mary	land Gene	ral Ho	spit	al	827	Line	den Ar	zenue.		
	OCT 2 2 1991	32. REGISTRA	R'S SIGNATURE									

OST 2 8 1377 John Maries Market

25

ABSTRACE PROBLEMS

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3. TIME OF DEATH

4:00 A.

2. DATE OF DEATH 10- 21- DAY 1991 YEAR

BALTIMORE, MARYLAND 21215-0020

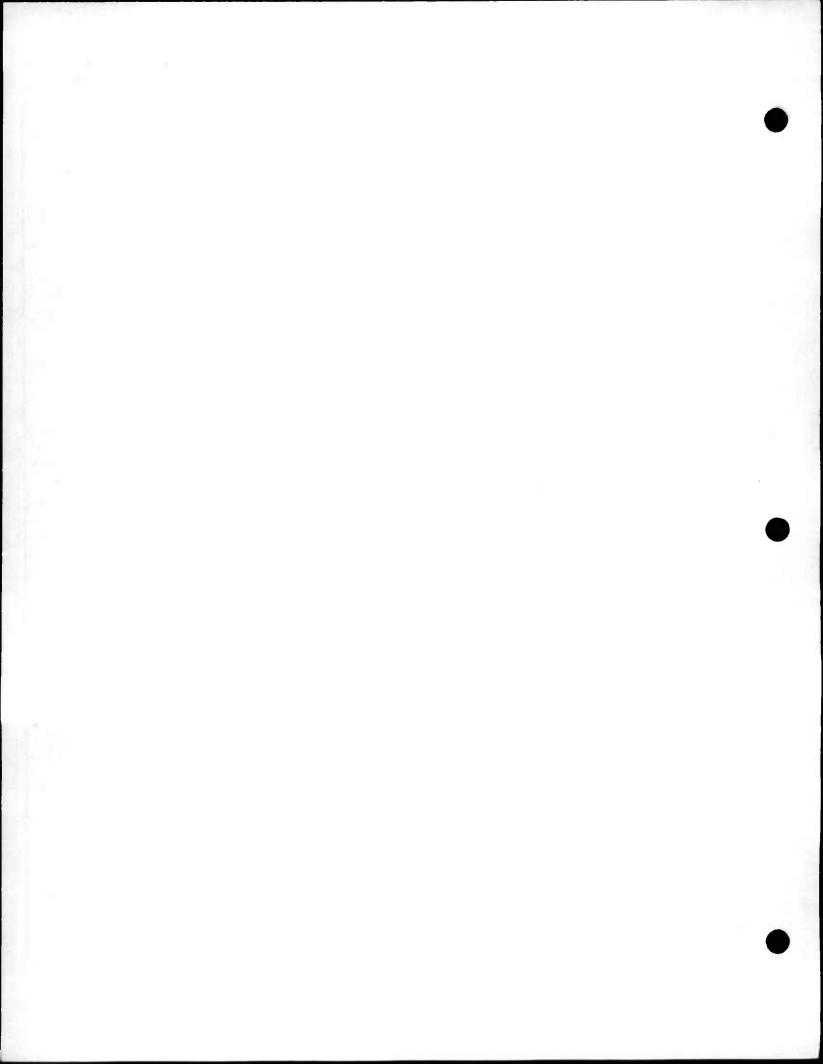
1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Lest)

760,	
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BOX 687	
P.O.	
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	213-20-9017	1 M 2 🔀 F		FUNDER 1 YEAR IF UNDER 24 ONTHS DAYS HOURS	7. DATE OF BI (Month, Day, 8-18-	1916	Baltimore
· ·	90. FACILITY NAME (If not institution, give 1 Brett Court		9	b. CITY, TOWN OR LOCATION			Y OF DEATH
5	RESIDENCE OF DECEDENT	Apt. 318		Essex		Bal	timore
DIRECTOR	Md. Ba	ltimore		OWN OR LOCATION			10d. INSIDE CITY LIMITS? 1 YES 2 XNO
FUNERAL	1 Brett Court	Apt. 318		101. ZIP CODE 21221			EN OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 XWidowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES	2 NO	13. WAS DECENDENT OF If yes, specify Cuben, 1 YES 27 NO	Mexicen, Puerto Ricen,	ecify Yee or No.— 1 etc.)	4. RACE — American Indian, Black, White, etc. Specify:
8	15. DECEDENT'S EDI (Specify only highest grad	JCATION le correleted	16a. DECEDENT'S US	UAL OCCUPATION done during most of working	16b. KIND	OF BUSINESS/INDU	White stay
COMPLET	Elementary/Secondary (0-12) Unknown	College (t-4 or 5+)	Housew	etired.)	Owr	n Home	
6 II	17. FATHER'S NAME (First, Middle, Last) John James Sto	lba			n's name (First, Middle, a Piska	Meiden Sumame)	
TO BE	190. INFORMANT'S NAME (Type/Print) Robert N. Knep	shield	19b. MAILING AD 10 Po	press (Street and Number of rtship Rd.	,Dundalk	c, Md. 21	222
	20e. METHOD OF DISPOSITION 1分 Burlel 2 ☐ Cremetton 3 ☐ Rer 4 ☐ Donetton 5 ☐ Other (Specify)	noval from State	PLACE AND DATE OF CONTROL OF CONT	ge Mem. Ce	metary	ETTICOL	ty or Town, State Howard t City, Cou
	21. SIGNATURE OF FUNERAL SERVICE L	Celebra		22. NAME AND ADDRESS Bradley-A	of FACILITY Shton Fu	neral H	lome, Inc.
CERTIFICATION	Sequantially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury that Initiated eventa resulting in daath) LAST	c	CONSEQUENCE OF):				
AL CE	PART II. Other aignificant condition					WAS AN AUTOPSY PERFORMED?	
1 8	11/14/1 11/1/11	MINICA WAY	1/11.611.11				
: MEDICAL	fraction 18-20	entrea las	Disperse	tion Cycli	On d	YES 2 NO	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
	fruition 15-20 25. WAS CASE REFERRED TO MEDICAL) ₀	10	26. PLACE OF DEA	10		AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outp			TH (Check only one)	YES 2 1-MO	COMPLETION OF CAUSE OF DEATH?
IYSICI/	figurion 18-20 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1 Inpetient 2 ER/Outp 28e. DATE OF INJURY (Month, Day, Year)	entient 3 DOA 4	26. PLACE OF DEAT THER: Nursing Home 5 Resid F 28c. INJURY AT WORK? M 1 YES 2 N	TH (Check only one) lence 6 Other (Spec	YES 2 1-MO	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ED BY PHYSICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined	HOSPITAL: 1 Inpetient 2 ER/Outp 28e. DATE OF INJURY (Month, Day, Year) 26e. PLACE OF INJURY building, etc. (Spec	Detient 3 DOA 4 DOA 4 DOA 4 DOA AT DOA AT home, ferm, stree	26. PLACE OF DEATHER: Nursing Home 5 Preside F 28c. INJURY AT WORK? M 1 YES 2 N	TH (Check only one) lence 6 Other (Spec 28d. DESCRIBE	YES 2 NO HOW INJURY OCCUI (Street and Number or	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number,
IPLETED BY PHYSICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINI	HOSPITAL: 1 Inpatient 2 ER/Outp 28e. DATE OF INJURY (Month, Day, Year) 26e. PLACE OF INJURY building, etc. (Spec	Destient 3 DOA 4 DOA 4 DOA 4 DOA 1 D	26. PLACE OF DEAT THER: Nursing Home 5 Preside F 28c. INJURY AT WORK? M 1 YES 2 N N, factory, office	TH (Check only one) lence 6 Other (Special Other Carlon City or Town	YES 2 NO HOW INJURY OCCUI (Street and Number or 1, State)	AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO RED Rural Route Number,
D BE COMPLETED BY PHYSICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only 2 MEDICAL EXAMINE) 29b. SIGNAUDRE AND TITLE OF CERTIFIE	HOSPITAL: 1 Inpetient 2 ER/Outp 28e. DATE OF INJURY (Month, Day, Veer) 26e. PLACE OF INJURY building, etc. (Spec	28b. TIME OF INJURY	26. PLACE OF DEAT THER: Nursing Home 5 Presid F 28c. INJURY AT WORK? M 1 YES 2 N It, factory, office	ITH (Check only one) lence 6 Other (Special Check only one) 28d. DE\$CRIBE 28f. LOCATION City or fowr and due to the ceuse(e) of the time, date end pi	YES 2 (3-NO Shy) HOW INJURY OCCUI (Street and Number or 1, State) and manner se stated.	AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? t YES 2 NO RED Rural Route Number
TO BE COMPLETED BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINI	HOSPITAL: 1 Inpetient 2 ER/Outp 28e. DATE OF INJURY (Month, Day, Veer) 26e. PLACE OF INJURY building, etc. (Spec	Destinat 3 DOA 4 D	26. PLACE OF DEAT THER: Nursing Home 5 Presid F 28c. INJURY AT WORK? M 1 YES 2 N It, factory, office	TH (Check only one) lence 6 Other (Special Describer of City or Town of the time, date end piece of time.	YES 2 (3-NO Shy) HOW INJURY OCCUI (Street and Number or 1, State) and manner se stated.	AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO RED Rural Route Number,

Knepshield



TO BE COMPLETED 8 is man

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPAR CERTIFI	TMENT OF HEALTH AND MENTAL HYGIENE CATE OF DEATH REG. NO.	28	00
DECEDENT'S NAME (First, Mid		2. DATE OF DEATH		3. TIME
	HELEN KNOPP	MONTH DAY	YEAR	

	1 - STATE REGISTRAR	STATE OF MAI			ICATI				MENT	AL HYGIEN REG. NO.	_			
	1. DECEDENT'S NAME (First, Middle, Last) HELEN KNOPP								2. DAT	TE OF DEATH	AY .	YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	AGE //- um lan	AGE (In yrs. lest birthday) IF UNDER t YEAR IF UNDER 24 MRS.						10 - 19 - 9			6:00A M		
	216-07-0103	5. SEX 1 M 2 F 6.	XX 74		MONTHS	DAYS	HOURS	MIN.	7.06	E OF BURTH	XX 17	Count		
1	9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY	TOWN C	R LOCATI	ON OF D			9c. COU		RYLAND	
8	GREATER BALTIMORE MEDICAL CENTER TOWSON										EAIN			
<u>[</u>	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	- TOURI	210047											
DIRECTOR		· 「IMORE		106, 611	Y, TOWN (OR LUCAI	TON						10d. INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER	THORL		İ		101	. ZIP COD	E			100. CITI	ZEN OF V	1 X YES 2 NO	
ER	605 HARDING PLACE 212									log. Grizzit Or to				
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EV			13.	WAS DEC	ENDENT (OF HISPAI	NIC ORIGIN? (Specify Yea or No. 14, RAC				E — American Indian,	
I Never Married 2 Married FORCES? 1 YES 2 NO If yes, specify Cuban, Mexican, Puerto Rican, atc.) 3 X Wildowed 4 Divorced FORCES? 1 YES 2 NO If yes, specify:										Spec				
ED	15, DECEDENT'S EDUC	CATION	16s, DEC	CEDENT'S	USUAL O	CCI IDATIC	Na.		WHIT				WHITE	
E	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (t-4 or 5+)	(Gh	ve kind of a	work done	during mo	st of working	ng	-"	5b, KIND OF BU	SINESS/IND	USTRY		
COMPLET	8TH		I	HOUSI	EWIFI	Ξ								
00	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First	. Middle, Malden	Surname)			
H		ORD BAKER								HARVE				
2	190. INFORMANT'S NAME (Type/Print) NANCY ROMANTELLO)	196							mber, City or Tow			21.206	
	20a. METHOD OF DISPOSITION	,	20b. PLACE A					AVEN		BALTIM			21206	
	1 N Burial 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)	oval from Stata	cemetery, crer	matory or o	ther place)			10/	23/		CATION —			
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	4 A	ענטט	22.	NAME AN	ID ADDRE	SS OF FA	CILITY				MARYLAND	
	· le alla	n Seit	1/2							r. Fun				
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory erreat, Approximate													
	shock, or heart failura. List only one cause on each line. IMMEDIATE CAUSE (Final Onest and Death													
	disease or condition resulting in death)	MET	METASTATIC PANCREATIC CANCER									Oneat and Daeth		
	resulting in deality	DUE TO (OR	AS A CONSEO	UENCE OF	F):				_					
No	Sequentially list conditions, b.													
ATI	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR	AS A CONSEO	UENCE OF	7:									
[윤]	CAUSE (Disease or injury that initiated events	DUE TO (OR	AS A CONSEO	UENCE OF	T):									
CERTIFICATION	resulting in death) LAST	4			,								_	
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS													
DICAL	order organicant condition	- Continuating to das	ith but not ra	isulting (n tha un	dariying	cause	givan in	Part I.	24a. WAS AN . PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
MED										1 TYES 2	□ NO		OF DEATH?	
- Y							-			İ			t 🗌 YES 2 🗌 NO	
IAN	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF D	EATH (Che	eck only (one)				
PHYSICIAN:	EXAMINER? 1 YES 2 NO	HOSPITAL:	/Outpatient 3	DOA	OTHER	t:				mer (Specify)				
E	27. MANNER OF DEATH	28a. DATE OF INJU	URY	28b. TIMI		28c. INJU	JRY AT			ESCRIBE HOW IN	JURY OCC	URED		
ВУ	1 Netural 5 Pending 2 Accident Investigation				M	1 🗌 Y	ES 2	NO						
	3 Suicide 6 Could not be 4 Homicide datarmined	28a. PLACE OF IN. building, atc.	JURY — At hon (Specify)	ne, ferm, a	trast, fecto	ory, office			281. LO	CATION (Street a y or Town, State)	nd Number	or Rural R	loute Number,	
E,	00-0507550													
COMPLETE	29a. CERTIFIER (Check only one)	CIAN: To the best of my I	knowledge, dea	th occurre	d at the ti	me, date	and place,	and dua	to the c	ause(a) and man	ner as state	d.		
8		R: On the basia of exemi-	nation and/or in	vestigation	n, In my o	pinion, de	ath occur	ed at the	time, de	te and place, end	due to the	ceuse(a) end manner sa stated.	
29b. STAN THE AND TITLE OF CERTIFIED 29c. LICENSE NUMBER										29d. DATE	SIGNED	(Month, Pay, Year)		
유	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CALLES	C DEATH WITTEN	2	2111		11	0/	٠ کـ			0	1191	
	Dr. Simon Bel					. Ba	ltim	ore.	Md	. 21211		P	/	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	_									===		
	OCT 2 2 1991	fulustanian		L										

3

OUT DE STORY - SALVENIEN PORTE

HOSPITAL

2. DATE OF DEATH

KLIGER

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

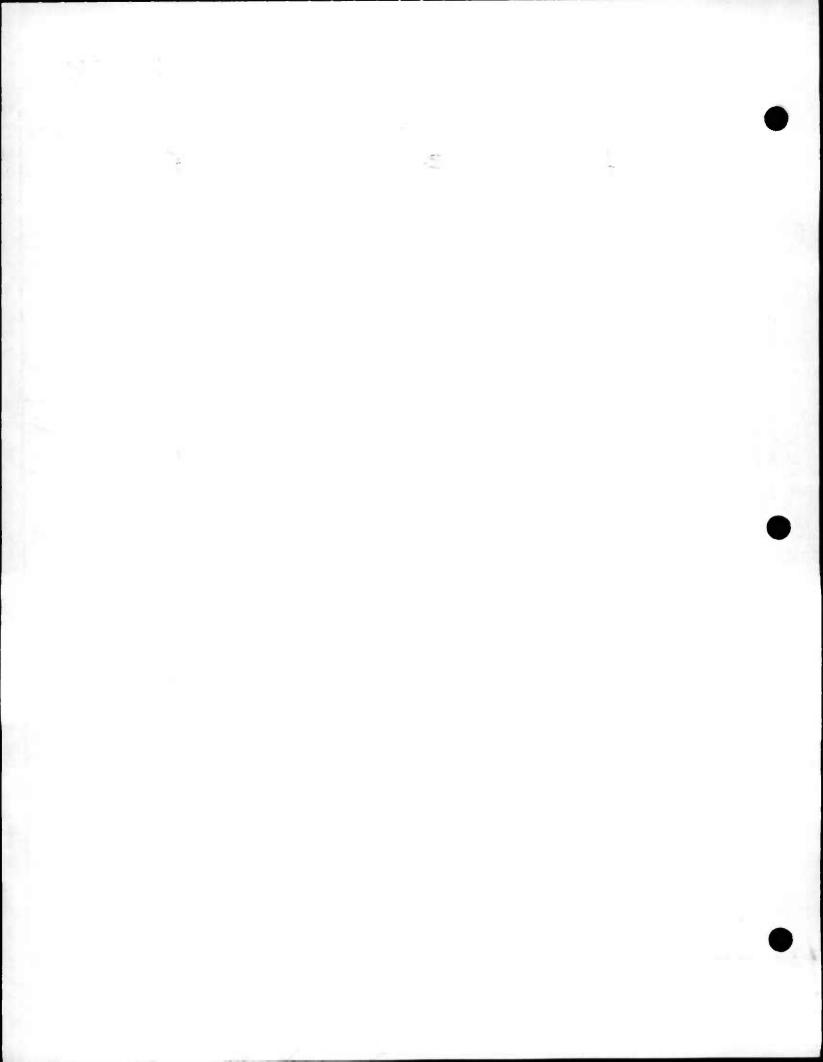
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deat	
U.	death	
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RECC	requires t	
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Should		17 17 11 2 11	□ M 2 XF 96	/RS.	F UNDER 1 YEAR ONTHS DAYS	_	O3 017	95	e. BIRTNPLACE (State or Foreign Country) - RUSSIA				
al or attending physician. for use as the burial-transit permit.	DIRECTOR	SINAL HOW BALTIMORE											
		MARYLAND BALT	10c. CITY,		N OR LOCATION BALTIMORE 10d. INSI LIMI 1 YES								
	FUNERAL	6960 MARSUE DR.,				212	15	10g. CITIZ	EN OF WHAT COUNTRY? USA				
	ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	P. WAS DECEDENT EVER IN U. FORCES? 1 YES :	2 NO	14. RACE — American Indian, Black, White, etc. Specify: WHITE								
	LETED	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12)	ION 16 16 College (1-4 or 5 +)	(Give kind of wor life. Do NOT use i	k done during r etired.)	nost of working	16b. KIND O						
the hospital detached fo	COMPLET	17. FATNER'S NAME (First, Middle, Last)			HOUSE	MIE'E	HOME						
के वै क	BE C	KALMAN SODDE	CN			III. MOTHEN 3 NAM	IDA	(UNKNOV	VN)				
y be retained age 5 should be notified	10	19a INFORMANT'S NAME (Small)											
e 6 mar rector, p		20e, METNOO OF DISPOSITION 1 (A Burlel 2 Cremetton 3 Removal from State 4 Donatton 5 Other (Specify) DHEL, YAAKOV BETH ISRAEL 10-20-91 BALTIMORE, MD											
w requires that the death certificate be executed within 24 hours after death. Pag been signed by the attending physician and completely filled in by the funeral dil pt. of Health and Mental Hygiene prior to burial, cremation, or removal. Shows any Injury, or other traumatic event, the medical examiner		22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD., BALTO., MD 21215											
	MEDICAL CERTIFICATION	23. PART / Enter the diseases of complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, abook, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition) a. ARRHYTHM (A											
		Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
		PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PNEUMONIA INCARCERATED HERNIA 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY AWAILABLE PRICOMPLETION DO DO DO DO DO DO DO DO DO DO DO DO DO											
The lar te has ite Deg	CIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OF DIVAL		26. F	PLACE OF DEATH (Chec	ck only one)						
	PHYSI	EXAMINER? 1 YES 2 NO PLOSPITAL: OTHER: 4 Nursing Home 5 Rasidenca 6 Other (Specify)											
NTENDING PHY CTOR: After this after death wit	BY PI	27. MANNER OF CEATN 1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	26b. TIME O	W	URY AT ORK? YES 2 NO	26d. DESCRIBE HOW INJURY OCCURED						
	0	2 Accident Investigation 3 Suicide 6 Could not be detarmined 4 Homicide detarmined 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28a. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)											
TAL OR VAL DIRI 72 hour If Item	COMPLETE	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: O	: To the best of my knowledge	a, dasth occurred a	t the time, dat	a and place, and due t	o the cause(s) and ime, data and place	manner as stated	l. cause(s) and manner as stated.				
TO THE HOSPI TO THE FUNER be filed within	TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER WHITE 30. NAME AND ADDRESS OF PERSON WHO CO	IM. P.			29c. LICENSE NUME			SIGNED (Mafin, Day, Year)				

YETTA

DHMN-16 Rev 1/89



2. DATE OF DEATH

REG. NO.

on the plan of

9	KANCHIK ANATOLY (ANATOLY KANCHIK)									2. DATE OF DEATH MONTH DAY VEAR			3. TIME OF DEATH 7. So A	
	4. SOCIAL SECURITY NUMBER 5. SEX 215-27-4985 1 1 1 M 2 □ F			6. AGE (In yrs.	IF UNDER	DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mon	OF BIRTH	37	8. BIRTHE Country	RUSSIA		
- 3		9a. FACILITY NAME (If not institution, give street and number)					, TOWN	OR LOCATION OF D	NTY OF DE					
OR	SINAI HOSPITAL					BALTIMORE								
[]	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c CIT							NAME OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER O						
DIRECTOR	MARYLAND		BALTIMORI	Ξ	10c. CIT	Y, TOWN (IMORE	10d.			10d. INSIDE CITY LIMITS?		
ĭ.ĕ.	10e. STREET AND NUMBER 10f. ZIP CODE										10g. CITIZEN OF WHAT COU			
BY FUNERAL	3 STOCKMILL RD., APT. L									1208 RI				
	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES						VEC A TAIL A H						- American Indian, White, atc.	
ETED		EDENT'S EDU		16a. (DECEDENT'S	USUAL O	CCUPATIO	ON	161	. KIND OF BL	JSINESS/IND	USTRY		
PLET	Elementery/Secondery (C	y highest grade 0-12)	College (1-4 or 5		(Give kind of ville. Do NOT us	se retired.)	during mo	ost of working		166. KIND OF BUSINESS/INDUSTRY PIZZA				
COMPL	17. FATHER'S NAME (First, M	liddle, Last)	-			DIX	LVILL							
BE C	MOSHE KANCHIK								AINC	SHA	MUS			
2	19a. INFORMANT'S NAME (1							and Number or Rural						
	MRS. ANNA K				_			., APT.	L B	ALTIM	ORE, I	MD 2	1208	
	20a. METHOO OF DISPOSITION 1 X Burlai 2 Cremation 3 Removal from State 4 Donetton 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of Committee of Com													
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACULTY SOL LEVINSON & BROS, INC.										- 01015			
_	OCIO INDIBILIZIONI INC. DIENIO / IN ZIZIS													
	23. PART i. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory erreat, shock, or heart failure. List only one cause on eech line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):													
MEDICAL CERTIFICATION	Sequentially list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST													
ਹ	PART ii Other algoritice	nt condition	e contribution to	death but and										
IEDICAL	PART II. Other algnificent conditions contributing to deeth but not reaulting in the underlying cause given in Part I. UNSTABLE AND INA S/P CABG.								Part i.	24a. WAS AN PERFO	PMED? AVAILABLE PRIOR TO			
- I									— [1	YES 2 NO	
₹ I	25. WAS CASE REFERRED TO	MEDICAL					20 DI	ACE OF DEATH (O)						
<u> </u>	EXAMINER?		HOSPITAL:			OTHER	t:	ACE OF DEATH (C)						
PHYSICIAN	27. MANNER OF DEATH		1 Inputiant 2		-	- 7		e 5 🗆 Residence						
BY PI	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Dey. Year) 28b. TIME OF INJURY AT WORK? 1 YES 2 NO 28d. DE\$CRIBE HOW INJURY OCCURED									URED				
	3 Suicide 8 Could not be determined 28. PLACE OF INJURY — At home, ferm, street, factory, office 28. LOCATION (City or Town,									ATION (Street or Town, State)	N (Street and Number or Rural Route Number, wn, State)			
COMPLETED	29e. CERTIFIER (Check only One) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.													
띪	296. SIGNATURE AND TITLE DEVETT	OF CERTIFIER		_	-			29c, LICENSE NUI			29d. DATE		Aonth, Day, Year)	
오마	20 NAME AND ADDRESS OF	DEDO ON MICH											7 '	

32. REGISTRAR'S SIGNATUJE
2. 2. 1891 Julia Davidson-Rondrel

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

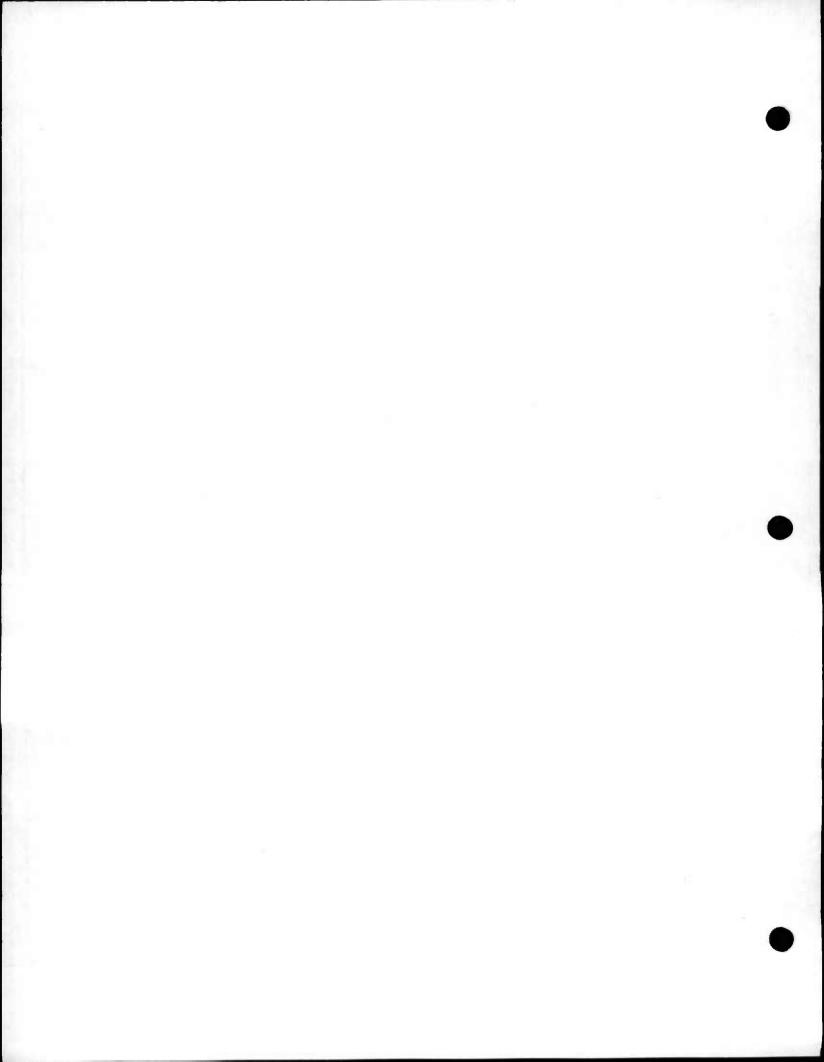
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

2

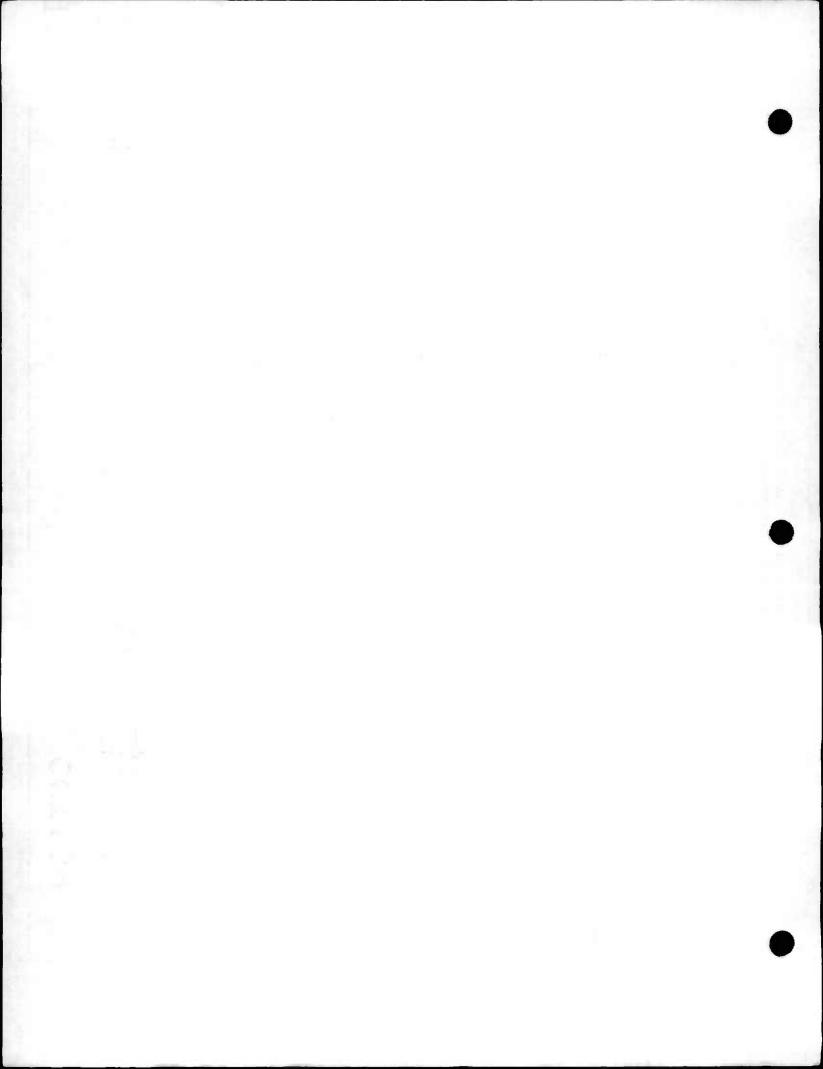
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KEC	requires
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<u> </u>	The
SION OF VITAL RECORDS, P.O. BOX 68760,	ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after
0 0	SNDING

	1. DECEDENT'S NAME (First, Middle, Last) Regina C. Kencel									2. DATE OF DEATH MONTH 10/17/91			3. TIME OF OEATH 4:30 A
100000000000000000000000000000000000000	PACTOR NUMBER	5. SEX 1 M 2 F	6. AGE (In yrs. Is	si birthday) YRS.	IF UNDER 1	YEAR DAYS	IF UNDE	R 24 HRS.	7. DATE	OF BIRTH 1, Day, Year) 10/16	1	Country	LACE (State or Foreign
	Y NAME (If not institution, give	atreet and number)			9b. CITY,	TOWN	OR LOCAT	ION OF D		10,10	9c. COUNT		
	la Maris Ho	spice				Tov	vson					Balt	imore
10a. STATE	ICE OF DECEDENT	TY		10c. CITY, TOWN OR LOCATION									10d. INSIDE CITY
		timore		Perry Hall								1 YES 2 NO	
	AND NUMBER				10	f. ZIP CO	DE			10g. CITIZI	EN OF W	HAT COUNTRY?	
11. MARITAI	Santa Rita	NT EVER IN U.S. A	RMED	1 12 W	AS DE		236	NIC ODIGIA	I? (Specify Yes	US		- American Indian.	
3 Widow	Married 2 , Married red 4 Divorced	1 ☐ YES 2 ☑ WAR OR DATES		11	yes, sp	pecify Cub	en, Mexic Speci	in, Puerto I	Ricen, atc.)		Black, Specifi	White, etc.	
	15. DECEDENT'S ED (Specify only highest gra-		(Give kind of	Work done do	CUPATE	ON osl of work	ing	18b	KIND OF BU	SINESS/INDU	STRY	
	ory/Secondary (0-12)	+)	e. Do NOT u										
17. FATHER	S NAME (First, Middle, Last)		1 010	erk 1	ypist		18. MO	THER'S N		dverti Middle, Maiden			
John		M	oeller					aggie				Bro	
	MANT'S NAME (Type/Print)			9b. MAILING	G ADDRESS	(Street			_	ber, City or Tow			
	in A. Kence	L.		9105	Sant	a R	lita	Rd.		y Hall			
1 🛛 Buriel	D OF DISPOSITION 2 Cremation 3 Re	moval from Stata	of cemetar	y, cremator	y or other pla	ice)		10		E 20c. LO			
	on 5 Other (Specify)	LICENSEE	_ Park	vood	Cemet	_		LU,)/19/91 Balto.				Md.
4	Luglas C.	Men	apa_							ral Ho			ork Rd.
Sequentilif any, later cause. Et CAUSE (It that initial	IMMEDIATE CAUSE (Final disease or condition reculting in death) Arterio-sclerotic Cardio-Vascular Disease Due to (or as a consequence of): Amyotrophic Lateral Sclerosis Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):												
that initiated events resulting in death) LAST d.													
PART II.	Other eignificant condition	o death but not	ot reaulting in the underlying cause given in P					Part I.	PERFORMED? 1 YES 2 NO OF		WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
25. WAS CA	SE REFERREO TO MEDICAL	HOSPITAL:			OTHER		LACE OF	DEATH (C	heck only o	ne)		141	4 1 4
ν 1 □ YI	S 2X NO	1 - Inpetient 2	☐ ER/Outpatient	_	4 🗆 Nurs	Ing Hor		Realdence	6 M Othe			pice	
1 X No	R OF OEATH Jural 5 Pending cident Investigation	n	Day, Year)		JURY M	1 🗆	JURY AT ORK? YES 2	□ NO	28d. DE:	SCRIBE HOW	INJURY OCCI	VRED	- 10
3 Su 4 He	o Could not b	26a. PLACE building	OF INJURY — At 1 1, atc. (Specify)	ome, farm,	street, facto	ery, offi	Ca			ATION (Street or Town, State		or Rural A	oute Number,
29a, CERTI (Check one)	FIER 1 CERTIFYING PHY 2 MEDICAL EXAMI	/SICIAN: To the best of											and manner as stated
29b. SIGNA	Carla		erfan	de	10)	29c, LI	CENSE NO.	MBER		29d, DATE		(Month, Day, Year)
	a S. Alexan					nic	re⊷Di	ılanı	ev Va	11 ₀₁₇ I			

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



1. DECEDENT'S NAME (First, Middle, Last)

ANNA

215-28-74-92

9a. FACILITY NAME (If not institution, give

RESIDENCE OF DECEDENT

5. SEX

DURHAM

HUS PITAL

4. SOCIAL SECURITY NUMBER

CHURCH

MB

10e. STREET AND NUMBER

308

10a. STATE

DIRECTOR

HOURS

HOSP.

CHURCH

10c. CITY, TOWN OR LOCATION

LUKASZEK

6. AGE (In yrs. last birthday)

St.

FUNERAL 11. MARITAL STATUS 12. WAS OECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 NO IF YES, GIVE WAR OR DATES 1 Never Merried 2 Married If yes, specify Cuben, Mexicen, Puerto Rican, etc.)

1 YES 2 NO Specify: ВҮ 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) UNKNOWN notified at BE KOPP 異 20e. METHOD OF DISPOSITION
1 Burlel 2 Cremetion 3 Re
4 Donation 5 Other (Specify) DATE 1900 20b. PLACE AND DATE OF DISPOSITION (Name of must SKEEN MOUNT traumatic event, the medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE J. EDWARD 4015, 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, auch as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. **IMMEDIATE CAUSE (Final** THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 in THE FUNRAL DIRECTOR: After this certificate has been signed by the attending physician and completely filler filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, IPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the I disease or condition resulting in death) CERTIFICATION Sequentially liat conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. PHYSICIAN: MEDICAL IMPACTION ELECTROLYTE IMBALANCE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) HOSPITAL:

1) Inpatiant 2 - ER/Outpatient 3 - DOA OTHER: 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 1 Natural 2 Accident 5 Pending Investigation ВУ M 1 YES 2 NO 3 Suicide 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) COMPLETED 8 Could not be determined IMPORTANT: if item 28 is 4 Homicide 29s. CERTIFIER (Check only 1) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) end menner as stated. 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death 29b. SIGNATURE AND TITLE OF CERTIFIER BE Helou 4.1 D17695 223 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

ABDALLAH . J. HELOU, M . S

31. DATE FILED (Month, Day, Year)

OCT 2 2 1991

REG. NO 2. DATE OF DEATH MONTH 3. TIME OF DEATH YEAR 20 4:25A M IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF BALTIMORE 10d. INSIDE CITY BALTIMORE 1 XYES 2 NO 10g. CITIZEN OF WHAT COUNTRY? 2123 USA WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. 16b. KIND OF BUSINESS/INDUSTRY MD. 21231 20c. LOCATION - City or Town, State Approximate interval Batween Onset and Death ious 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TES 2 NO 1 - YES 2 - NO 28d. DESCRIBE HOW INJURY OCCURED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) occured at the time, data and place, end due to the cause(s) and manner as stated 29d. DATE SIGNED (Month, Day, Year)

10-20-91

DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDANCE THE DAY THE WAY INQUITES THAT THE CHEM CHEM CHATCHE DE EXECUTED WITHIN	TO THE FUNERAL DIRECTOR Within this capticities has been surred by the attending physician and complete	be filed within 72 hours and deep attracts State Dept. or Hearth and Mental Hyprine prior to bundal, crema	IMPORTANT: If Item 25 is marked, or item 23 shows any injury, or other traumatic event,
DIVISIONOF	TO THE HOSPITAL OR ATTENDADE HIS CON-	TO THE FUNERAL DIRECTOR When this cap	be filed within 72 hours at a deep attention	IMPORTANT: If Item 28 is marked, or

	rmit Paner 1 2 3 should	mint, I ayes 1, 2, 5 should		
or attending physician.	or use as the burial-transit or			
ay be retained by the hospita	The ector, page 5 should be detached for use as the burial-transit pages 1 2 3		be notified at once.	
after death, Page 6 m	- 32	moval.	ical examiner must	
scried within 24 library	ing physician and completely filled in by the fur	or to burial, cremation, or re-	atic event, the med	
DURANT CRIMICATE DE EXECUTED WITHIN 24	signed by the attending physician as	ental Hygrine prior to	ary, or other traum?	
e nav raquires mei mi	has been signed by the	Dept. of Health and M.	led, or item 23 shows any injury, or other traumatic e	
ENGINEERING III	When this cognicate	Office authorise State	is marked, or item	
9	8	5	6	١

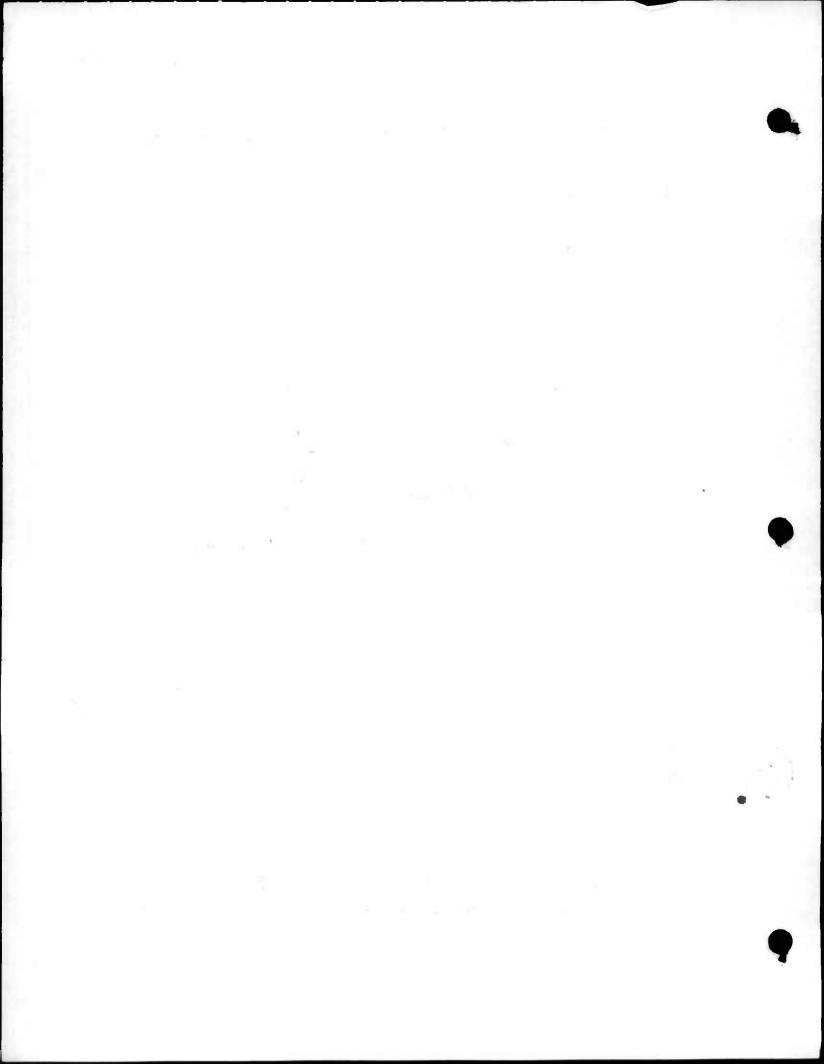
	1 - FOR STATE REGISTRAR	STATE OF N	IARYLAND /	DEPAR	RTMENT	C OF H	EALTH	AND I	MENTAL			286	65
	1. DECEDENT'S NAME (First, Middle, Last)			RIIF	ICATI	OF	DEAT	ТН		REG. NO.			
	GRANT	LE	EWIS	J	c.			- 1	2. DATE OF MONTH	18		YEAR 3	. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER		IF UNDER	24 HRS.	7. DATE OF	BURTH		8. BIRTHPL	ACE (State or Foreign
	213-09-4361	1 💢 M 2 🗌 F	89	YRS.	MONTHS	DAYS	HOURS	MIN.	OCt.	21"19	901	Wes	tVirginia
TOR	90. FACILITY NAME (If not institution, give a 727 ESSEX AVE.	treet end number)		96. CITY, TOWN OR LOCATION OF DEATH ESSEX						9c. COUNTY OF DEATH Baltimore			
DIRECTOR	100. STATE 100. COUNTY Florida		10c. CITY, TOWN OR LOCATION Bradenton									Od. INSIDE CITY LIMITS? YES 2, NO	
FUNERAL	100. STREET AND NUMBER 4918 14st. WLT	E4				101.	ZIP CODE	207			10g. CIT		AT COUNTRY?
BY FU	11. MARITAL STATUS 1 Never Merried 2 Merried 3X Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2 N			WAS DECE It yes, spe 1 YES	elfy Cubar	F HISPAN 1, Mexice Specify	IIC ORIGIN? (Specify Yee an, etc.)	or No-	Black, V Specify:	American Indian, White, etc.
	15. DECEDENT'S EDUC	CATION	16e. DE	CEDENT'S	USUAL O	CCUPATIO	N		185 KI	ND OF BUS	INECCINI		hite
COMPLETED	(Specify only highest grade Elementery/Secondary (0-12) 6th	College (1-4 or 5+	life	ve kind of a Do NOT us	work done (se retired.)	during mos	it of workin	g		eth s			
BE COI	17. FATHER'S NAME (First, Middle, Last) Grant Lewis Sr.)					C	ora	ME (First, Midd				
10	190. INFORMANT'S NAME (Type/Print) Pearl Godack		196	MAILING 7024	Grac	(Street and	Port	or Rural A Cers	Road	City or Yown BAlt:	, State, Zip LMOre	Code) MD.	21220
	20s. METHOD OF DISPOSITION 12 Burlel 2 Cremetlon 3 Remo		20b.PLACE A					21/9	DATE			city or Town Le Mar	
	The state of the s	unical		ne	Co	nnel	_	nera	alHome			Ave. 2	1221
	IMMEDIATE CAUSE (Final disease or condition											Approximata interval Between Onset and Daath	
z	DUE TO (OR AS A CONSEQUENCE OF):												
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING												
	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEO	OUENCE OF):									
C	PART II. Other algnificant conditions	a contributing to	death but not re	sulting i	n tha un	derivina	cause d	lven in i	Part I 24	n. WAS AN /	urmpey	245 W	RE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL										PERFORI		AM CC DF	MILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
ž													3,120 13,110
ᅙ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		CE OF DE	ATH (Che	ck only one)				
¥ ¥	1 XYES 2 NO 27. MANNER OF DEATH	1 Inpetient 2 I			4 🗆 Nurs	ing Home			Other (S				
BY PI	Netural 5 Pending Investigation	(Month, Day	v, Year)	28b. TIMI INJ	M		RY AT	NO	26d. DEŞCRI				
ETED	3 Suicide S Could not be determined	building, e	INJURY — At hom tc. (Specify)	ne, term, s	treet, facto	ory, office			28f. LOCATIO City or To	N (Street en wn, State)	nd Number	or Rural Route	Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC MEDICAL EXAMINER	CIAN: To the best of n	ny knowledge, dea mination end/or in	th occurre	d at the ti	me, date e pinion, dec	nd place, ath occure	end due t	o the cause(s	end menr	due to th	ed. e ceuse(e) en	d manner ae stated.
H H	296 GIGNATURE AND TITLE OF CENTIFIER Multure Manual	ASST DEP	uty med	ادلا	EXAM	INSE	29c. LICEN	ISE NUMI	BER 7		29d. DAT	SIGNED (MO	ngh, Day, Year)
2 M Multino ASST DEPUTY MEDILAL EXAMINER 029 197 10/18/9/ 30-MAME AND ADDRESS/OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) J. M. NIETTOFFRO 9000 FRANKLIN SQUARE PR. BALTO, MD 21237													

9000 FRANKLINGUARE
32. REGISTRAR'S SIGNATURE
in Andrew

BALTO, MO 21237

DHMH-16 Ray 1/89

31. DATE FILED (Month, Day, Year)
UU1221991



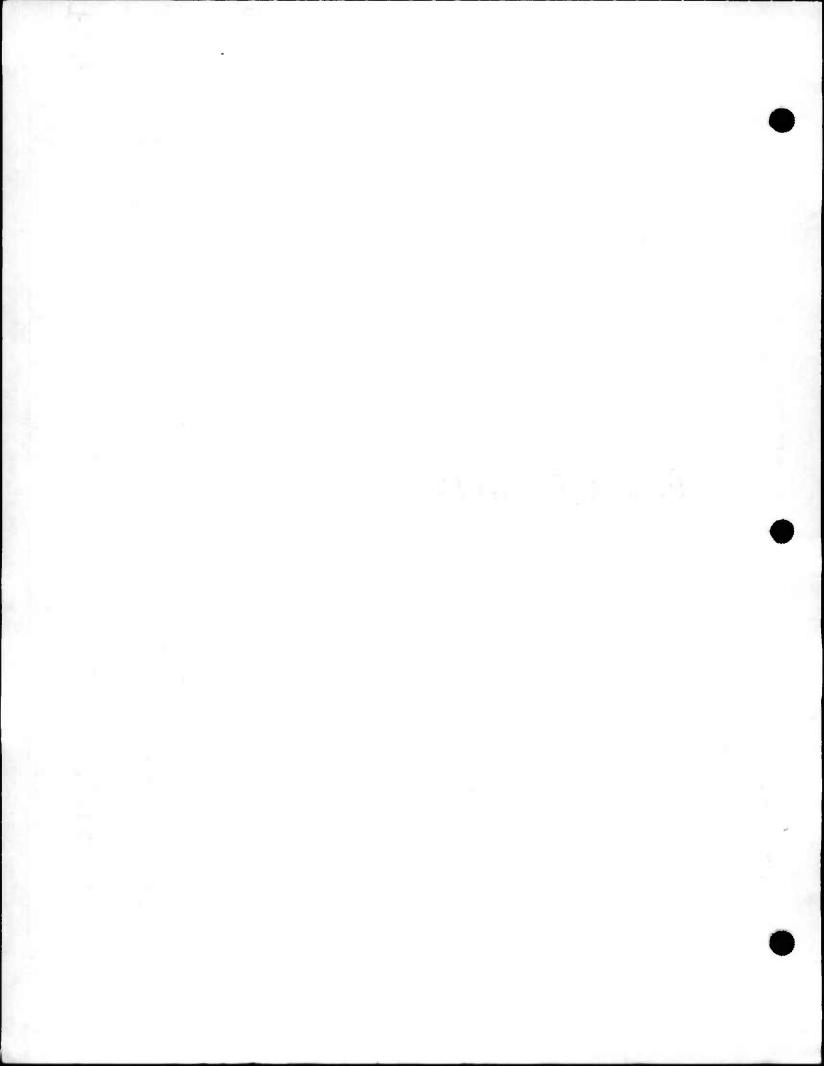
permit. Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY FUNER	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ne funeral director, page 5 snould be detached for use 4s the bunal-transit ral.	TO THE FLACE AND INSCRIPTION OF THIS SEED AND STREAM OF THE AUTHORISE THE DUNAL TRANSPORT OF THE THEORY OF STROUG DE GENERAL TO USE 45 THE DUNALITAINST OF THE WITH THE STATE DESIGNATION OF THE WITH THE STATE DESIGNATION OF THE WITH THE STATE DESIGNATION OF THE WITH THE STATE DESIGNATION OF THE WITH THE STATE DESIGNATION OF THE WITH THE STATE DESIGNATION OF THE WITH THE STATE DESIGNATION OF THE WITH THE STATE DESIGNATION OF THE WITH THE STATE DESIGNATION OF THE WITH THE STATE DESIGNATION OF THE WITH THE STATE DESIGNATION OF THE WITH THE W
it death, rage o may be retained by the nospital or attending physician.	. TO THE MOSPILM OF CHARLES IN THE TWO REPORTS THE THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE MOSPILM

FOR		CTATE OF B	IADVI ANI	D / DEDAD	THEFNY (AE UEALTH AN	D MENTA			20	666
- STATE REGISTRAR		SIMIE OF R	IANTLAN			OF DEATH AN	D MIENIA	REG. NO.	_		
JEROM	-	LIPPE	nT				2. DATE MONT		- 60	YEAR	3. TIME OF OEATH
213-07-046		5. SEX 1 M 2 F	6. AGE (In yr. 82	s. last birthday) YRS.	IF UNDER t Y	EAR IF UNDER 24 HY AYS HOURS MI	M. (Mont	OF BIRTH h, Day, Year)	Country	RTHPLACE (State or Foreign untry) Varyland	
Francis Sc	institution, give	ey Hospita	al		9b. CITY, TO	BAltimor			9c. COUN	TY OF OE	ATH
RESIDENCE OF DE 10a. STATE	CEDENT 10b. COUNT	Υ		10c. CIT	Y, TOWN OR I	OCATION				I	10d. INSIDE CITY
Md .	E	Baltimore				Oundalk Tior, ZIP CODE					LIMITS?
		Fee!				212	22		10g. C1112		HAT COUNTRY?
73 Broadship Road 11. MARITAL STATUS 1 □ Never Married 2 ☑ Married 12. WAS DECEDENT EVER IN U.S. A FORCES? 1 □ YES 2 □ YES 1 □ YES 2 □ YES 1 □ YES 2 □ YES 1 □ YES					lf y	S OECENOENT OF HI	SPANIC ORIGII		or No-	Black,	- American Indian, White, atc.
Widowed 4 Div	rorced	IF YES, GIVE W	AH OR DATES		''	YES 2 🙀 NO S	pecify:			Specify	White
15. OE	CEDENT'S EOU	JCATION COMPleted	16:	OECEDENT'S		JPATION ing most of working	160	. KINO OF BUS	SINESS/INOL	JSTRY	
Elementary/Secondary		College (1-4 or 5	•)	Ille. Do NOT us	o retired.) Opera			Beth	Stee	el	
7. FATHER'S NAME (First, I	Micidle, Last)					16. MOTHER'S	NAME (First,	Middle, Maiden	Sumame)		
Michael	Lippe	ert				Au	gusta	===	===		
19a. INFORMANT'S NAME						itreet and Number or R					
Margaret		ert				nip Road					
ton. METHOO OF DISPOSI Burlel 2 Cremet Donation 6 Other	ion 3 🗆 Ren	noval from State	of ceme	etary, crematory	or other plac	ITION (Name Cemetery	10/23		cation — c Baltin		
21. SIGNATURE OF FUNER	AL SERVICE LI	CENSEE	IL	longs	22. NA	ME AND ADDRESS O	F FACILITY				
23. PART I. Enter the ahock, or in MMEDIATE CAUSE (Fideeeee or condition resulting in death) Sequentially list condition and figure, leading to imm	heart stillure.	a. OUE TO	EU/ (OR AS A CO	Ine. 10 A Insecuence of the consequence of the co	LA	? (MEY					Approximate Interval Between Onset and Deat S DAY
cause. Enter UNDERL' CAUSE (Disease or in that initieted events resulting in death) LA	YING Jury ST	d		NSEOUENCE O							
THYROLD ALZHE	CANC.	ER, ME	death but in	TIC C	In the under	PR TO	LVHG,	24s. WAS AN PERFOR 1 YES 2		24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? 1 YES 2 NO
25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:			OTHER:	26. PLACE OF OEAT	H (Check only o	nne)			
1 - YES 2 NO		1/2 Ingetient 2			4 🗆 Nurein	g Home 5 🗆 Reside					
		26n. OATE OF	ay, Year)	26b. TIN	JURY	Bc. INJURY AT WORK?		SCRIBE HOW I	NJURY OCC	UREO	
1 Natural 5	Pending Investigation	(Month, L		_		1 123 2 LI W	,				
Natural 5 2 Accident		28e. PLACE C	OF INJURY	At home, farm,			28f. LO	CATION (Street i or Town, State)	and Number	or Rural R	oute Number,
Natural 5 Accident 3 Suicide 6 Homicide 4 Homicide 29e. CERTIFIER (Check only	Could not be determined	28e, PLACE of building,	etc. (Specify)	ge, death occur	street, factory	s, data and place, and	28f, LOCAL	or Town, State)	nner se state	ed.	oute Number,
Netural 5 2 Accident 3 Sukcide 6 4 Homicide 29e. CERTIFIER (Check only one) 2 ME	Investigation Could not be determined RTIFYING PHYSOICAL EXAMIN	28e. PLACE Coulding. SICIAN: To the best of a BER: On the besia of a BER:	my knowledg	ge, death occur	street, factory	e, deta and piece, and nion, death occured a	2ef, LO C/r) I due to the ce t the time, dat	or Town, State)	nner se state	ed, cause(s)	
2 Accident 3 Suicide 6 Homicide 4 Homicide 29e. CERTIFIER (Check only	Investigation Could not be determined COULD PHYSICAL EXAMINATE OF CERTIFIE	28e. PLACE Coulding, SICIAN: To the best of ser. ER: On the besis of ser. HO COMPLETED CAS	my knowledge examination are seen as the seen are s	ge, death occurred or investigation of the control	street, factory	e, deta and piece, and nion, death occured a	2af, LOC Chy of due to the ca it the time, dat NUMBER	y or Town, State) suse(a) and mar a and placa, an	nner as state and due to the	ed. e cause(s) E SIGNEO	and manner as stated. (Month, Day, Year)



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OF DI	EATH	REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)	T7 -3			1	. DATE OF DEATH	-	3. TIME OF OEATH		
	JAMES	Edward		EGG Jr.	1	O I	5 199°	1 5:32 P M		
	4. SOCIAL SECURITY NUMBER 5. SEX		(In yrs. lest birthday)			DATE OF BIRTH (Month, Day, Year)	8. BIRT	THPLACE (State or Foreign		
	21	M ² □ F 58	3 YRS.	MONTHS DAYS HO	URS MIN.	714/193	3 M:	aryland		
_	9a. FACILITY NAME (If not institution, give street and				OR LOCATION OF DEATH 9c. COUNTY OF DEATH					
DIRECTOR	FRANCIS SCOTT KEY	MEDICA	L CENTE	R BALTI	MORE C	ITY				
[[RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY									
E	Maryland Balto	2 (0		, TOWN OR LOCATION				10d. INSIDE CITY LIMITS?		
	10e. STREET AND NUMBER	3.00.		Eastpoint				1 TYES 2 X NO		
FUNERAL	8050 East	An a na		tot, ZIP			10g. CITIZEN OF	WHAT COUNTRY?		
N N					21224		USA	A		
	1 Never Merried 9 - Merried FOI	N U.S. ARMED	13. WAS OECENDE	NT OF HISPANIC	ORIGIN? (Specify Yes	or No — 14. RAC	CE — American Indian, ck, White, atc.			
BY	3 Widowed 4 Divorced	ves, give war or d. Orean	ATES	1 - YES 2 1	NO Specify	The street, steel,		White		
8	15. DECEDENT'S EDUCATION		18a DECEDENT'S	USUAL OCCUPATION				***************************************		
	(Specify only highest grade complete Elementary/Secondary (0-12) College	ed) pe (1-4 or 5 +)	(Give kind of w	mrk done during most of a	working	16b. KIND OF BUS	SINESS/INOUSTRY			
립	12th.Grade		Qual	ity Cont	rol	I.T.o. a	A 2			
COMPLET	17. FATHER'S NAME (First, Middle, Last)		gaai			(First, Middle, Maiden	tinghou	lse		
O H	James	E.Legg,	Sr	10.						
BE	19a. INFORMANT'S NAME (Type/Print)	T.Tegg/		ADDRESS (Street and Nu	Dor	othy E.	Aaron			
2	Mrs.Joyce C.Legg	ī								
	20e. METHOO OF DISPOSITION	201	BI ACE AND DATE O	50 Eastd	are Kd					
	1 N Burial 2 Commation 3 Removal from 4 Donation 5 D Other (Specify)	m State cem	petery, crematory or oti	ner place)	CATION — City or T	rion - City or Town, Stata len Burnie, Md.				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	1	Ien nav	22 NAME AND AD	lal Pk	.10/19	<u>alen Bu</u>	rnie,Md.		
	► 1/2 · 1 0	1//		Balto.Md. 2121						
	"Xanul C.	1/av	107	McCU11y	Funera	al Home	,130 E.	Fort Ave.		
	23. PART I. Enter the diseases, or complice shock or heart failure. List only	ations that caused	tha death. Do no	ot anter the moda of	dying, auch a	a cardiac or respi	ratory arrest,			
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, interval Batwee interval Batwee									
- 1	disease or condition resulting in death Onset and Death Onset and Death									
	resulting in death) - a. Will lear six crolloves due Vislage									
		DUE TO (OR AS A	CONSEQUENCE OF	croliny	isala	s pr.	sease	Onset and Daath		
NC	resulting in death)	DU SO CE AUG	CONSEQUENCE OF	Crdiov	isala	r Do.	rease	Onset and Daath		
NTION	Sequentially list conditions, if any, leading to immediate	V	CONSEQUENCE OF		csala	r De.	jease	Oliset and Daath		
ICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF	:	escula	s Pe.	rease	Oliset and Dasth		
TIFICATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated avants	DUE TO (OR AS A	SONSEGUENCE OF	:	isale	r Pi	rease	Oliset and Usath		
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A	CONSEQUENCE OF	:	csárla	r Oc.	jease	Oliset and Usath		
L CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated avants resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	:				Oliset and Usath		
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EDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated avants resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	:		11. 24e. WAS AN	AUTOPSY 24b MED?	D. WERE AUTOPSY FINDINGS		
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MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated avants resulting in death) LAST PART II. Other significant conditions contril	DUE TO (OR AS A	CONSEQUENCE OF	:		1 I. 24e. WAS AN	AUTOPSY 24b MED?	D. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?		
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BE COMPLETED BY PHYSICIAN; MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated avants resulting in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	DUE TO (OR AS A DUE TO (OR AS A buting to death but buting to death but catiant 25 KER/Outpa b. OATE OF INJURY (Month, Dey, Year) building, etc. (Special Special CONSEQUENCE OF	28. PLACE OF COTHER: OF 28. INJURY A WORK? I YES eat, tectory, office at the time, dete and pi	ae givan in Par OF DEATH (Check of Realdence 5 7 28 1 28 1 2	1 I. 24e. WAS AN PERFORI 1 YES 2/ Only one) Other (Specify) d. OESCRIBE HOW IN City or Town, Stete) he cause(s) end mans, date end place, end	AUTOPSY 24b WED? JURY OCCURED and Number or Rural II are as stated. I due to the cause(a) 29d, DATE SIGNED	D. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO Route Number, 9) end manner as stated.			
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated avants resulting in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO HOSPITAL 1 Injury 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 28. Could not be detarmined 29. CERTIFIER CONTROLL EXAMINER: On the	DUE TO (OR AS A DUE TO (OR AS A buting to death buting to de	CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF Let not resulting in attent 3 DOA 28b. Time INJU At home, ferm, str by) adge, death occurred and/or investigation,	28. PLACE O OTHER: \[\text{\tin\text{\t	ae givan in Par OF DEATH (Check of Residence 5 T 25 NO 251 lecs, and due to the course at the time	1 I. 24e. WAS AN PERFORI 1 YES 2/ Only one) Other (Specify) d. OESCRIBE HOW IN City or Town, Stete) he cause(s) end mans, date end place, end	AUTOPSY 24b WED? JURY OCCURED and Number or Rural II	D. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO Route Number, 9) end manner as stated.		
BE COMPLETED BY PHYSICIAN; MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated avants resulting in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	DUE TO (OR AS A DUE TO (OR AS A buting to death buting to de	CONSEQUENCE OF CONSEQUENCE OF	28. PLACE OOTHER: OF 28c. INJURY A' WORK? 1 YES at the time, dete and pl. in my opinion, death or work? 1 29c. 1 0 0 worker 1 29c. 1 0 0 worker 29c. 0 0 0 0 worker 29c. 0 0 0 0 worker 29c. 0 0 0 0 worker 29c. 0 0 0 0 worker 29c. 0 0 0 0 worker 29c. 0 0 0 0 worker 29c. 0 0 0 0 0 worker 29c. 0 0 0 0 0 worker 29c. 0 0 0 0 0 worker 29c. 0 0 0 0 0 worker 29c. 0 0 0 0 0 0 worker 29c. 0 0 0 0 0 0 0 worker 29c. 0 0 0 0 0 0 0 worker 29c. 0 0 0 0 0 0 0 0 worker 29c. 0 0 0 0 0 0 0 0 worker 29c. 0 0 0 0 0 0 0 0 0	ae givan in Par OF DEATH (Check of Residence 8 To 250 NO 281 Jecs, and dus to the time LICENSE NUMBER OF C.M.E.	24e. WAS AN PERFORI 1 YES 2/ Donly one) Other (Specify) d. OESCRIBE HOW IN City or Town, State) he cause(s) end manner, date end place, end	AUTOPSY 24b MED? DURY OCCURED and Number or Rural II due to the cause(a 29d, DATE SIGNED 10 - 16	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO Route Number, 9) end manner as stated. 1 (Month, Day, Year) — 1991		
BE COMPLETED BY PHYSICIAN; MEDICAL	Sequentially liat conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated avants resulting in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Injury 1 Natural 5 Pending Investigation 25e determined 29e. CERTIFIER COULD NOT 1 CERTIFYING PHYSICIAN: TO 1 CERTIFIER, 25e NAME AND ADDRESS OF PERSON WHO COMPLE	DUE TO (OR AS A DUE TO (OR AS A buting to death but putal: atlant 25 kER/Outps bounded of injury (Month, Dey, Year) building, etc. (Spech the best of my knowle basis of examination	CONSEQUENCE OF CONSEQUENCE OF	28. PLACE O OTHER: \[\text{\tin\text{\t	ae givan in Par OF DEATH (Check of Residence 8 To 250 NO 281 Jecs, and dus to the time LICENSE NUMBER OF C.M.E.	24e. WAS AN PERFORI 1 YES 2/ Donly one) Other (Specify) d. OESCRIBE HOW IN City or Town, State) he cause(s) end manner, date end place, end	AUTOPSY 24b MED? JURY OCCURED and Number or Rural II are as stated. due to the cause(a) 29d, DATE SIGNED 10 - 16	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO Route Number, 9) end manner as stated. 1 (Month, Day, Year) — 1991		
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially liat conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated avants resulting in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Injury 1 Natural 5 Pending Investigation 25e determined 29e. CERTIFIER COULD NOT 1 CERTIFYING PHYSICIAN: TO 1 CERTIFIER, 25e NAME AND ADDRESS OF PERSON WHO COMPLE	DUE TO (OR AS A DUE TO (OR AS A buting to death buting to de	CONSEQUENCE OF CONSEQUENCE OF	28. PLACE OOTHER: OF 28c. INJURY A' WORK? 1 YES at the time, dete and pl. in my opinion, death or work? 1 29c. 1 0 0 worker 1 29c. 1 0 0 worker 29c. 0 0 0 0 worker 29c. 0 0 0 0 worker 29c. 0 0 0 0 worker 29c. 0 0 0 0 worker 29c. 0 0 0 0 worker 29c. 0 0 0 0 worker 29c. 0 0 0 0 0 worker 29c. 0 0 0 0 0 worker 29c. 0 0 0 0 0 worker 29c. 0 0 0 0 0 worker 29c. 0 0 0 0 0 0 worker 29c. 0 0 0 0 0 0 0 worker 29c. 0 0 0 0 0 0 0 worker 29c. 0 0 0 0 0 0 0 0 worker 29c. 0 0 0 0 0 0 0 0 worker 29c. 0 0 0 0 0 0 0 0 0	ae givan in Par OF DEATH (Check of Residence 8 To 250 NO 281 Jecs, and dus to the time LICENSE NUMBER OF C.M.E.	24e. WAS AN PERFORI 1 YES 2/ Donly one) Other (Specify) d. OESCRIBE HOW IN City or Town, State) he cause(s) end manner, date end place, end	AUTOPSY 24b MED? JURY OCCURED and Number or Rural II are as stated. due to the cause(a) 29d, DATE SIGNED 10 - 16	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO Route Number, 9) end manner as stated. 1 (Month, Day, Year) — 1991		

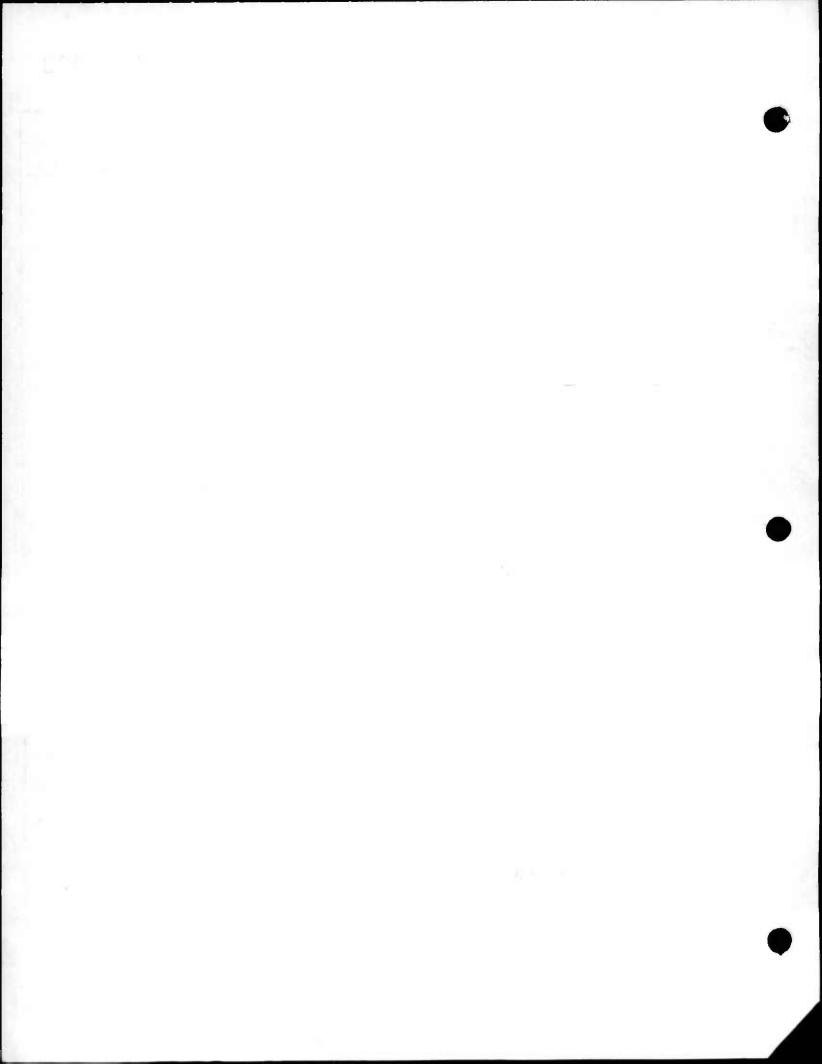


DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	FOR STATE REGIST
1	1. DECEDENT
	4. SOCIAL SE
	213- 90. FACILITY I
	RESIDENCE 100. STATE MD
	10e. STREET A
	11. MARITAL S 1 X Vever Ma 3 Wildowed
	Elementary

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR CERTIFICATE OF DEATH REG. NO.											
- Ņ	1. DECEDENT'S NAME (First, Middle, Last					2. DATE OF DEATH		3. TIME OF DEATH				
	J	ON STEVEN LA	PIN			OCTOBER 1	6,1991 1	10:36 AM M				
15	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGI	(in yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		TTHPLACE (State or Foreign				
- 3	213-80-7725	XX M 2 🗆 F	31 YRS.	MONTHS DAYS	HOURS - MIN.	(Month, Day, Year) MAV 23	, 1960°°	MARYLAND				
	9e. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN C	OR LOCATION OF DE		9c. COUNTY OF					
۳	112 SUNNYI	DALE WAY			TERSTOWN							
DIRECTOR	RESIDENCE OF DECEDENT			KEID	TENSTOWN		BAL'	TIMORE				
1	10e, STATE 10b, COUN	TY	10c. CITY	TOWN OR LOCAT	ION		10d. INSIDE CIT					
	MD	BALTIMORE		REIS	TERSTOWN		LIMITS?					
4	10e. STREET AND NUMBER				ZIP CODE		1 XXES 2 NO					
EN I	112 SUNN	DALE WAY		7.27	211.	36						
FUNERAL	11. MARITAL STATUS	13 WAS DEC		IIC ORIGIN? (Specify Yes		USA						
	1 Never Married 2 Merried	12. WAS DECEDENT EVER FORCES? 1 YES	If yes, spi	ecify Cuben, Mexice	n, Puerto Ricen, etc.)	or No - 14. RA	ACE — American Indian, ack, White, etc.					
BY	3 Widowed 4 Divorced	IF TES, GIVE WAR OR	DATES	1 YES	2XXNO Specify	r:	Sp	WHITE				
8	15. DECEDENT'S ED	UCATION	16a. DECEDENT'S	JSUAL OCCUPATION	N .	16h KIND OF BUI	SINESS/INDUSTRY					
	(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+)		ork done during ma		Too. KIND OF BO.	MINESS/MUUS I NT					
귑	12	College (1-4 0f 5+)	WAITER			117	DVENIA r) T) (((()))				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				40 1407145010 444			RESTAURANT				
		ELLIOTT I	E. LAPIN			ME (First, Middle, Maiden	Surneme)					
BE	19e. INFORMANT'S NAME (Type/Print)					SUSSMAN						
임	MRS JOANNE LAPI	N	196. MAILING	ADDRESS (Street o	nd Number or Rural F	Route Number, City or Tow	n, Stete, Zip Code)					
						STERSTOWN,	MD 2113	36				
	24e METHOD OF DISPOSITION 1 A Burlel 2 Cremetton 3 Rec	noval from State 20	b. PLACE AND DATE O	F DISPOSITION (Na			CATION — City or	Town, State				
1	4 Donation 5 Definer (Specify)		"CHIZUK" A	MUNO	10-	-18-91 BAI	LTIMORE,	MD				
	21. SIGNATURE OF UNERAL SERVICE L	DENSEE		22. NAME AN	D ADDRESS OF FAC	SON & BROS	Tivo					
- 1	· VII UUMII!	Musson!	6010 5	OF LEATING	ON & BROS	· / INC.						
	23 PART I. Entar the diseases, or	enmalications that are	10 10 0	10010 F	(ETSTEKS)	OWN ROAD I	BALTO.,	MD 21215				
	ahock, Dr haart fallure	List Dnly Dna cause Dn	aach lina.	t antar tha mod	de of dying, auch	aa cardiac or reapi	ratory arrast,	Approximata Interval Batween				
	iMMEDIATE CAUSE (Final disease or condition	0						Onset and Death				
	resulting in death)	a. (act	A CONSEQUENCE OF									
		DUE TO (OR AS	A CONSEQUENCE OF	:	1./							
Z	Sequentially list conditions,	b. Acquir	ed (i	umunq	defice	ucy						
CERTIFICATION	if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF		U							
2	cause. Entar UNDERLYING CAUSE (Disease or injury	c										
띨	that initiated events DUE TO (OR AS A CONSEQUENCE OF):											
띮	resulting in death) LAST											
	PART ii Other significant conditio	no contribution to death										
EDICAL	PART ii. Othar significant condition	na contributing to death	but not reaulting in	tha underlying	cause given in f	Part i. 24s. WAS AN . PERFOR		Ib. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO				
ă						1 YES 2		COMPLETION OF CAUSE DF DEATH?				
¥.								1 TES 2 NO				
						_						
×.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			28. PL	ACE OF DEATH (Che	ck only one)						
PHYSICIAN:	1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Out		OTHER:								
높	27. MANNER OF DEATH	28e. DATE OF INJURY	26b, TIME	7	5 Reeldence (28d. DESCRIBE HOW IN	HIEW COCURED					
	1 Netural 5 Pending	(Month, Day, Year)	INJU	RY WOF	ES 2 NO	200. DESCRIBE HOW IN	JUNY OCCURED					
B	2 Accident Investigation 3 Suicide	26a PLACE OF IN HIR	Y — At home, farm, str									
	4 Homicide 6 Could not be	building, etc. (Spe	icify)	eer, rectory, office		281. LOCATION (Street a: City or Town, State)	nd Number or Rural	Route Number,				
COMPLETED	On OFFICIEN											
린	29e. CERTIFIER (Check only one)	ICIAN: To the best of my know	viedge, death occurred	at the time, date of	end place, end due t	to the cause(s) end men	ner ee gtated.					
ō I	2 MEDICAL EXAMIN	ER: On the besis of examination	on end/or investigation,	In my opinion, de	ath occured at the t	ime, date end place, end	due to the ceuse	(s) end manner es stated.				
	296. SIGNATURE AND TITLE OF CERTIFIE	R	^		29c. LICENSE NUM			D (Month, Day, Year)				
BE	Janet	House	()		DZSI	69	b 1	Dlu la				
2	30. NAME AND ADDRESS OF PERSON WI	10 COMPLETED CAUSE OF D	ATH (ITEM 27) /Tone 5	rint)	700		,	116/41				
			tram ary trypis, P)								
-	31. DATE FILED (Month, Day, Year)	32, REGISTRAR'S SIG	AT INC.									
	nn 2 2	1991 Fuller	Davidson-Ran	della								
	00150	1401		\.								



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	FOR 1 STATE	STATE OF I	MARYLAND /	DEPAR	TMENT	r OF H	FAITH	ÁND	MENTAL	HYĞIENE	91.	28	669
	1 - STATE REGISTRAR 1. PECEDENT'S NAME (First, Middle, Last)	Smn	CE	RTIF	ICATE	ÖF	DEAT	rHVO	SHAP	REG. NO.	115	YEAR	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 216-10-1933 9a. FACILITY NAME (If not institution, give a	5. SEX 1	6. AGE (In yrs. lest	birthday) YRS.	IF UNDER	DAYS	IF UNDER	MIN.	6/1	F BIRTH Day, War)	5	~Country)	ACE (State or Foreign
DIRECTOR	SINAI HOSPITAL	96. COUNTY OF DEATH BALTIMORE											
COMPLETED BY FUNERAL DIRE	MARYALND 10e. STREET AND NUMBER	10c. CITY, TOWN OR LOCATION BALTIMORE								1.	d. INSIDE CITY LIMITS? YES 2 NO		
	3213 BONNIE RD. 11. MARITAL STATUS 1 Never Married 2 Merried	213 BONNIE RD. ITAL STATUS IT				WAS DECI	ENDENT O	2120 F HISPAN	NIC ORIGIN?	(Specify Yea coan, atc.)	U	SA 4. RACE	American Indien, /hite, atc.
	3 Wildowed 4 Divorced 15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 7	CATION completed) College (1-4 or 5 -	(Give	e kind of v Do NOT us	USUAL Of work done of se retired.)	CCUPATIO	N			IND OF BUSI	NESS/INDU		WHITE
BE	17. FATHER'S NAME (First, Middle, Last) HARRY LANDSMAN 19. INFORMANT'S NAME (First Partie)			NER				MTI	NNIE		umame)		E
OT	19a. INFORMANT'S NAME (Type/Print) ALILAN F.ANDSMAN 20a. METHOD OF DISPOSITION 1 Gurial 2 Gremation 3 Removal from State 4 Donation 5 Other (Specify) BALTTMORE HEBREW 10/18/91 REISTERSTOWN, MD 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS, . INC.											, MD	
	23 PART I. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arreat, immediate cause of the final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions. ADDITION OF TO SEQUENCE OF S												
CERTIFICATION	Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST b. Atherosclerofic Heart Disease DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
PHYSICIAN: MEDICAL C	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. Probable S Melletes SIP Cystelethopaxy, open cystolethopaxy										AWA COI OF	RE AUTOPSY FINDINGS NILABLE PRIOR TO MPLETION DF CAUSE DEATH? YES 2 NO	
YSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 SY YES 2 NO	HOSPITAL:	ER/Outpatient 3	DOA	OTHER	:			ock only one) 6 Other (8	Specify)			
BY	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	28s. PLACE OF	ry, Year) F INJURY — At home	ILINI	b. TIME OF 28c. INJURY AT WORK? 1 YES 2 NO					RIBE HOW INJ			Mumber
BE COMPLETED												d manner ea stated.	

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type

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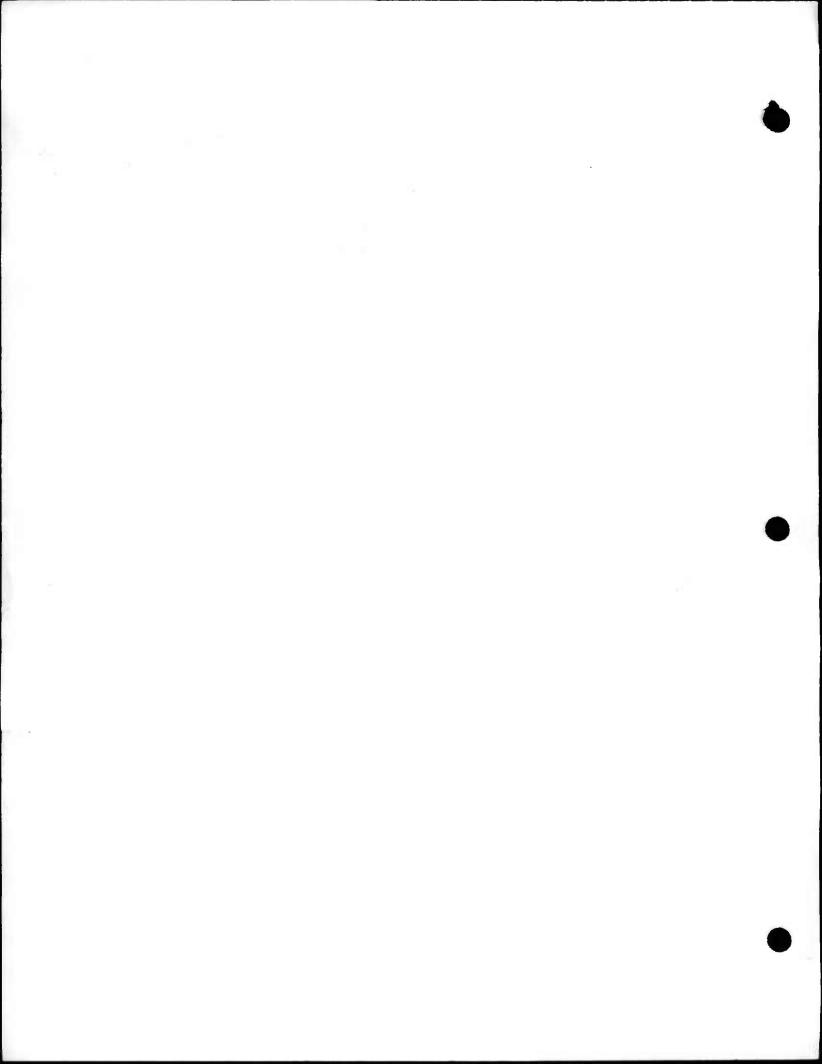
32. REGISTRAR'S SIGNATURE

2

FOR

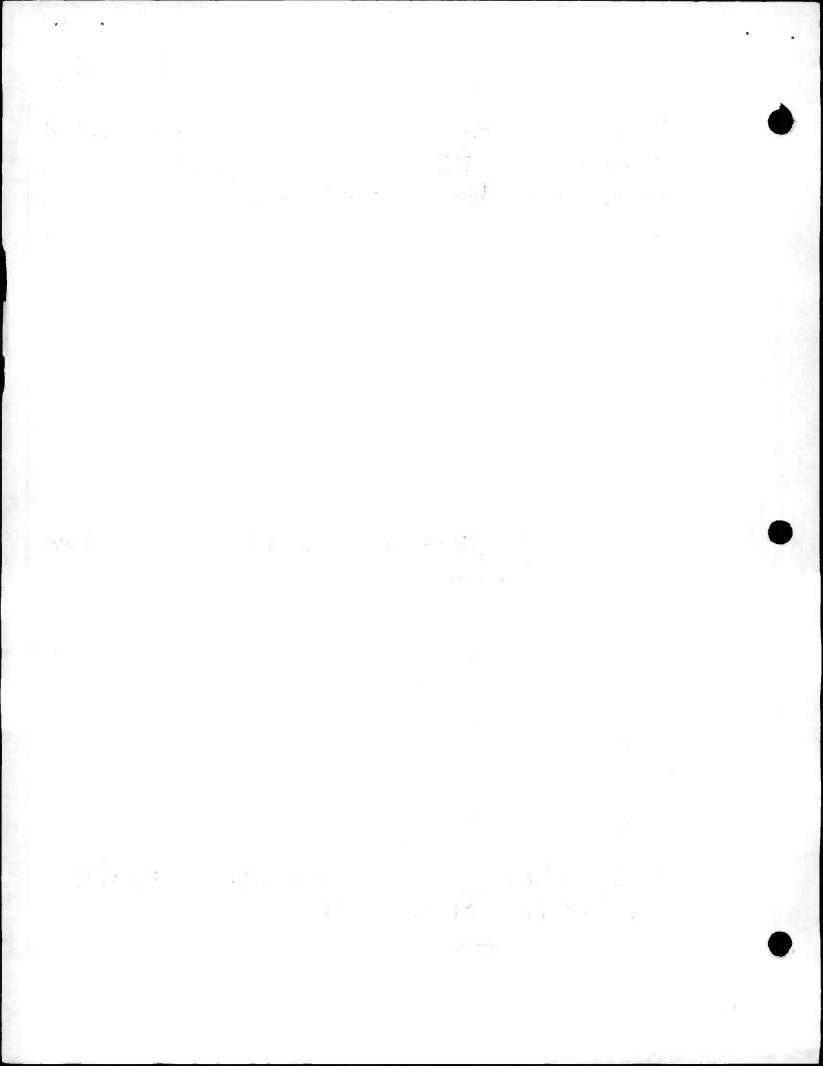
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIFIC	ATE O	F DEATH	RE	G. NO.		
	1. DECEDENT'S NAME DIEST, MIDDIE, LEST)	etta	Loh	N	2. DATE OF DI MONTH	EATN DAY	9/YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE	(In yrs. last birthday)	UNDER 1 YEAR		7. DATE OF BI (Month, Day,	Year)	B. BIRTI	NPLACE (State or Foreign
~	9a. FACILITY NAME (If not institution, give street and number)	91		OR LOCATION OF DE	7-19- ath		COUNTY OF	DEATN
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	74,7,	bal OWN OR LOC	timore			Non	10d. INSIDE CITY
	Md. Baltimore	iou de i i		ltimore				LIMITS?
FUNERAL	3134 Texas Ave.			21234		101	U.S.	WHAT COUNTRY?
FUN	11. MARITAL STATUS 12. WAS DECEDENT EVER FORCES? 1 YES	S 2 NO		ECENDENT OF HISPAN specify Cuban, Maxical			lo— 14. RAC Blac	E — American Indian, ik, Whita, etc.
ВУ	3 Wildowed 4 Divorced	DATES		ES 2 X NO Specify				White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	18a. DECEDENT'S US (Give kind of work life. Do NOT use n	UAL OCCUPA k done during etired.)	TION most of working	16b. KING	OF BUSINES	SS/INDUSTRY	
MPL	8th 17. FATHER'S NAME (First, Middle, Last)	Homema	ker	1e. MOTNER'S NA	ME /First Adicidle		ome	
BE CC	Paul Stohr			Mary K		,	arre)	
2	19e. INFORMANT'S NAME (Type/Print)			et and Number or Rural F		,		
-	Mrs. Shirley R. Yoor			Ave. Ba	1to.,			
	1. Burial 2 Cremation 3 Removal from Stata 4 Donation 5 Other (Specify)	ob. PLACE OF DISPOSITI other place) Moreland	Memo	rial Cem	1		ON — City or T	
	21. SIGNATURE OF FUNERAL SERVICE LICENS		На	and address of far rtley Mi	ller			
\dashv	23. PAR I. Enter the diseases, or complications that caus	ed the death. Do not						Md. 21234
	ahock, or haart fallura. Liet only ona ceuaa on	schille					•	Intarval Batween Onaet and Dasth
	DUE TO (OR AS	A CONSEQUENCE OF):	001.		7			
ATIO	If any, leeding to immedieta cause. Enter UNDERLYING	A CONSEQUENCE OF):						
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	A CONSEQUENCE OF):						
	PART II. Other significent conditions contributing to death	but not resulting in	the undarly	ino cause given in	Part J. 24a	. WAS AN AUT	OPSY 24	b. WERE AUTOPSY FINDINGS
EDICAL	Dementin	•				PERFORMED	0?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
					_ '			OF DEATN? 1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL		26	PLACE OF DEATH (Ch	eck only one)			
PHYSICIAN: M	EXAMINER? 1 YES 2 NO 1 Inpatient 2 ER/O		THER:	lome 5 🗆 Raaldence	8 Other (Sp	ecify)		
BY PH	27. MANNER OF DEATN 1 Netural 5 Pending 2 Accident Investigation		NA.	INJURY AT WORK? YES 2 NO	28d. DESCRIE	BE HOW INJU	RY OCCURED	
6		RY — At home, farm, stre pecify)	eet, tactory, o	ffica		N (Street and i wn, State)	Number or Rura	Route Number,
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of my kn one) 2 MEDICAL EXAMINER: On the best of examine							r(a) and manner as stated,
R	296. SIGNATURE AND TITLE OF CERTIFIER Morroy (Karlewle	ins.		S 2 10		29		21-9)
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED PAUSE OF	-	rint)	O ZIZ			, -	•
	31. DATE FILED (Month, Day, Year)				,			-
_	nor 2 2 1961 456	Killy Dw	486					DNMN 18 Day 1/80



DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALLIMORE, MARYLAND
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	s after death. Page 6 may be retained by the hosp
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	by the funeral director, page 5 should be detached
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene phor to burial, cremation, or removal.	emoval.
IMPORTANT: If Nem 28 is marked, or Nem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	dical examiner must be notified at once,

	1 - STATE STATE REGISTRAR	F MARYLAN		TMENT OF I		TENTAL HYGIEN REG. NO.	E	
- 1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	NY _ YEA	3. TIME OF DEATH
	LOIS LOUI	SE	ME	LTON			9 91	" 110 A"
	4. SOCIAL SECURITY NUMBER 5. SEX	/	s. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN,	7. DATE OF BIRTH (Month, Pay, Year)		HRTHPLACE (State or Foreign
	220 64 7612 10 11 25	· / -	YRS.	MONTHS DATE	HOURS WIN.	lolule	-6 1	laryland
_	9a. FACILITY NAME (If not institution, give street and number	"		9b. CITY, TOWN	OR LOCATION OF DE	ATH / 11/2	9c. COUNTY	OF DEATH
ē	Wiercy Med Ce	mes		Bal	Timos	0_		
	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	TION	-		10d, INSIDE CITY
DIRECTOR	MD		B	altimo	re			LIMITS? 1) Yes 2 NO
	10e. STREET AND NUMBER				1. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
	1714 North Bentalo	u Stree	t		21216		Π.	S. A.
FUNERAL	11. MARITAL STATUS 12. WAS DEC	EDENT EVER IN U.S	S. ARMED		CENDENT OF HISPAN	IC ORIGIN? (Specify Yas	or No.— 14. 1	RACE — American Indian.
BYF		1 YES 2			secify Cuban, Mexican 3 2 NO Specify			Black, Whita, etc. Specify:
8								Black
TED	15. DECEDENT'S EOUCATION (Specify only highest grade completed)	186		USUAL OCCUPATI		18b. KIND OF BU		
	Elementary/Secondary (0-12) Coffege (1-4				Common manada	_ ~		Health &
COMPLET	High School 17. FATHER'S NAME (First, Middle, Last)	P	urchas	se care		Mental ME (First, Middle, Maiden		ene
_								2.00
BE	Louis Johnson 19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street		B. Powe.		(a)
임	Laura P. Johnson		1714		ntalou S			, MD 21216
	20a. METHOD OF DISPOSITION	20b. PL	ACE AND DAT	E OF DISPOSITION			CATION — City	
	1 ☑ Buriel 2 ☐ Cremation 3 ☐ Bemoyal from Star 4 ☐ Donation 5 ☐ Other (Specify) EntoMon	ent Wo	etary, crematory odlawi	or other place) Cemet	erv	10/25 Ba	ltimor	e Co., MD
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			22. NAME A	ND ADDRESS OF FAC	Nutter	Fune	ral Homes In
	DELOCAT RIL	31001 /	1_	2501	Gwynns	Falls Pa	arkswa	У
	23. PART i. Entar the disessee, or complication	rry	a death Da			Maryland	2121	
	ahock, or haart failure. List only on	cause on sech	lina.	iot entai tile ili	oua or dying, auci	ss celuled of resp	ratory errest,	intervsi Between
	iMMEDIATE CAUSE (Fine) disease or condition	+		1 M	ennai	t. <		Onset and Daath
	resulting in daeth) sou	IE TOWER AS A CO	INSEQUENCE O	D:	ening	(1)		1 WK
,	- In	Mus	1000	nonor	niced			
힐	Sequentially list conditions, if any, leading to immediata	E TO (OR AS A CO	NSEQUENCE O	F):	012			
CERTIFICATION	ceuse. Enter UNDERLYING CAUSE (Disease or Injury							
	that initiated events resulting in death) LAST	JE TO (OR AS A CO	INSEQUENCE O	F):		N.	76	
H	d							
	PART II. Other eignificent conditions contribution	ng to deeth but	not reaulting	in the underlying	g cause given in			24b. WERE AUTOPSY FINDINGS
5						PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUSE
								OF DEATH?
2			100					
Y	25. WAS CASE REFERRED TO MEDICAL			26. F	LACE OF DEATH (Che	ack only one)		
PHYSICIAN: MEDICAL	EXAMINER? 1 Yes 2 No HOSPITA 1 Inpetien	L: t 2 🗆 ER/Outpatio	ent 3 🗆 DOA	OTHER: 4 D Nursing Ho	ne 5 🗆 Rasidenca	8 Other (Specify)		
F	_ (Mo	TE OF INJURY onth, Day, Year)	28b, Tis		JURY AT ORK?	28d. DESCRIBE HOW	INJURY OCCUR	ED
BY	1 Natural 5 Pending				YES 2 NO			
	3 Suicide 8 Could not be but	ACE OF INJURY — liding, atc. (Specify)	At home, farm,	street, factory, offi	ca	28f. LOCATION (Street City or Town, State	and Number or F	Rural Route Number,
COMPLETED								
1	29a. CERTIFIER (Check only one)		10.00					
Š	2 MEDICAL EXAMINER: On the bas	a of axamination ar	nd/or investigati	on, in my opinion,	death occured at the	time, data and place, a	nd due to the ca	nuse(a) and manner as stated.
BE	296. SIGNATURE AND TURGE OF CERTIFIER	1	1.34		29c. LICENSE NUM	I C /		NED (Morth, Dey, Year)
0	J. Oxynchim	7			10.42	196	▶ 10	19 9
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED	CAUSE OF DEATH	(ITEM 27) (Type	a, Print)	120	2		
	31. DATE FILEO (Month, Day, Year) 32. REG	ISTRAR'S SIGNATU	ide.	ما	120	0-		
	OOT OO	I AMAIC C HART	8.00					
	OCT 22 1991 Julia Da	udson-han	delle					



TO BE COMPLETED BY FUNERAL DIRECTOR

attending	se as th	ì,
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the befilled within 72 hours after death with the State Dept of Health and Mental Hydielle prior to burial cremation or removal	
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be retai	ige 5 sh	e noti
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cuted w	d compl	ilc eve
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ertificate	ng phys	other
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CIAN: Th	artificate he State	or Iten
PHYSIC	r this ce	arked.
ENDING	DR: Afte	B Is m
OR ATT	DIRECTO	tem 2
SPITAL	INERAL Thin 72	NT: H
工業	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filled within 72 hours after death with the State Dest, or Health and Mental Hydiene prior to burial cremation or remova-	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
2	2 2	=

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI	MENT OF I	HEALTH AND	MENTA	L HYGIEI		4	10/	2	
1. OECEDENT'S NAME (First, Middle, Last)						OF DEATH			3. TIME OF	DEATH	
DONALD		ME	TALLO		MONT 1 0	н	9	9EAR	1:15	A	м
	- 1		UNDER 1 YEAR	IF UNDER 24 HRS.	144000	OF BIRTH		6. BIRTH Countr	PLACE (Stat	or Foreig	n
	1 🔀 M 2 🗆 F	70 YRS.	MINS DATE	HOURS MIN.	,10/	1,8/1	921		" lto-	Md	
9a. FACILITY NAME (if not institution, give street		96	b. CITY, TOWN	OR LOCATION OF	DEATH		9c. COUN			-1101	\neg
6603 Hartwait	Ave.		Baltin	nore							
10a. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCA	TION					10d. INSIDI	CITY	=
Md.		Bal	timore	e, Md.					LIMITS	17	
10e. STREET AND NUMBER				. ZIP COOE			10g, CITIZ	EN OF W	THAT COUNT		\dashv
6603 Hartwait	Ave.							S.A			
11. MARITAL STATUS	2. WAS DECEDENT EVER IN U	S. ARMEO	13. WAS DEC	ENDENT OF HISP	ANIC ORIGI	N? (Specify Ye			- America	n Indian.	-
1 Never Married 2 Married 3 Widowed 4 N Divorced	FORCES? LAYES IF YES, GIVE WAR OR DATE	Z [] NO	II yes, sp	ecify Cuban, Maxie 2 VNO Spec	can, Puarto	Rican, etc.)		Black Speci	, White, atc.		- 1
								орос	Whi	te	
15. DECEDENT'S EOUCAT (Specify only highest grade co.	mpleted)	Give kind of work	done during mo	ON est of working	168	b. KINO OF BU	SINESS/INDU	JSTRY			
Elementary/Secondary (0-12) UNKNOWN	College (1-4 or 5 +)	file. Do NOT use re	,								
17. FATHER'S NAME (First, Middle, Last)		Clerica	II Wor			Riggs		tle	r		
	lo, Sr.			18. MOTHER'S N			Sumame)				
19a. INFORMANT'S NAME (Type/Print)	10, 31.				isti						
Donald Metallo		6603 D	ORESS (Street e	nd Number or Rura	Route Num	iber, City or Tox	vn, State, Zip	Code)			- 1
	200 00	10003 1	artwa	it Ave	• Ba	ltimo	re,	Md.			_
20s METHOD OF DISPOSITION 1 N Burlai 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	of from State comete	ry, crematory or other Stani	place)	ome of	DAT	E 20c. LC	CATION — C	ity or To	wn, Stata		- [
21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE	. Stani	STAUS	COM.	10/2	2/191	Balt	0.	Md 2	1224	\Box
6/11/6/1	MAA12	77	Brad	ley-As	hton	Fune	ral	Hom	e. Ti	10	- 1
10 miles	11/00/2		2134	Willo	w Sp	ring	Rd B	alte	O. Mo	1 21	22
23. PART I. Enter the diseases, or con- ehock, or heert failure. Lie IMMEDIATE CAUSE (Final disease or condition resulting in death)	ARTERIO SCLERO DUE TO (OR AS A CO	TIC CARDI					matory erro		Inter	oximete ral Between the and De	
Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	DUE TO (OR AS A CO										
PART II. Other eignificant conditions of	contributing to death but	not resulting in t	ha underfying	g ceuse given in	Part I.	24a. WAS AN PERFOR	RMEO?		WERE AUTOR AVAILABLE P COMPLETION DF OEATH? 1 YES 2	RIOR TO OF CAUSI	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:			ACE OF DEATH (C	heck only on	16)		-			\exists
1 X YES 2 □ NO 1	☐ Inpetient 2 ☐ ER/Outpetie		THER: Nursing Hom	e 5 X] Residence	6 🗆 Othe	r (Specify)					
27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF		URY AT	28d. DES	CRIBE HOW	NJURY OCCL	PED			\neg
1 X Natural 5 Pending 2 Accident Investigation				ES 2 NO							
3 Suicide 8 Could not be detarmined	26a. PLACE OF INJURY — building, etc. (Specify)	At home, ferm, stree	t, factory, office		261, LOC. City	ATION (Street or Town, State)	and Number o	r Rural Re	oute Number,		
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAL CHARLES ONE) 2 MEGICAL EXAMINER: C	N: To the best of my knowledg	e, death occurred at	the time, data my opinion, d	and place, end du	e to the cau	se(a) and mai	nner se stated	i, cause(a)	and manner	es stated	
	& MD			0 . C .			29d. OATE		Month, Day.	Year)	1
DONALD G. WRIGHT MI		(ITEM 27) (Type, Print 111 PEN		EET, BA	LTIM	OE I	MAYL	AND	2		
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATU								-		

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burial-transit permit, Pages 1, 2, 3 should

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the		
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	9 age	directo		ME THE
	eath. P	funeral		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
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31. DATE FILED (MONTH), Day, Year)

OCT 22 1991

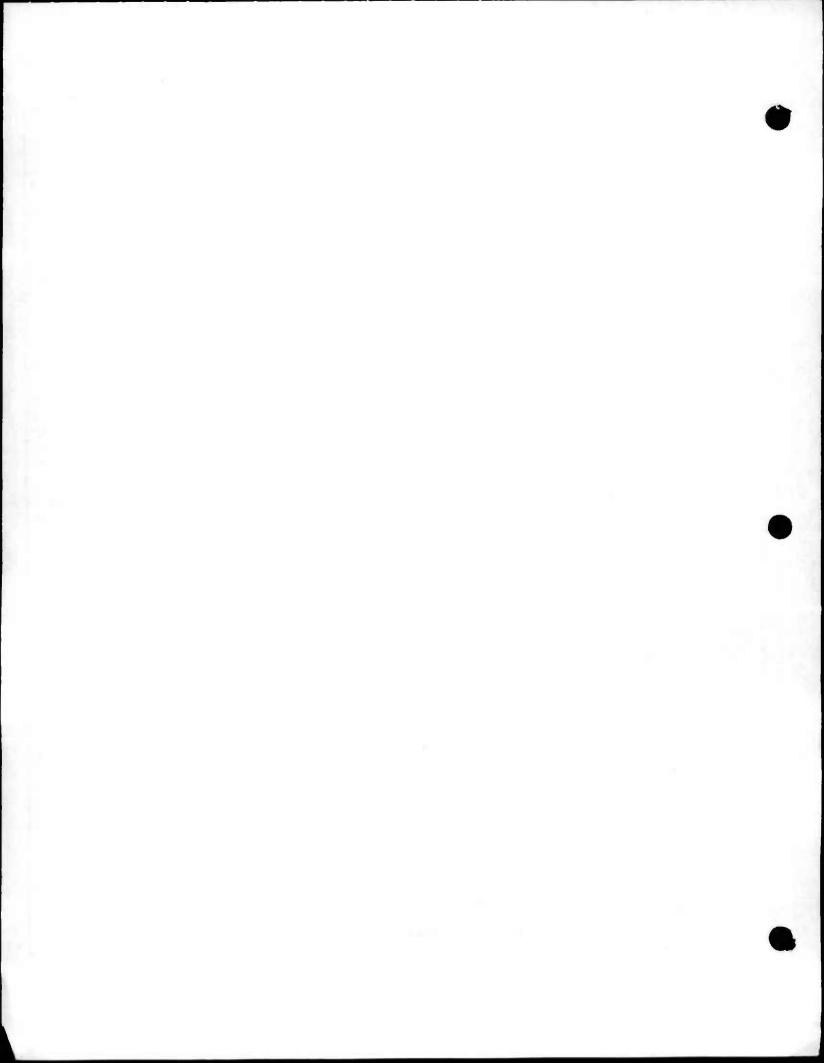
_	1 - FOR STATE REGISTRAR	STATE OF A	AARYLAND C	/ DEPAR	RTMEN	T OF H E OF	IEALTH AN DEATH	D ME	NTAL HYGIE		2	8673	
	JERRY A		MORN	ING					DATE OF DEATH	DAY 6	9 I	3. TIME OF DE. 8:22	
	4. SOCIAL SECURITY NUMBER 231-42-6128	5. SEX 1 X M 2 F	6. AGE (In yrs. in		IF UNDER	R 1 YEAR DAYS	IF UNDER 24 HF	Ns. 7.	DATE OF BIRTH (Month, Day, Year)		8. BIRT	HPLACE (State or	
TOR	90. FACILITY NAME (If not institution, give str MEMORIAL HOSPITAL RESIDENCE OF DECEDENT				9b. CITY		STON		lay 23	9c. CO	UNTY OF I	rginia DEATH	
DIRECTOR	106. STATE 106. COUNTY Virginia				Y, TOWN		burg					10d. INSIDE CIT	
	10e. STREET AND NUMBER			VV	1111		. ZIP CODE			10- 0	TIZEN OF	1 YES 2 WHAT COUNTRY?	NO
FUNERAL	6280 Mooretown	Poad				"		_					
N	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. A	RMED	12	WAS DEC	2318		ORIGIN? (Specify Ye			S. A	
B	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1	YES 2V	NO		It yee, spe	2 NO Sp	xicen, Pu	uerto Ricen, atc.)	ee or No—	14. RAC Blac Spec	E — American inc ck, White, etc. city:	
TED	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	16a. D	ECEDENT'S	USUAL O	CCUPATIO	IN at of working		16b. KIND OF BU	JSINESS/IN	DUSTRY	DIA	- 1
in in	Elementary/Secondary (0-12)	College (1-4 or 5 +		e. Do NOT ut	se retired.)	during mo	or working						
COMPLET	3rd Grade		C	onst:	ruct	cion	Work	er	C.E.	Thur	stor	n & Soi	ı
8	17. FATHER'S NAME (First, Middle, Last)								First, Middle, Meide				
H H	Jerry Morning						Eliz	a be	th Bow	man			
6	19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	S (Street e	nd Number or Ru	iral Floute	Number, City or To	wn, State, Z	(ip Code)		_
-	John Morning			105	Brax	cton	Cour	t	Willia:	msbu	ra.	VA 23	85
	20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Remove 4 Donation 5 Other (Specify)	val from State	20b. PLACE	AND DATE (of DISPOS	SITION (Na	me of		DATE 20c. L	OCATION -	- City or To	own, State	7)
	21. SIGNATURE OF FUNERAL SERVICE LICE	NEE /	1 44,40		22.	NAME AN	D ADDRESS OF	FACILIT	Nutte	r Fu	nor	al Home	20
	· pay I.	ollus			1 1	2501 3a1+	Gwyn	ns	Falls	Park	way	6	25
	23. PART I. Enter the diseases, Dr co ehock or heert fellure. L	implications that ist only one caus	caused the d	eeth. Do n	Dt enter	the mod	de of dying, s	uch ss	cerdlec or reep	iratory a	rreet,	Approxin	
	iMMEDIATE CAUSE (Finel disease or condition resulting in death)	Artori	ASA OO	A,	Ca	rd	~ 491)G 2		.00.	Ni	110	intervel E Onset an	
z		DUE TO	OR AS A CONSE	OUENCE OF	F):	400	-0000					1	
ATIO	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO	OR AS A CONSE	QUENCE OF	F):						-		
CERTIFICATION	CAUSE (Disease or Injury that initiated evente resulting in death) LAST	DUE TO (OR AS A CONSE	OUENCE OF	7):								
2	u.											-	
¥ I	PART ii. Other significent conditione	contributing to	death but not	reaulting i	n the un	derlying	ceuse given	in Part	i. 24a. WAS AP PERFO		24b	WERE AUTOPSY F	
MEDICAL									1 TYES			COMPLETION OF OF DEATH?	
Æ										~		1 YES 2	NO I
ä													
8	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PL	CE OF DEATH	Check or	nly one)				-
Š	Are Laure and Table	HOSPITAL:	ER/Outpatient 3	X DOA	OTHER		5 - Resident	n 6 🗆	Other (Specify)				
PHYSICIAN:	27. MANNER OF DEATH	28e. DATE OF	NJURY	28b. TIME	OF	28c. INJU	RY AT		. DESCRIBE HOW	INJURY OC	CURED		
ВУ	1 Natural 5 Pending 2 Accident Investigation	(Month, Da	y, rear)	INJ	M	1 Y	IK? ES 2 NO						- 1
100	3 Suicide 8 Could not be	28e. PLACE OF	INJURY — At ho	me, term, s	treet, facto			28t.	LOCATION (Street	and Numbe	v ov Burni B	Bourto Mumbus	
里	4 Homicide determined	building, e	rtc. (Specify)						City or Town, State,)	- un restat F	TOUTO PROFITORS	
COMPLETED	290. CERTIFIER 1 CERTIFYING PHYSICI	ANI To the to											
₹ I	(Check only	On the best of r	ny knowledge, de	ath occurre	d at the ti	me, date e	and plece, end o	lue to the	e ceuse(e) end me	nner ee ata	ted.		ł
8	2 MEDICAL EXAMINER:	On the page of ext	no/bne normanimi	investigation	n, in my o	pinion, de	ath occured at t	the time,	date end plece, er	nd due to ti	he ceuse(e) end mannar aa s	tated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	X ~					29c LICENSE N	UMBER		29d. DAT	E SIGNED	(Month, Pay, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO	レンゴ	>				175	47	69	> (0/1	6/91	

ETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

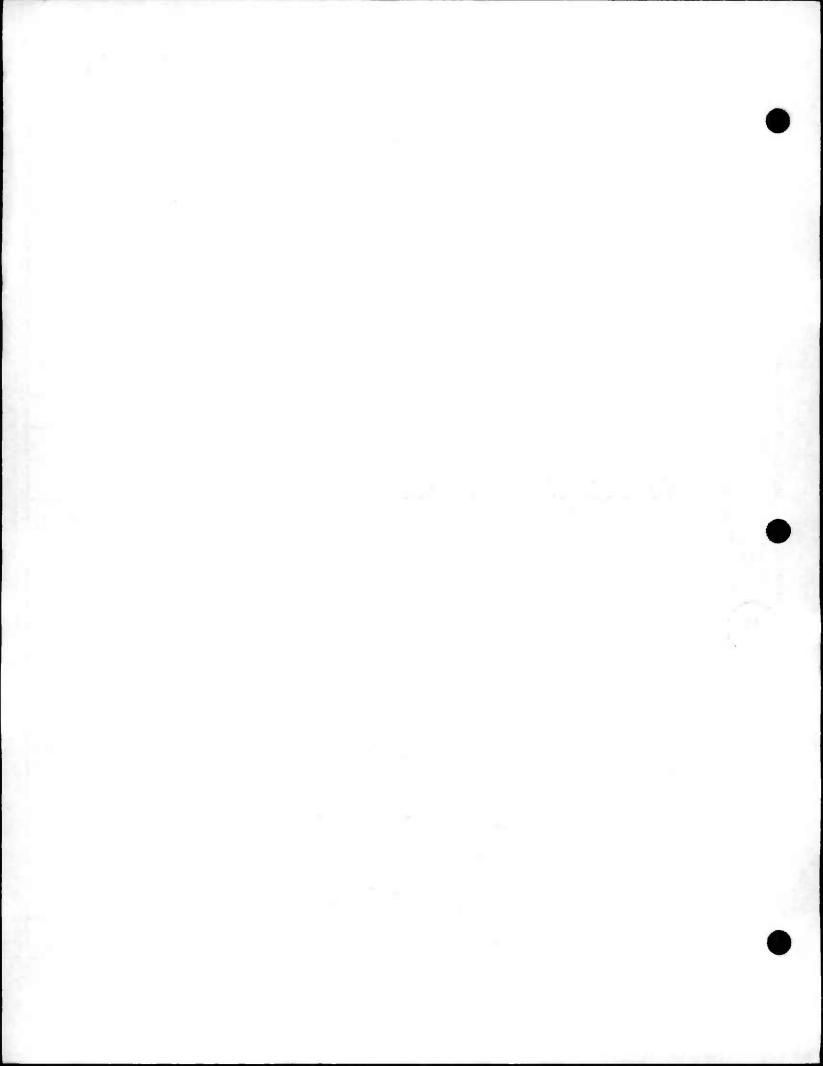
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BALIIMOR	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the chean entitlican the executed within 24 nours after death. Page 6 m	FHE FUNERAL DIRECTOR: After this certificate has been signed by the minerang have and completely filled in by the funeral director,
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DIVISION OF VITAL RECORDS, P. 6-BOX 68760,	withi	nplete
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	1. DECEOENT'S NAME (First, Middle, La		Cu			2. DATE	of OEATH	io 10th	3. TIME OF DEATH
	Harry . 4. SOCIAL SECURITY NUMBER		Sr.	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE	OF BIRTH	10.0	BIRTHPLACE (State or Foreign
	215-24-3894 9s. FACILITY NAME (If not institution, gi	1 M 2 F	62 YAS.	MONTHS DAYS		_	25,19	28	MAryland
OR	986 Punjab Cir	rcle		96. CITY, TOWN	ESSEX	EAIH		9c. COUNTY BA1	timore.
DIRECTOR	RESIDENCE OF DECEDENT 10s. STATE 10s. COL		10c. CITY	, TOWN OR LOC	ESSEX				10d. INSIDE CITY LIMITS? 1 YES 2 X NO
	10e. STREET AND NUMBER				10f. ZIP CODE				OF WHAT COUNTRY?
FUNERAL	986 Punjab Cin				21221				JSA
B⊀	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 NO	If yes,	ECENDENT OF HISPAN specify Cuban, Mexica ES 2 NO X Specify	in, Puerto			RACE — American Indian, Black, White, etc. Specify: White
ETED	15. DECEDENT'S (Specify only highest g		18a. OECEDENT'S U (Give kind of w life. Do NOT use	ork done during	TION most of working	18	. KIND OF BUS	SINESS/INDUST	RY
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)		rity Gu	ard				
COMPL	17. FATHER'S NAME (First, Middle, Last)		DC041		18. MOTHER'S NA	ME (First,	Middle, Malden	Sumame)	
BEC		ays			Elnor				
ဥ	19a. INFORMANT'S NAME (Type/Print)	n fin a w			Course De				
	Catherine Toe	21	Db. PLACE AND DATE	Nakota		altir		iarylan	
	ty Burial 2 □ Cremation 3 □ F 4 □ Donation 8 □ Other (Specify) =		remetery crematory HOLLYHIL.					Altimor	
	21. SIGNATURE OF FUNERAL SERVICE		1 11	22. NAME	AND ADDRESS OF FA	CILITY			
	1 * A 1/4	Fundal	Uhar	/ Conr	nellyFuner	calHo	me 300)MAceAv	re.21221
	shock, or heart favor immediate CAUSE (Final disease or condition resulting in death)	or complications that cause on List only one cause on DUE TO (OR AS	ed the death. Do no aach line. A CONSEQUENCE OF	Lu			diac or reapi		, Approximate interval Bett
TIFICATION	shock, or heart favor iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa	s. DUE TO (OR AS	ASTANC	r):			diac or reapi		
	shock, or heart falls. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	B. DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	A CONSEQUENCE OF); j;	mode of dying, suc	ch ss car		retory arrest,	Approximate interval Bet Onset and I
MEDICAL	shock, or heart favor iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa	B. DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	A CONSEQUENCE OF); j;	mode of dying, suc	ch ss car	24a. WAS AN PERFOR	AUTOPSY	Approximate interval Bet Onset and E Onset
MEDICAL	shock, or heart fature immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) PART II. Other significant conditions in death in the significant conditions in death in the significant conditions in death in the significant conditions in the significant conditi	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS d. d.	A CONSEQUENCE OF	n the underly	mode of dying, suc	Part i.	24a. WAS AN PERFOR	AUTOPSY	Approximate interval Bet Onset and E Onset
MEDICAL	shock, or heart fature in the state of the s	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS d. d.	A CONSEQUENCE OF A CONSEQUENCE OF Dut not resulting in	n the underly	mode of dying, suc	Part i.	24a. WAS AN PERFOF 1 YES 2	AUTOPSY	Approximate interval Bet Onset and E Onset
PHYSICIAN: MEDICAL	shock, or heart fature in the property of the	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS d. AL HOSPITAL: 1 Inpatient 2 ER/Ou 28a. DATE OF INJURY (Month, Day, Veer)	A CONSEQUENCE OF A CONSEQUENCE OF but not resulting in	28. OTHER: 4 Nursing H	ring cause given in	Part i.	24a. WAS AN PERFOF 1 YES 2	AUTOPSY MED?	Approximate interval Bett Onset and E Onse
ED BY PHYSICIAN: M	Shock, or heart fature in the condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant conditions in the co	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS d. DUE TO (OR AS DUE TO (OR	A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF but not resulting in tpetient 3 DOA 28b. Tile INJ	28. OTHER: 4 Nursing H	PLACE OF DEATH (Chambers of Management of Ma	Part i.	24a. WAS AN PERFOR 1 YES 2	AUTOPSY IMED? I NO	Approximate interval Bett Onset and E Onse
ED BY PHYSICIAN: MEDICAL	shock, or heart fature in the property of the	DUE TO (OR AS DUE TO	A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF but not resulting is tpetient 3 DOA 28b. Time INJ. IY — At home, farm, stephin)	28. OTHER: 4 Nursing H EOF URY M 1 street, factory, o	PLACE OF DEATH (Children 5 Residence INJURY AT YES 2 NO	Part i. 8 Oth 28d. DE	24a. WAS AN PERFOR 1 YES 2 or (Specify) SCRIBE HOW I	AUTOPSY IMED? I NO NJURY OCCUR	Approximate interval Bett Onset and E Onse
COMPLETED BY PHYSICIAN: MEDICAL	shock, or heart fature in the property of the	DUE TO (OR AS DUE TO	A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF but not resulting is tpetient 3 DOA 28b. Time INJ. IY — At home, farm, stephin)	28. OTHER: 4 Nursing H EOF URY M 1 street, factory, o	PLACE OF DEATH (Characteristics) PLACE OF DEATH (Characterist) PLACE OF DEATH (Characterist) PLACE OF DEA	Part i. S Oth 281. LO C/h to the co	24a. WAS AN PERFOR 1 YES 2 or (Specify) SCRIBE HOW I	AUTOPSY MED? I NO NJURY OCCUR and Number or i	24b. WERE AUTOPSY FINE ARAL BLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 NO
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TO THE HOSPITAL DR ATTENDING PROSIDAN. TO THE FUNERAL DIRECTOR, when the centricy has be filed within 72 hours after death with the Size of IMPORTANT: If feeth 28 is instructed, or farm.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR	ITMENT	OF H	IEALTH DEAT	AND N	MENTAL HYGIE		286	75
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH		3. TIME	OF DEATH
	Edna J Mount							10/20/91	DAY	rear	11:58A M
	016020071		yrs. last birthday)			IF UNDER	-	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (S	
		1 □ M 2 X F 91	YRS,	MONTHS	DAYS	HOURS	MIN.	4/11/00		Country)	Δ
-	9e. FACILITY NAME (If not institution, give stre			9b. CITY	TOWN C	R LOCATI	ON OF DE	ATH	9c. COUNT	Y OF DEATH	12
DIRECTOR	St. Agnes Hospi	tal					e Cit	У	<u></u>		
1 2			10c. CIT	ry, town o			-00				SIDE CITY
	Maryland Balti	more		Ca		svil.					ES 2 No
FUNERAL					101	. ZIP CODI				N OF WHAT COL	JNTRY?
N.	713 Maiden Choic	12 WAS DECEDENT EVED IN I	10 ADMED	1 42	750	2122				S.A.	
	1 Never Merried 2 Merried	FORCES? 1 YES	2 NO	'	If yes, spe	ecify Cube	n, Mexicen	C ORIGIN? (Specify Y., Puerlo Ricen, etc.)	ne or No- 14	I. RACE — Amen Bleck, White, e	etc,
B	3 Widowed 4 Divorced	IF 1ES, GIVE THAN ON UNIT	25		I ∐ TES	2 X NO	Specify:			Specific	e
8	15. DECEDENT'S EDUCA (Specify only highest grade of		16a. DECEDENT'S (Give kind of	USUAL O	CCUPATIC)N	1	16b. KIND OF B	JSINESS/INDUS		Bank
Ē	Elementary/Secondary (0-12)	College (1-4 or 5+)	Bookk	ise retired.)	-	ST OF WUTER	7g	Merca	ntile S	Safe D	eposit
once.			DOOKK	ceper	-			IICI Ca.	ILIIC .	Jare D	ebosic.
COM	17. FATHER'S NAME (First, Middle, Last)					18. MOTH		AE (First, Middle, Meide	Surneme)		
TO BE		r.						a L Frist			
5	19e. INFORMANT'S NAME (Type/Print)							oute Number, City or To			
De n	Mrs Jean Taylor			Twill			te Do			Le Md 2	
inst	Buriel 2 Cremetion 3 Remov	ral from State 20b. Pi	PLACEAND DATE (lery, crematory or o Lorrain	OF DISPOS	ITION (Na	me of				y or Town, State	
T L	21. SIGNATURE OF FUNERAL SERVICE LICE		Lorrain							re Coun	ty
examiner must be	> Harry &							E Funeral			
	M M		/					umbia Pik			ty
medical	23. PART i. Enter the diseases, or co shock, or heart failure. Li	emplications that caused to	he desth. Do r	not enter	the mor	de of dyl	ng, such	as cardiac or rea	olratory arres		proximate
9	IMMEDIATE CAUSE (Final										ervsi Between
÷.	disease or condition reaulting in desth)	Carbi.	cc A	me	12						reso
ever		DOE TO (OR AS A C	ONSEDUENCE OF	F):							- 0
o at	Sequentially list conditions, b.		Trate								(35/2)
traumatic event, the	if sny, leading to Immediate cause. Enter UNDERLYING	DUE TO (OH AS AND	ONSEQUENCE DI	F):	00.	_	A	eident			
other t	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CO			~~		7	L V CLL			
ry, or other traumatic CERTIFICATION	resulting in death) LAST	(011020021102 0.	r).							
C S	0.									<u></u>	
Alnjury,	PART II. Other significant conditions	contributing to death but	not reaulting	In the un	derlying	cause g	jiven in F		AUTOPSY RMED?		TOPSY FINDINGS
EDIC								1 _ YES			TION OF CAUSE
Q X											S 2 NO
0										1	/\
E O		HOSPITAL:		OTHER		ACE OF DE	EATH (Chec	ck only one)			
PHYS	1 YES 2 NO	1 Inpatient 2 - ER/Outpatie		4 🗆 Nura	ing Home		sidence 8	☐ Other (Specify)			
JE 1	27. MANNER OF DEATH Natural 5 Pending	(Month, Day, Year)	28b. TIMI INJ	JURY	26c. INJU WOF	RK?		26d. DESCRIBE HOW	INJURY OCCUR	NED	
	2 Accident Investigation	250 DI ACE OF IN HIDY	20.5 :	М		E\$ 2 [
ZS ES	3 Suicide 8 Could not be 4 Homicide determined	26e. PLACE OF INJURY — building, etc. (Specify)	At nome, term, a	Areet, recto	ну, опісе			281. LOCATION (Street City or Town, State	end Number or .	Rural Route Numb	per;
	29a. CERTIFIER 1 CERTIFYING PHYSICIA	Ast. To the hant of my knowled									
COMPLE	(Check only one) 2 MEDICAL EXAMINER:	AN: To the best of my knowledge. On the basis of examination st	ige, death occurre	ed at the tir	ne, date	and place,	and due to	o the ceuse(s) end me	nner as stated,		
IAN CO	29b. SIGNATURE AND TITLE OF CERTIFIER		Thurst Investigation	II, In my op	Millon, de				nd due to the c	euse(s) end man	ner ee atated.
MPORTANT: IF	A A A	· Sout				29c. LICE	NSE NUME	BER	29d. DATE S	IGNED (Month, De	ny, Ybar)
일	30. NAME AND ADDRESS OF PERSON WHO	*	HTEM 27) (Time	Philippia.							
	ASSUMANDIN YEBOAH	_			0 C	dia	1 AV	E BALT	o, my	1, 217	49
	31. DATE FILED (Month, Day, Year) OCT 2 2 1991	32 EGISTRAR'S WATE	IRE								

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DIVISION OF WITAL RECORDS, P.O. BO	The pay mayims that the death certificate by	DIRECTOR After his South the Same signed by the attending physicia
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TO BE COM	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	TO BE
examiner must be notified at once.	IMPORTANT: If Isom 28 is marked, or then 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	IMPORT

ST	ATE OF	MARYLAND	/ DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE	
			ERTIFICATE					REG NO	

	FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIF	TMENT OF	HEALTH AND	MENTAL HYGI		Scott Co		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	1		TIME OF DEA	TH.
	Daniel W	layne	Metcal	f		10 17	7 19	YEAR Q 1 Q	:30	
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		S. BIRTHPLA	CE (State or F	
	245-31-4712		17 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Yea 10-11-1		Mary	and	
:	9e. FACILITY NAME (If not institution, give st	treet end number)		96. CITY, TOWN	OR LOCATION OF			TY OF DEAT		
DIRECTOR	15 Glyndale	Court		Reist	ertown		Ba1	timo	re Co	•
Æ	10a. SYATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	TION			10	d. INSIDE CIT	v
Ö	Maryland Balti	more County	Re	isterst	own				LIMITS?	
AL	10e. STREET AND NUMBER				H. ZIP CODE		10g. CITIZ		COUNTRY?	110
FUNERAL	15 Glyndale Ct.				21136		I	JSA		
5	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DE	CENDENT OF HISPA	ANIC ORIGIN? (Specify	Yee or No-	14. BACE —	American Ind	len.
ВУ	1 Never Married 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 YES			pecify Cuban, Mexic S 2 🔀 NO Spec	en, Puarto Rican, etc.		Black, W Specify:	hite, etc.	
									Vhite	
1	15. DECEDENT'S EDUC (Specify only highest grade	completed)	16e. DECEDENT'S	USUAL OCCUPATI vork done during m se retired.)	ON ost of working	16b. KIND OF	BUSINESS/INDU	STRY		
7	Elementary/Secondary (0-12) 11 years	College (1-4 or 5+)	Student	22.00		F 1	14. 774	1 0 -1		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		Scudenc				lin Hig	gn Ser	1001	
	Robert Metcalf					AME (First, Middle, Mai	-/			
BE	19e. INFORMANT'S NAME (Type/Print)		10h MAII INC	ADDRESS (Over)		hryn Turn Route Number, City or				
임	Kathryn & Charles	Frock Jr.				sterstown		21136		
	20e. METHOD OF DISPOSITION	20	b. PLACE AND DATE (LOCATION - C			
- 3	1 Nemotion 3 □ Remotion 3 □ Remotion 3 □ Remotion 5 □ Other (Specify)	oval from State Cer	netery, crematory or ot Veteran	ther place)		-21-91 G				D
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	veceran	22. NAME A	NO ADDRESS OF E	ACILITY				U
	> John K K	tom I		1	-	Funeral D				
	23. PART & Enter the diseases, Dr c	omplications that save	d the death Dec	8728	Liberty	Rd. Rand	allstow	m, MI	211	33
	shock, of freett leffule. L	list only one cause on e	ech line.	Ot enter the mo	ode of dying, su	ch as cerdiec or re	spiratory erre	st,	Approxim Intervel B	
	IMMEDIATE CAUSE (Finel disease or condition	T. 10.	0.10	7 1	/ .	0			Onset and	
	resulting in death)	DUE TO (OR AS	OVAL S	Shotgu	in Wo	runel				
_	_	DUE TO (OH AS	A CONSEQUENCE OF): ()						
ō	Sequentially list conditions, if eny, leeding to immediate	DUE TO (OR AS	A CONSEQUENCE OF);						
CAT	cause. Enter UNDERLYING									
Ē	CAUSE (Disease or Injury that initieted events	DUE TO (OR AS	A CONSEQUENCE OF):						
CERTIFICATION	resulting in death) LAST	J								
	PART II. Other significent conditions	s contributing to death i	out not ensulting i	n the condect in				1		
CAL	3	y contributing to deeth t	out not resulting in	n the underlyin	g ceuse given in	Part I. 24e. WAS	AN AUTOPSY FORMED?	AVA	RE AUTOPSY F	TO
						1 XYES	2 NO		MPLETION OF O	CAUSE
Σ.								N	YES 2 🗆	NO
BY PHYSICIAN: MEDIC	-25. WAS CASE REFERRED TO MEDICAL			20.00	100 05 05 170					
S	EXAMINER? 1 XYES 2 NO	HOSPITAL:		OTHER:	LACE OF DEATH (C					
Ŧ	27. MANNER OF DEATH	28a. DATE OF INJURY	26b. TIME			8 Other (Specify) 28d, DESCRIBE HO	W IN ILIEN COOL			
7	1 Natural 5 Pending	(Month, Day, Year)	INJU	JRY WO	YES 2 X NO	Self in	flicte		ınsho	t
	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY	- At home, ferm, s	7		WOUND 281. LOCATION (Street				
国	4 Homicide determined	building, etc. (Spec	cny)	100000		City or lown, Sti	ire)			
٦	290. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the beat of my know		d od sho slove des	Salas II.		dale (
COMPLETED	(Check only one) 2 MEDICAL EXAMINER	R: On the basis of axamination	n end/or investigation	o at the time, date	end place, and du	time date and place	nennar as atated	l.		
	296. SIGNATURE AND TITLE OF CERTIFIER									teted.
8	New !). Cl t.	(20)		29c. LICENSE NU		29d, DATE		ith, Day, Year)	
임	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Non.	Print)	O.C.MI	S .	10	18	1991	
ļ						2 - 1 - 1				
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	AIUHE	enn St	reer,	Baltimor	e Mary	Vlanc	2 2	01
	OCT 2 2 9991 9	pla Davidson A	andelle							

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n certificate be executed within Lars after death. Page 6 may be retained by the hospital or attending physician.

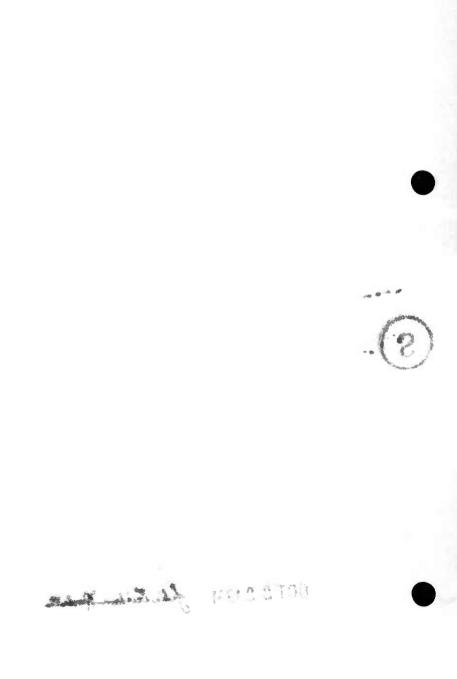
Industry physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should Hygene prior to burial, cremation, or removal. in certificate be executed within a TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law read TO THE FUNERAL DIRECTOR: After this certificate has been be filed within 72 hours after death with the State Dept. of IMPORTANT: If item 28 is marked, or item 23 sha

	_	FOR STATE REGISTRAR	STATE OF MARYL				HEALTH AND I	MENTAL HYGIE			
Γ	į	1. DECEDENT'S NAME (First, Middle, Lest)	Ma	, .	nno			2. DATE OF DEATH MONTH	DAY YE	3. TIME OF DEATH	
	ĺ	4. SOCIAL SECURITY NUMBER		(in yrs. last		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign	
		214-01-1077	1 M 2 F	98		ONTHS DAYS	HOURS MIN.	(Month, Day, Yoas)		Country)	
	1	9a. FACILITY NAME (If not institution, give st	treet and number)	V D	91	b. CITY, TOWN	OR LOCATION OF DE		9c. COUNTY	OF DEATH	
	E	Baltimore County General Hospital Randallstown Baltimore									
	בַּ	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY									
	DIRECTOR		Baltimore		100.011,		imore Co	intv		LIMITS?	
		10e. STREET AND NUMBER	ALCIMOIC				Of. ZIP CODE	uncy	10g. CITIZEN	OF WHAT COUNTRY?	
	FUNEHAL	6700 Clays Lan	ie .				21207		U	.S.A.	
	5	11. MARITAL STATUS	12. WAS DECEDENT EVER I				CENDENT OF HISPAN		Yes or No 14.	RACE — American Indian, Black, White, etc.	
	BY I	1 Never Married 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 YES		,		pecify Cuban, Mexica S 2 XNO Specify			Specify:	
	EDE	15. DECEDENT'S EDUC	CATION	16- DEC	EDENT'S HE	UAL OCCUPAT	TON	THE WIND OF	BUSINESS/INDUS	White	
		(Specify only highest grade	completed)	(GIV		k done during n		IOD. KIND OF	DUSINESSANDUS	int	
	2	Elamentary/Secondary (0-12) Unknown	College (1-4 or 5+)	S	ales	Clerk			Hutzler	S	
once.	COMPLET	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, Middle, Maid	len Surname)		
at	BEC	Julius Newto	on				A	nne Fran	cis		
tiffed	0 0	19a. INFORMANT'S NAME (Type/Print)	_				and Number or Rural			de)	
9	۱	Scarlett Loewe-Br					Road Lu			1091	
ust b		20a. METHOD OF DISPOSITION 1 ★ Burlal 2 □ Cremation 3 □ Remo	oval from State	other place	(00)		emetery, crematory or	I	LOCATION - CITY		
E		4 Oonation 5 Other (Specify)		orrai	ne Pa	rk Cen	AND ADDRESS OF FA		oodlawn	, PID	
amim		21/2-10	M Qoa	K	-	Lorin	ng Byers	Funeral D			
a ex		suppor	101	X						wn, MD 21133	
or other traumatic event, the medical examiner must be notified at once.		23. PART I. Entar tha diseasas, Dr c ahock, Dr haart fallure.	complications that cause List only ona cause on a		th. Do not	anter the m	ode of dying, auc	h as cardisc or re	spiratory arrest	Interval Batwaan	
P P		iMMEDIATE CAUSE (Final disease or condition	0 1	P. I.			0 lm	1	0.	Onset and Death	
m,		resulting in death)	a. Cardio - DUE TO (OR AS	A CONSEO	UENCE OFI:	any	CITYEST	- 2055	USDIY	ahn	
c ev	,		b. ASCVD					vic Bra	9		
umat	RTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEO	UENCE OF):			0			
r ta	S	cause. Entar UNDERLYING CAUSE (Disease or Injury	· Tumor	8	COIN	n - 5	1P CO-	ton tom	-y.		
othe	Ë	that initiated events resulting in death) LAST	DUE TO (OR AS			atrin	arve	cl- m	Van File	holala	
% or	CER		d.	Kes	pho	NO I	arve	110 122	venage	W 7191	
	CAL	PART II. Other aignificant condition	s contributing to death	but not re	aulting in	tha undariyi	ng cause given in		AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
									2 🗆 NO	COMPLETION OF CAUSE DF DEATH?	
SMOR	MED									1 TYES 2 NO	
23 \$	ÿ										
or item 23 show	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			THER:	PLACE OF DEATH (C)	Take File			
	PHYS	1 YES 2 NO	1 Inpatient 2 ER/Out 28a. DATE OF INJURY	-	28b. TIME		ome 5 Residence	a Other (Specify) 28d. DESCRIBE HO	W INJURY OCCU	RED	
		1 Natural 5 Pending	(Month, Day, Year)		INJUF	TY V	YORK? YES 2 NO	243. 224011132110			
	D BY	2 Accident Investigation 3 Suicide a Could not be	28s. PLACE OF INJUR building, etc. (Spi	Y — Al hor	ne, ferm, atr	eet, factory, of	fica	28f. LOCATION (Str	eet and Number or	Rural Route Number,	
788	Ĭ	4 Homicide determined	building, etc. (Spi	ecity)				City or Town, S	are)		
Item	밀	29a. CERTIFIER (Check only 11 CERTIFYING PHYSI	ICIAN: To the best of my know	wiedge, des	ith occurred	at the Jime, de	its end place, and du	to the cause(a) and	manner as stated.		
IMPORTANT: If Item	COMPLETE	anel	ER: On the basis of examinati	on end/or li	rveatigation,	In my opinion	death occured at the	time, data and place	, and due to the o	ause(a) and manner as stated.	
E I	BEC	296. SIGNATURE AND TITLE OF CERTIFIE	R				29c. LICENSE NU	MBER	29d. DATE S	IGNED (Month, Day, Year)	
₹ E	<u>ක</u>	++ . >	_ evad	20	5	m	D. 21	0146	•	10/19/91	
	۱	11 7	OSS M.	EATH (ITEM	1 27) (Type, P		ledi in	1	rech	· ·	
		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	NATURE	722						
L		OCT 2 2 1991	feladeoidea	- Sports	<u>a</u>						

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

BE								117/91
O BE COMPLET	(Check only T CERTIFYING PHYSIC	CIAN: To the best of my knowledge, R: On the basis of examination end/	, death occurred /or investigation	d at the time, da o, in my opinion,	ta and place, and du death occured at the 29c. LICENSE NU	time, date en	d place, and due to the	t. ceuse(e) end menner es stat SIGNED (Month, Day, Year)
LETED	3 Suicide 6 Could not be datermined	28e. PLACE OF INJURY — At building, atc. (Specify)				City or	ON (Street end Number o fown, State)	
BY PI	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJU	M 1	NJURY AT YORK?		IBE HOW INJURY OCCU	
PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpetient 2 ER/Outpetient 26a. DATE OF INJURY		OTHER: 4 - Nursing Ho	me 5 🗆 Residence	6 Other (S		
HAN: N	25. WAS CASE REFERRED TO MEDICAL			28. 1	PLACE OF DEATH (C	heck only one)		1 MYES 2 □ NO
MEDICAL C	PART II. Other algolificent condition	s contributing to deeth but no	ot reculting in	n the underlyl	ng ceuse given li		Na. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINI AVAILABLE PRIOR TO COMPLETION OF CAI OF DEATH?
CERTIFIC	CAUSE (Disease or Injury that initieted events resulting in deeth) LAST	DUE TO (OR AS A CON	ISEOUENCE OF):				
CATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING	bDUE TO (OR AS A CON	ISEOUENCE OF):				
	shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	e. Massive Pu	lmonary	y Embol		ch aa cardla	c or respiratory erre	at, Approximat
	23. PANY I. Enter the diseases, or a shock or heart fellows.	L. Luss	/	200	2 WI	VorT	fuxeri Ave. Br	al Home
	20e. NETHOD OF DISPOSITION 1 P Suriel 2 Cremation 3 Ram 4 Donetion 5 Other (Specify)	ovat from Stata complery	CE AND DATE Of Cott	DE DISPOSITION (Name of)	10/22	20c. LOCATION — C	ity or Town, State
TO BE	190. INFORMANT'S NAME (Type/Print)	milac	19b. MAILINO	ADDRESS (Stree	t end Number or Rure	Proute Number	City or Town, State, Zip	Code) 6 10
E COMPL	17. FATHER'S NAME (First, Middle, Last)	Puherte	1011	14/11	18. MOTHER'S N	IAME (First, Mid	Idle, Maiden Syrneme)	S
PLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of w	USUAL OCCUPA york done during in e retired.)	most of working	16b, K	IND OF BUSINESS/INDU	JSTRY
B	1 Never Married 2 Married 3 Widowed 4 Divorced 15. DECEDENT'S EDU	FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	MO	1 🗆 Yi	specify Cuban, Maxi ES 2 NO Spec	can, Puerto Ric	an, atc.)	14. RACE — American India Black, White, atc.
FUNERA	2/21 Windson	GANGENS 1		19	2120		- (en of what country?
AL DIRECT	MARYLAND 100. STREET AND NUMBER			BALTIMO	RE			10d. INSIDE CITY LIMITS? 1 YES 2
ЕСТОВ	MARYLAND GENERAL RESIDENCE OF DECEDENT 100. STATE 100. COUNT		100 677	BALTIM	ORE CITY			
Acc	9e. FACILITY NAME (If not institution, give s	street end number)			N OR LOCATION OF		3-1918 9c. COUN	TY OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs	s. last birthday) YRS.	IF UNDER 1 YEAR		7. DATE OF	F BIRTH	91 3:06A 6. BIRTHPLACE (State or Fo
1				MILES			per 17, 19	



BALTIMORE, MARYLAND 21215-0020

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	2		1
4	5		1

39	1									01	28679	
ger	1 - FOR STATE REGISTRAR	STATE OF M	IARYLAND C	/ DEPAR	RTMEN	IT OF H	HEALTH A	ND M	ENTAL HYGIEN	IE .	20013	
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH	DAY	YEAR 3. TIME OF DEATH	
	WILLIAM 4. SOCIAL SECURITY NUMBER	M THOMPSO							10 - 1:		71 4.45PN	7 _M
	214-34-8209	1 XM 2 7 F	6. AGE (In yrs. Is	YRS.	MONTHS	DAYS	HOURS 24	MIN.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPLACE (State or Foreign Country)	
	9a. FACILITY NAME (If not institution, give s		7.1		9b. CIT	TY TOWN	OR LOCATION	OE DEA	3-1-37	I se coun	MARYLAND	_
8	HOME - 1105 A		5 Rd.		E .		NSVI				ALTIMORE	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	v										_
I B	100.000111					OR LOCAT		LIMITS				
	MARYLAND BALI 100. STREET AND NUMBER	<u> TIMORE</u>] CA	ATON	SVIL	LE 1. ZIP CODE				1 TYES 2 X NO	_
FUNERAL	1105 A. D'LONG RI).					21228			U.S	ZEN OF WHAT COUNTRY?	
200	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1	EVER IN U.S. A	RMED	13	. WAS DEC	ENDENT OF	HISPANIC	ORIGIN? (Specify Ya		14. RACE — American Indian	_
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES	NO		If yea, sp	ecify Cuben, 2 XNO	Mexicen,	Puerto Rican, etc.)		Black, White, atc. Specify:	
	15. DECEDENT'S EDUC	1955-19									WHITE	
ETE	(Specify only highest grade	completed)		ECEDENT'S Give kind of a e. Do NOT us	WORK done	during mo	ON est of working		16b. KIND OF BU	SINESS/INDL	USTRY	
- L	12th	NONE)	IRECT					BOND TR	ANCEE	P CO	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			211201	.011	01 01		R'S NAME	(First, Middle, Maider		K CO.	_
BE C	WILLIAM MCDONAL							IA D				
5	19a. INFORMANT'S NAME (Type/Print)						nd Number or	Rural Roo	ute Number, City or Tox	n, State, Zip	Code)	
-	SHIRLEY A. MCDON			SAME	AS	10 E						
	20g. METHOD OF DISPOSITION 14 Burial 2 Cremation 3 Remo	oval from State	cemetery, cri	AND DATE O	ther place	1)					City or Town, Stata	
	4 Donation 5 Other (Specify) 21. SIGNATURE OF EUNERAL SERVICE LIC	ENSEE	LAKE	VIEW			L PARK	05.5100	10-21 EL	DERSB	URG, MD	
	DICK- 110	7	0.		-				NERAL HOM	E		
	as part to the last	on xu	merci	~		1 SI	ECOND	AVE.	S.W. GL	EN BU	RNIE, MD 21061	L
	23. PART I. Enjer the diseases, or c sbock, or heart fallura.	complications that List only one caus	caused tha di se on each line	aath. Do n a.	ot enta	r the mo	de of dylng	, auch a	na cardiac or reap	iratory arre	Approximata Interval Between	en.
	iMMEDIATE CAUSE (Final disease or condition	14	TOOT	Carr		_					Onsat and Daa	
	reaulting in death)	DUE TO (OR AS A CONSE	QUENCE OF	CUK	<u></u>						
z		GE.	NERAL	1367	,	CARO	INON	A to	1015.		İ	
E I	If any, leading to immediate	DUE TO (OR AS A CONSE	OUENCE OF	7:			,,,,	3/3			_
CERTIFICATION	CAUSE (Disease or Injury	CA	NERAL OR AS A CONSE RC/NO/ DR AS A CONSE	WA	Of	144	NCRE	ASI	•			
	that initiated eventa resulting in death) LAST	DUE TO (I	DR AS A CONSE	DUENCE DE): ´							
CE		1										
AL.	PART il. Other significant conditions	n contributing to d	death but not	resulting i	n the u	nderlying	cause give	en In Pa	rt I. 24a. WAS AN		24b. WERE AUTOPSY FINDING	s
MEDICAL									_ 1 _ YES 2		AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
ME									_		1 TYES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL											
PHYSICIAN:	EXAMINER?	HOSPITAL:			OTHE	R:	ACE OF DEAT					_
H	27. MANNER OF DEATH	1 Inpatient 2 I		28b. TIME		28c. INJL			Other (Specify)			
	1 Natural 5 Pending	(Month, Day		INJU	JRY M	WOI			8d. DEŞCRIBE HOW I	NJURY OCCL	JRED	
D BY	2 Accident investigation 3 Suicide 8 Could not be	28a. PLACE OF	INJURY — At he	ome, farm, s	treet, fac			-	Bf. LOCATION (Street a	and Number o	or Rural Route Number,	-
TED	4 Homicide determined	Duriding, et	tc. (Specify)						City or Town, State)	1		
COMPLET	290. CERTIFIER (Check only 1 CERTIFYING PHYSIC	CIAN: To the best of n	ry knowledge, de	eth occurre	d at the t	time, data	and place, an	d due to	the cause(a) end mer	mer as stated	d.	-
Š	one) 2 MEDICAL EXAMINER	R: On the basis of exa	mination and/or	Investigation	n, in my o	opinion, de	esth occured	at the tim	e, data and place, en	d due to the	cause(s) and menner ea stated.	1
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	4.0					29c. LICENS			29d. DATE	SIGNED (Month, Day, Year)	-
2	30. NAME AND ADDRESS OF PERSON WHO	MI)					D4	031	09	▶ /0	18/91	

JOHNS HOPKINS HEALTH PLAN 4600 WILKENS AVE. ST.102

KANTHI WICKS, M.D.

31. DATE FILED (Mornit, Day, Year)

OCT 2 2 1991

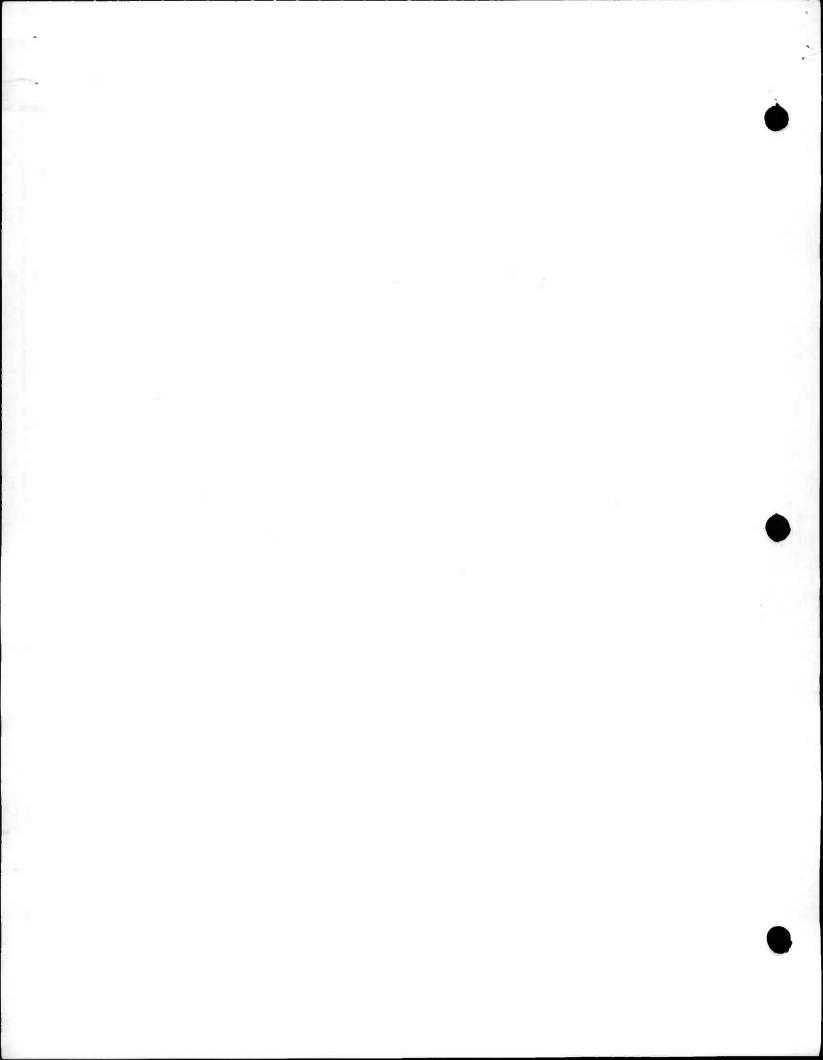
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BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-fine be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR		CENTIF	ICATE OF	DEATH	REG. N	J.				
	1. DECEDENT'S NAME (First, Middle, Last)	Hanny Masks	D. G			2. DATE OF DEATH	DAY 10	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER	Harry Macke	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	October 7. DATE OF BIRTH		91 02:35 BIRTHPLACE (State or Foreign			
	299-01-7804 9a. FACILITY NAME (If not institution, give s	1 DM 2 DF 8	5 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 4-11-19(06	Pennsylvan			
OR	Maryland General Hospital Baltimore City										
	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Y	10c CIT	Y, TOWN OR LOCA	TION						
DIRECTOR	Md		1200	1timor				10d. INSIDE CITY LIMITS? 1 - YES 2 - NO			
AL	10e, STREET AND NUMBER		1 50		M. ZIP CODE		10g. CITIZE	EN OF WHAT COUNTRY?			
FUNERAL	1700 Meridene	e Dr. Apt.	404		21239		11	S.A.			
5	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED	13. WAS DE	CENDENT OF HISPA	NIC ORIGIN? (Specify Y		4. RACE — American Indian			
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR D			S 25 NO Specia	nn, Puarto Rican, etc.) fy:		Specify: White, atc.			
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	completed)	18a. DECEDENT'S (Give kind of a life. Do NOT us	USUAL OCCUPATI work done during m	ON ost of working	16b. KIND OF BI	JSINESS/INDU	STRY			
MPL	Elementary/Secondary (0-12)	College (1-4 or 5+)	Cler			B&0	Railr	oad			
S	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, Maide	n Surname)				
BE	Harry B. Mac	сеу				ie Olive	_				
0	19a. INFORMANT'S NAME (Type/Print)	(a alana Ta				Route Number, City or To					
	Mr. Harry B. N					Balto.,					
	20a. METHOD OF DISPOSITION 1 K Burlal 2 Cremation 3 Rem	oval from State cer	b. PLACE AND DATE (matery, crematory or or	ther place)				ty or Town, Stata			
	4 → Donation 5 □ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	enner A	Norland	Cemet	PY V	P	ennsy	lavania			
		10-		Hai	rtley M	illerFun	era1	HOme			
_	pay 0	YUKUMU		75	27 Harf	ord Rd	Ra1+0	MA 212			
	23. PART Lenter the disesses, Dr o shock, or heart failure.	Dimplications that cause List only one cause on (d the desth. Do n	not enter the mo	ode of dying, suc	h as cardisc or resp	olratory arrea	it, Approximate			
	iMMEDIATE CAUSE (Final disease or condition	Con	gestive,	Heart Fa	allure 1	0.1		Onset and D			
	resulting in death)	. 6	ngest	Tue -	Heav	failu	w.				
			onic Ren			. 1					
O N	Sequentially list conditions,	b. DUE TO (OR AS	CONSEQUENCE OF	Pin	al ta	ilune	,				
ERTIFICATION	If any, lesding to immediate csuse. Enter UNDERLYING				e Pulmona	ary Diseas	e				
Ĕ.	CAUSE (Disesse or injury that initiated events	C	A CONSEQUENCE OF								
H	resulting in desth) LAST	d.									
100	PART II. Other algoliticant condition	s contributing to death i				-100					
Ö	PART II. Other algolificant condition	s contributing to destrict	out not resulting i	n the underlyin	g csuse given in	Part I. 24s. WAS AI	RMED?	24b. WERE AUTOPSY FINDIF AVAILABLE PRIOR TO			
_						, caro		COMPLETION DF CAUS			
Ĭ.	-				10	1 YES	2 NO	OF DEATH?			
MEDICAL							2 NO	OF DEATH?			
MEDICAL	25. WAS CASE REFERRED TO MEDICAL					1 YES	2 NO	1.000/100			
MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	LACE DF DEATH (Ch	1 YES	2 NO	1.000/100			
MEDICAL				OTHER: 4 - Nursing Horn	LACE DF DEATH (Ch	1 YES		1 YES 2 NO			
PHYSICIAN: MEDICAL	EXAMINER? 1	HOSPITAL: 1 Inpetient 2 ER/Out	28b. TIM	OTHER: 4 Nursing Horr E OF 28c. INJ	LACE DF DEATH (Ch	1 YES		1 YES 2 NO			
BY PHYSICIAN: MEDICAL	EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	HOSPITAL: 1 Inpetient 2 ER/Outs 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY	28b. TIMI	OTHER: 4 Nursing Horr E OF URY 28c. INJ	LACE DF DEATH (Ch	eck only one) 6 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street	INJURY OCCU	1 YES 2 NO			
ED BY PHYSICIAN: MEDICAL	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	HOSPITAL: 1 Inpetient 2 ER/Out 28a. DATE OF INJURY (Month, Dey, Year)	28b. TIMI	OTHER: 4 Nursing Horr E OF URY 28c. INJ	LACE DF DEATH (Ch	1 YES	INJURY OCCU	1 YES 2 NO			
ED BY PHYSICIAN: MEDICAL	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be determined	HOSPITAL: 1 Inpatient 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURD building, etc. (Spe	28b. TIMI INJI 7 — At home, farm, a	OTHER: 4 Nursing Horr E OF URY M 1 Itreet, factory, office	LACE DF DEATH (Ch ne 5 Rasidence (URY AT)RIK? YES 2 NO	1 YES eck only one) 6 Other (Specify) 28d. DESCRIBE HOW 281. LOCATION (Street City or Town, Stele	INJURY OCCUI	1 YES 2 NO			
ED BY PHYSICIAN: MEDICAL	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only) 1 YES NO.	HOSPITAL: 1 Inpatient 2 ER/Out 29a. DATE OF INJURY (Month, Day, 'bar) 29a. PLACE OF INJUR building, atc. (Spe	28b. TIMI INJ	OTHER: 4 Nursing Horn E OF	LACE DF DEATH (Ch	ack only one) 6 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Yown, State	and Number or	1 YES 2 NO			
COMPLETED BY PHYSICIAN: MEDICAL	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only) 1 YES NO.	HOSPITAL: 1 Inpetient 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Spe	28b. TIMI INJ	OTHER: 4 Nursing Horn E OF	LACE DF DEATH (Chee 5 Rasidence IURY AT PRK? YES 2 NO	ack only one) 6 Other (Specify) 28d. DESCRIBE HOW 281. LOCATION (Street City or Town, Stele to the cause(a) and ma	and Number or	1 YES 2 NO			
ED BY PHYSICIAN: MEDICAL	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	HOSPITAL: 1 Inpetient 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Spe	28b. TIMI INJ	OTHER: 4 Nursing Horn E OF	LACE DF DEATH (Ch	ack only one) 6 Other (Specify) 28d. DESCRIBE HOW 281. LOCATION (Street City or Town, Stele to the cause(a) and ma	and Number or	1 YES 2 NO			



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at

JC	SEPHINE FRANCES MEEK FOR STATE REGISTRAR	STATE OF A	MARYLAND C	/ DEPAR	TMEN	IT OF I	EALTH DEAT	AND	MENTA	NL HYGIE	NE	28	681
	1. DECEDENT'S NAME (First, Middle, Last)	M	eeK						MON	E OF DEATH	DAY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 213 07 0018	5. SEX 1 M 2 F	6. AGE (In yrs. Is	80 YRS.	IF UND	ER 1 YEAR	IF UNDER	24 HRS. MIN.	7. DATE	of BIRTH th, Day, Year)		8. BIRTHE Country	PLACE (State or Foreign
TOR	90. FACILITY NAME (II not institution, give s	Franklin Ave Apt GII Essex							EATH		9c. COU	NTY OF DE	
DIRECTOR	10a. STATE 10b. COUNT	106. COUNTY 10c. CITY, TOWN OR LOCATION BALTIMORE ESSEX								*			10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER			[OLW.	10	I. ZIP CODI	E			10g. CIT		1 YES 2XXNO
BY FUNERAL	1000 FRANKIJIN AN 11. MARITAL STATUS 1 Never Merried 2 Married 3 Midowed 4 Divorced	ENUE A) 12. WAS DECEDENTED FORCES? 1 IF YES, GIVE W	YES 2	RMED NO	13	II yea, sp	ENDENT O	OF HISPAI In, Mexico Specif	en, Puerto	N? (Specify Y Rican, atc.)		SA 14. RACE Black, Specify	— American Indian, White, etc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elamentary/Secondary (0-12)	CATION completed) College (1-4 or 5 +) (C	ECEDENT'S Give kind of we b. Do NOT use	work done	a during me	ON est of workin	ng		b. KIND OF B		DUSTRY	7722.2.4
E CON	17. FATHER'S NAME (First, Middle, Last)	521	JCKOWSK		-		18. MOTH	HER'S NA		ORUG_S Middle, Maide			
TO BE	19a. INFORMANT'S NAME (Type/Print) FRANCES G. BRANNO	OCK_	19						Route Nun	O, MD			-
	20a METHOD OF DISPOSITION 2 Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL BERVICE IN		cemetery, cre	AND DATE O emetory or off RED H	EAR ^r	TES	SUS ID ADDRES			~ <i>U</i> I	OCATION — DUNDA HOME		
CERTIFICATION	23. PART I the diseases, or chock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	a. Emp oue to (Caused the desa on each line NYSEM OR AS A CONSE OR AS A CONSE	OUENCE OF	ot anta	1 211 r tha mo	CHES da of dyl	ACC ng, suc	AVEN h as car	diac or rea	piretory arr	est,	Approximata Interval Between Onset and Daath
PHYSICIAN: MEDICAL	PERFORMED? 1 TYES 2 NO AVAILABL COMPLET DF DEATH									WERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO			
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3		OTHE	R:	ACE OF DE						
ву РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF I (Month, Da)	NJURY	28b. TIME INJU	OF	28c. INJU	JRY AT			CRIBE HOW	INJURY OCC	URED	
	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF building, e	INJURY — At ho tc. (Specify)	eme, term, st	reet, fac	tory, office			281. LOC C/ty	ATION (Street or Town, State	and Number	or Rural Ros	ute Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC CERTIFYING PHY	CIAN: To the best of n	ny knowledge, de imination end/or	eth occurred	at the	time, deta opinion, de	and place,	and due	10 the cas	use(s) and ma	inner as state	ed.	and menner as stated
29b. SIGNATURE AND TITLE OF CERTIFIER								Aonth Day, Year)					

25. WAS CASE REFERRED TO MEDICAL EXAMINER?	28. PLACE OF DEATH (Check only one)							
	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3	DOA 4 Nu						
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCURED				
3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJURY — At home building, etc. (Specify)	e, term, street, fac	ctory, office	281. LOCATION (Street and Number or Rural Route Number City or Town, State)				

Porlan C. Carty, M.D.

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Brian C. Carty, M.D. 9000 Franklin Square Drive Baltimore, MD 21237

31. DATE FILED (Month, Day, Year)

32. REGISTRA IS SIGN USE



÷. -

13/5-0020	of integral and	in the second transit permit. Pages 1, 2, 3 should)
BALTIMORE, MARYLAND 2175-0020	24 hours after death. Page 6 may be retained by the hospital	interest by the librarial orracios, page o should be objected to	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the pospital and recognized that this certificate has been sinned by the attending physician and normalisate filled in by the shower law formal displays one 5 should be at a first one in the standard of the standard	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR STATE OF MARYLA	ND / DEPARTMENT O	F HEALTH AND N	MENTAL HYGIENI REG. NO.	E 91	28682
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH		3. TIME OF DEATH
	Thomas William	Maus		10 20 DA	1991	10:32 PM
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In	yrs. last birthday) IF UNDER 1 YI		7. DATE OF BIRTH	8. B/87	HPLACE (State or Formion
	216-32-4654 ¹\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	5 YRS. MONTHS D	YS HOURS MIN.	(Month, Day, Year) 11/01/35	Cour	vland
	9e. FACILITY NAME (If not institution, give street and number)	9b. CITY, TO	WN OR LOCATION OF DEA		9c. COUNTY OF	
6	St. Agnes Hospital-Chest P	ains Balt	imore			
DIRECTOR	10a. STATE 10b. COUNTY	10c. CITY, TOWN OR L				
l E	The same of the sa					10d. INSIDE CITY LIMITS?
	Maryland Baltimore	Arbut	US 101, ZIP CODE			1 TYES 2 NO
FUNERAL	1560 Culphus Coul			1	10g. CITIZEN OF	WHAT COUNTRY?
N	1560 Sulphur Spring Road 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U	IS ADMED 40 MMG	21227		USZ	
	1 Never Merried 2 Merried FORCES? 1 ☐ YES	2 RNO If yo	DECENDENT OF HISPANI B, specify Cuban, Mexicon	, Puerto Rican, etc.)	or No— 14. RAC Black	E — American Indian, ck, White, etc.
B	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DAT	1 🗆	YES 2 NO Specify:		Spe	
8	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	6a. DECEDENT'S USUAL OCCU	PATION	16b. KIND OF BUS	INESS/INDUSTRY	White
#	Elementery/Secondary (0-12) College (1-4 or 5+)	(Give kind of work done durin life. Do NOT use retired.)	g most of working			
<u> </u>	0-11	bricklaver		cons	truction	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S NAM	E (First, Middle, Maiden S		
BE	Frank Maus		Gertr	ude Vait		
2	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING ADDRESS (St	eet and Number or Rural Ro	oute Number, City or Town	, State, Zip Code)	-
-	Linda Spindler Maus	1560 Sulp	nur Spring	Road Arbut	tus Ma	21227
	20a, METHOD OF DISPOSITION 1	LACE AND DATE OF DISPOSITIO	N /Name of		ATION — City or T	
- 5	4 Donation 5 Other (Specify) Me	ary, crematory of other place) eadowridge Ce	metery 10/	24/91 Do	rsey, Ma	ryland
1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	A	E AND ADDRESS OF FACI			
	Charles To	Am Am	orose Funer	al Home, In	nc.	7
	Burit I. Enter the diseasea, or complications that caused t	he death. Do not enter the	28 Sulphur mode of dying, such	Spring Ros	ad 2122	Approximate
CERTIFICATION	ahock, or heart fellure. List only one cause on each immediate cause or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	ONSEQUENCE OF):	lunhor	ascolu	e/Iss	Interval Between Onset and Death
빙	d					
CAL	PART II. Other significant conditions contributing to death but	not resulting in the under	ying cause given in P	art I. 24e. WAS AN A PERFORM	UTOPSY 241	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDI				_ 1 D YES 24	C MO	COMPLETION DF CAUSE DF DEATH?
Σ				_		1 TES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL					
Sic	EXAMINER? HOSPITAL:	OTHER:	L PLACE OF DEATH (Chec			
PHYSICIAN:	1 ☐ YES 2 ☐ NO 1 ☐ Inpetient 2X☐ ER/Outpeti 27. MANNER OF DEATH 28s. DATE OF INJURY		forme 5 Residence 8			
	Natural 5 Pending (Month, Day, Year)	INJURY	INJURY AT WORK?	28d. DESCRIBE HOW IN	JURY OCCURED	
ВУ	Accident investigation Suicide 250, PLACE OF INJURY —	At home, farm, street, factory		281. LOCATION (Street an		
빝	Survive 8 Could not be building, stc. (Specify) Homicide determined	, , , , , , , , , , , , , , , , , , , ,		City or Town, State)	id Number of Number	noute number,
2	29s. CERTIFIER t CERTIFYING PHYSICIAN: To the best of my knowled					
COMPLETED	(Check only one) t CERTIFYING PHYSICIAN: To the best of my knowled one) 2X MEDICAL EXAMINER: On the basis of examination a	ye, wearn occurred at the time, nd/or investigation. In my colors	ome and place, and due to	the cause(a) and mann	er so stated.	
	496. SJOHAJUNE AND TITLE OF CERTIFIER					
H	41 341,00		29c. LICENSE NUMB	ER	29d. DATE SIGNED	(Month, Day, Year)
2	38. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEAT	//ITEM 27) /Tone Date:	0.C.M	I.E.	10 2	1 1991
	FRAME PERCTION					
ı	31. DATE FILED (Month, Day, Year) 32. BEGISTRAR'S SIGNATI	<u>III Penn St</u>	reet, Bal	timore M	larylan	d 21201
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BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

attending physician. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified.

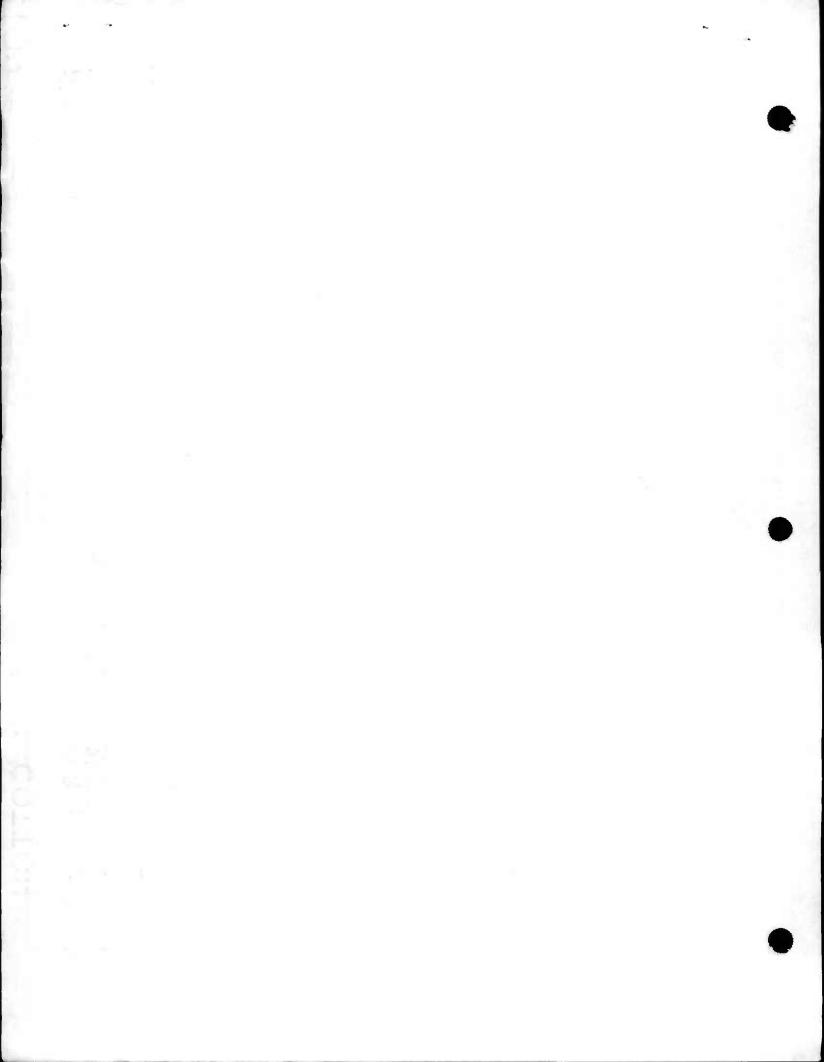
STATE	0F	MARYLAND	/ DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
		C	ERTIFICATE	0	F DEAT	ГН		REG. NO.

PERFORMED? AWAILABLE PRIOR TO	FOR STATE REGISTRAR	STATE OF MARY		NT OF HEALTH AND	MENTAL HYGIEN				
296 09 0781	1. DECEDENT'S NAME (First, Middle IONA E. NOR				2. DATE OF DEATH MONTH D	AY YEAR			
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190. MALINO ADDRESS (Stores and Number or Rural Route Number of Parts Route Number	17. FATHER'S NAME (First, Middle,	(ast)	HOUSWITE	16. MOTHER'S	NAME (First, Middle, Maider	Sumame)			
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20. NETHOD OF DISPOSITION 12	Donna Shifflet	t	420 Woo	dside Rd Riv	a Md. 2114	0			
22. RANKE AND ADDRESS OF FACILITY RETTY H WItzke Funeral Home Inc. 4112 Old Columbia Pike Ellicott 21043 23. PART I. Enter the diseases for complications that susued the death. Do not enter the mode of dying, such as cardiac or respiratory areas, interval Bank ones, or heart patients. List only one obuse on each line. IMMEDIATE CAUSE (Fine) disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR AS A CONSEQUENCE OF)	1 10 Buriet 2 - Cremetion 3	☐ Removal from State	20b. PLACE OF DISPOSITION other place)	(Name of cemetery, crematory	20c. LC	OCATION — City or			
Barry H Witzke Funeral Home Inc.						consvil	Le Maryland		
Sequentially list conditions, large large or condition resulting in death) Sequentially list conditions, large la	· Harr	y H. Wetz	1	arry H Witzk	e Funeral				
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 248. WAS AN AUTOPSY PROPRED? ANALABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO 258. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 258. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 269. PLACE OF DEATH (Check only one) 279. MANNER OP DEATH 1 Matural 6 Pending Investigation 280. DATE OF INJURY All home, ferm, street, factory, office 281. LOCATION (Street and Number or Rural Route Number, city or Rown, Stete) 282. CERTIFIER 283. LOCATION (Street and Number or Rural Route Number, city or Rown, Stete) 284. SERVICE OF DEATH (Check only one) 285. LOCATION (Street and Number or Rural Route Number, city or Rown, Stete) 286. CERTIFIER 286. CERTIFIER 286. CERTIFIER 287. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Year) 487. NAME AND ADDRESS OF DESIGN WHO COMPLETED CAUSE OF DEATH (ITEM 2) Total Complete Comp	disease or condition resulting in death)	Serelma	S A CONSEQUENCE OF): Machine	to	- '	Despose	Jeans 1/ mond		
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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typis, Print) DOLAN SOLUTION S	296. SIGNATURE AND TITLE OF C	ERTIFIER HOCO	1 N	29c. LICENSE	NUMBER 60	29d. DATE SIGN	ED (Month, Day, Year)		
	30. NAME AND ADDRESS OF PER	SON WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, Print)	W (200)	sure h	7d 2	0708		
31. DATE FILED (Month, Day, Mail) 33 RECUTE (C. S. C. C. C. C. C. C. C. C. C. C. C. C. C.	31. DATE FILED (Month, Day, Year)	Sul Marketters		L Valle 1 %	outer,				

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DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	D THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	D THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director. page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
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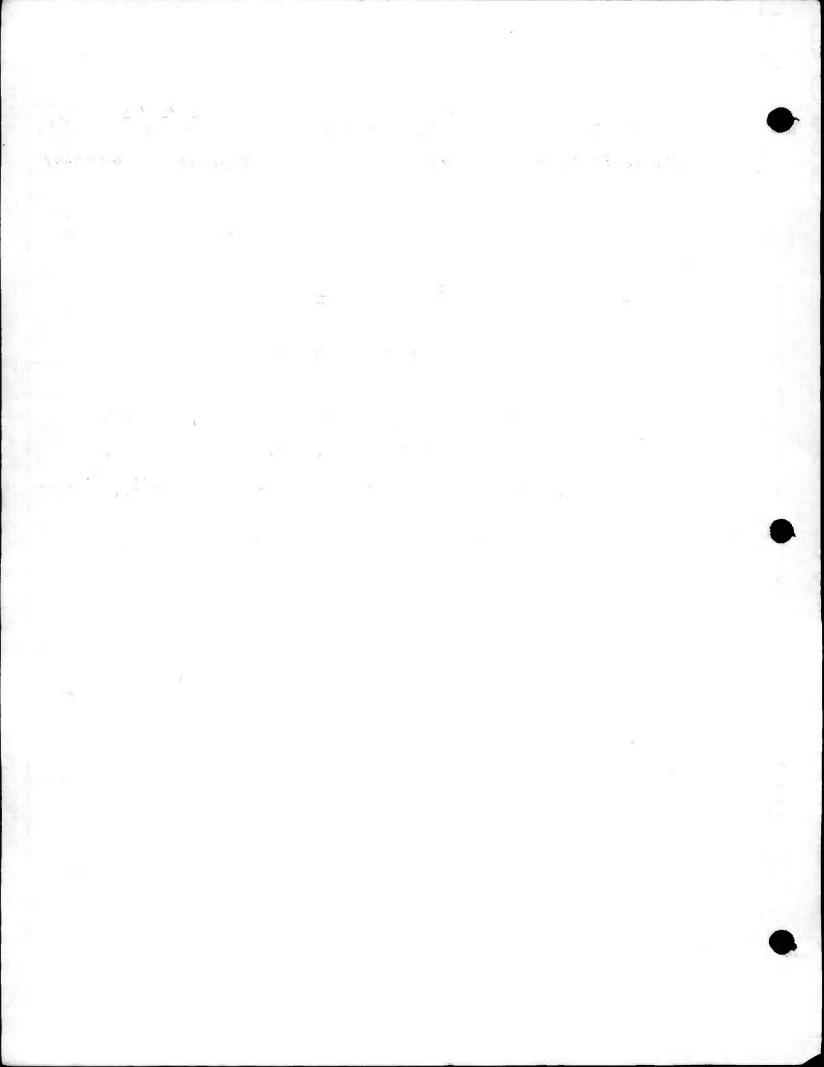
	1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF HEA		NTAL HYGIENE REG. NO.	31	28684
	1. DECEDENT'S NAME (First, Middle, La. A SOCIAL SECURITY NUMBER	OVAK Mary	C.Novak			DATE OF DEATH	91	11174
	217-07-7765 Pa. FACILITY NAME (If not institution, give	1 D M 2X F 81	YRS.		URS MIN.	DATE OF BIRTH (Month, Day, Year)	C	IRTHPLACE (State or Foreign ountry) Carolina OF DEATH
TOR	Mercy Hosp			Balto.	City, Mc			
DIRECTOR	Maryland -	NTY	113.00	rown or location				10d. INSIDE CITY LIMITS? TOTAL YES 2 NO
FUNERAL	13 E.Fort	Ave.	g. CITIZEN US	OF WHAT COUNTRY?				
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3. Note: Married 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 TYES IF YES, GIVE WAR OR DA	2 NO	If yes, specify	ENT OF HISPANIC OF Cuban, Mexican, P	ORIGIN? (Specify Yea or luarto Rican, etc.)	No 14. 1	RACE — American Indian, Black, White, atc. SpecifyWhite
COMPLETED	15. DECEDENT'S E (Specify only highest gr.	College (1-4 or 5+)	life. Do NOT use r	k done during most of etired.)	working	16b, KIND OF BUSINE		πY
	8th.Grade 17. FATHER'S NAME (First, Middle, Last) Un	known Mo	Homemake			Own Ho (First, Middle, Malden Surr Cnown		
TO BE	19a. INFORMANT'S NAME (Type/Print) Etta Novak		19b. MAILING AI		lumber or Rural Rout	Number, City or Town, Si		9)
	20a. METHOD OF DISPOSITION Description March Comment Commen	emoval from State	cemetary, crematory or Cedar Hi	11 Ceme	1	0/18 A.A	.Co.	or Town, State Md. 21230
- 8	23. PART i. Enter the diseases, of	or complications that cause	1 the death Do not			ral Home	,130	E.Fort A
	ahock, or heart fellur IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. SCOS	ach line.		o. cym.g, cach	o do di compilia	, , and ,	interval Betw Onset and D
NO	Sequentielly list conditiona,	Intecta	CONSEQUENCE OF):	ecubi	tus 1	ileer		
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у РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (Y WORK		d. DEȘCRIBE HOW INJU	RY OCCURE	D
TED B	2 Accident Investigation 3 Suicide 8 Could not a 4 Homicide datarmined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, stre	eet, factory, office	26	f. LOCATION (Street and City or Town, State)	Number or R	ural Route Number,
OMPLE	one) -	YSICIAN: To the best of my know						use(s) end menner as state
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2	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, P	rint)				
	31. DATE FILED (Month, Day, Year)	199 32. REGISTRAR'S SIGN	TATURE Pande	2				



F	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
al examiner must be no	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be not
yval.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
the funeral director, page 5:	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 s
ter death. Page 6 may be re	TO THE HOSPITAL DR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be ret

REGISTRAR 1. DECEDENT'S NAME (First	t, Middle, Last)	Horst	Rudo	CERTIF 1ph 1	Neuma		I I	2. DATE OF DE	G. NO. EATH 10/1	9/9	3. TIME OF DEATH
11	57	11020				ANN		I Q	19	O I EMA	3:580
4. SOCIAL SECURITY NUM 214-46-8		8. SEX 1 M 2 F	11	rs. last birthday) 46 YRS.	IF UNDER 1	YEAR IF UNDER	R 24 HRS.	7. DATE OF BIF (Month, Day,	Year)	6. BIRT	HPLACE (State or Foreign try) GERMANY
90. FACILITY NAME (# not i									Baltimore		
RESIDENCE OF DECEDENT						7110011					
Maryland	10b. COUNTY	Harfor	rd Fal								10d. INSIDE CITY LIMITS? 1 YES 2 X NO
10e. STREET AND NUMBER	1					10f. ZIP COD			10g. C	CITIZEN OF	WHAT COUNTRY?
2700 Bela	ir Ro	ad				1.23	210	47		US	SA
11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 X Div		12. WAS DECEDEN FORCES? IF YES, GIVE	YES :	2 XNO	H 1	AS DECENDENT (yes, specify Cub. YES 2 NO	en, Mexica	n, Puerto Rican,		- 14. RAC Blac Spec	CE — American Indian, ck, White, etc. White
	CEDENT'S EDU		16	Be. DECEDENT'S	USUAL OCC	CUPATION	ina	16b. KIND	OF BUSINESS/	INDUSTRY	
Elementary/Secondary (T	College (1-4 or 5			THE PERSON NAMED IN	ring most of work		an E	lectro	onic	Repairs
17. FATHER'S NAME (First, I						1		ME (First, Middle,		•)	
Georg	Otto	Neumar	nn			_	rsul				
19s. INFORMANT'S NAME (,	2.7				Street and Number					1 04 6
		Neumann	_			Road	Co	nowin			1918
20a, METHOD OF DISPOSI 1 Burtel 2 Cremet 4 Donation 6 Other	ion 3 🗆 Rem	oval from State	20b. P	LACE AND DAT	y or other pla	SITION (Name	Tno	1.0/20	29c. LOCATION	- City or T	rown, State
	r (Specify)		_ Me	010 01	L Cina (oury,	TIIC.	-0/24	Bal	CTIIOI	LO, MID
21. SIGNATURE OF FUNER. GEOX	ge E. diseases, or heart failure.	MacNaticomplications the List only one ca	ob st caused the	he daeth. Do h line.	22, No. Cr. 29 not anter to	AME AND ADDRI remations 9 Freshe mode of dy	ess of FA On S deri	cility ociet; .ck Ros h aa cardiac c	y of Nad Ba	Id., alto.	Inc. , MD 212: Approximate Interval Betwee Onset and Deal
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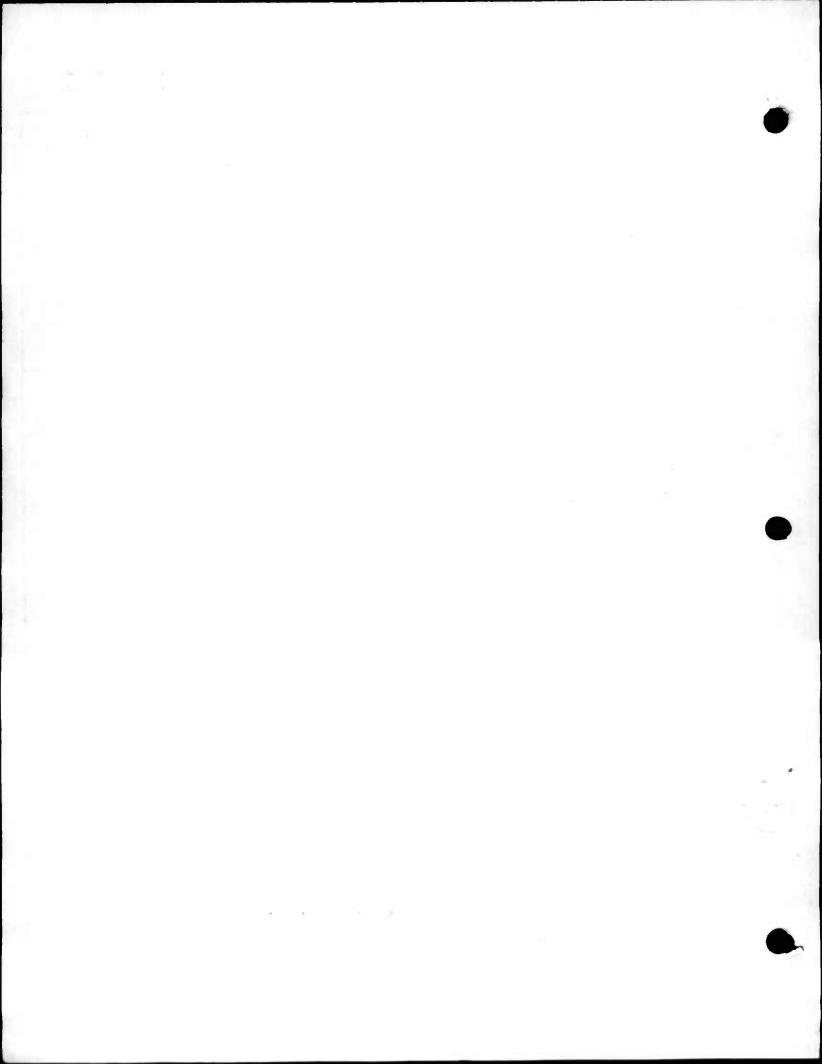


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	HOSP	FUNE	be filed within 72 hours are central war the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ANT
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28686 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

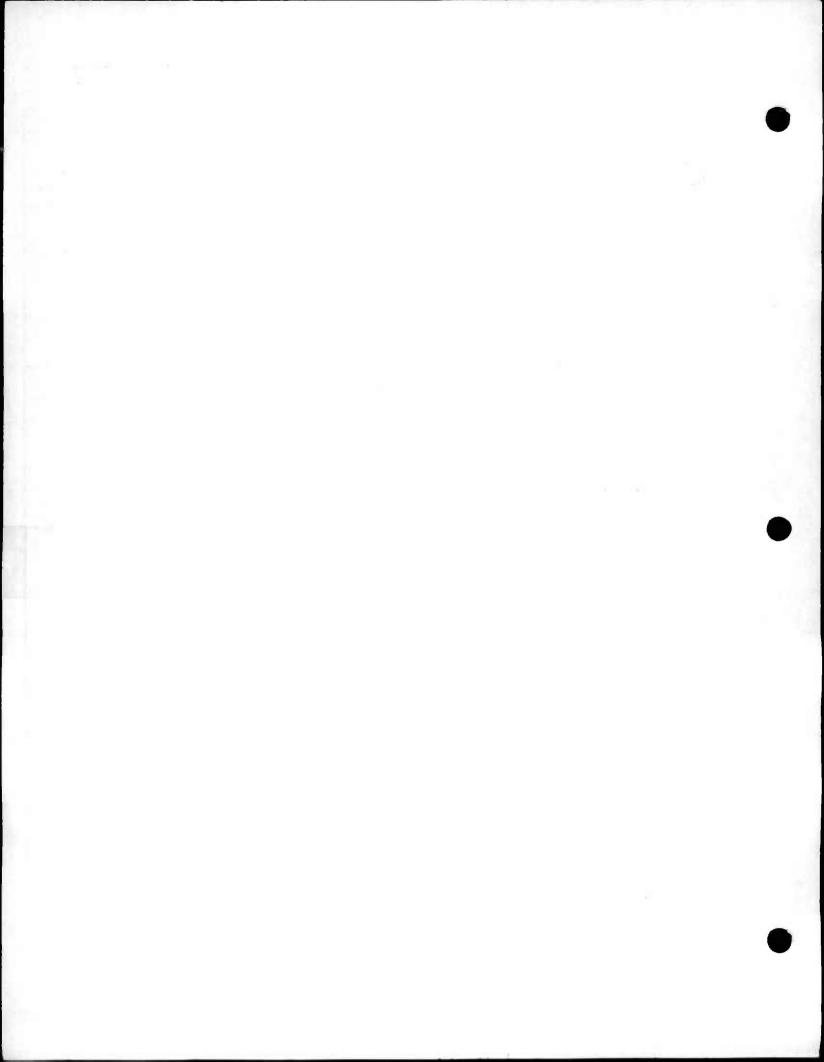
	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	RTMENT OF	HEALTH AND	MENTAL HYGIE	NE '	28686			
	1. DECEDENT'S NAME (First, Middle, Last) Sophia		OLSZE	EWSKI		2. DATE OF DEATH		3. TIME OF OEATH 7:45 A			
	4. SOCIAL SECURITY NUMBER 218-78-4746	1 □ M 2 🔀 F	n yrs. lest birthdey) 72 yrs.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	Jan . 5 191	L9 *	BIRTHPLACE (State or Foreign			
TOR	98. FACILITY NAME (If not institution, give s Franklin Square				or location of OSSVILL		9c. COUNTY OF DEAL Baltimo				
DIRECTOR	10a. STATE 10b. COUNTY	Altimore	10c, CIT	TY, TOWN OR LOCA Esse				10d. INSIDE CITY LIMITS? 1 YES 1 NO			
FUNERAL	324 Wye Road			10	r. ZIP CODE 2122	21		OF WHAT COUNTRY?			
BY	11. MARITAL STATUS 1 Never Married 2 Married 3X Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, s	CENDENT OF HISP Decity Cuban, Mexi 3 2 MO Spec	ANIC ORIGIN? (Specify Yo can, Puerto Ricen, etc.) city:	es or No- 14.	RACE — American Indian, Black, White, atc. Specify: White			
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during me se retired.)	ON ost of working	16b. KIND OF BI	USINESS/INDUST	RY			
7th Homemaker 17. FATHER'S NAME (First, Middle, Last) Francis Kos 18. MOTHER'S NAME (First, Middle, Melden Surname) MAry Kaw											
5	Louise Berkenken	nper	19b. MAILING 24 Ke	erria La	nd Number or Rure ne BAlt	nd Route Number, City or To Limore Mar	wn, State, Zip Coo yland	21220			
	20a METHOD OF DISPOSITION 14 Burial 2 Cremation 3 Remaid 4 Donation 5 Other (Specify)	oval from State come	etery, crematory or o	Cemetery 10/21/91 BAltimore MAryland							
	Connelly Fo	eneral H	lome	Conne	-	calHome 300					
CERTIFICATION	23. PART I. Enter the diserties, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or hear failure. List only one cause on each lins. IMMEDIATE CAUSE (Finsi disease or condition reaulting in death) Myocardial Infection										
MEDICAL	PART II. Other aignificant condition	a contributing to desth bu	t not resulting	in the underlyin	g cause givsn i	n Part I. 24a. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outper	tlent 3 🗆 DOA	OTHER:	ACE OF DEATH (C	theck only one)					
ву рну	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b, TIM	E OF 28c. INJ		28d. DESCRIBE HOW	INJURY OCCURE	ED			
	2 Accident Investigation 3 Suicide 8 Could not be detarmined 8 Could not be detarmined 1 Accidence and Number or Rural Route Number, Street, lactory, office 2 No. 28s. PLACE OF INJURY — At home, farm, street, lactory, office building, stc. (Specify) 28s. LOCATION (Street and Number or Rural Route Number, City or Town, State)										
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC PHYSIC CERTIFYING PHYSIC P	CIAN: To the best of my knowle R: On the bests of examination	dge, death occurre	ed at the time, data on, in my opinion, d	and place, and du	is to the cause(s) and ma e time, data and place, a	nner as stated.	use(a) and manner as stated,			
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	un?		lan .	NED (Month, Day, Year)						
	30. NAME AND ADDRESS OF PERSON WHO Michael SUTER	9000 Fran	klin SQ		lto. MD.	21237					
	Michael SUTER 9000 Franklin SQ. BR. Balto. MD. 21237 31. DATE FILED (Month, Day, 1987) 32. REGISTBAR'S SIGNATURE 1. 32. REGISTBAR'S SIGNATURE 1. 32. REGISTBAR'S SIGNATURE 1. 32. REGISTBAR'S SIGNATURE 1. 32. REGISTBAR'S SIGNATURE 2. 1991 3. 22. REGISTBAR'S SIGNATURE 3. 22. REGISTBAR'S SIGNATURE 3. 32. REGISTBAR'S SIGNATURE 3										



BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-iransit nermit pages 1 2 activities
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 STATE	STATE OF	MARYLAND /	DEPAR	TMENT	OF H	EALTH	AND R	MENTAL HYGIEN	9	28687
	REGISTRAR		CI	ERTIF	ICATE	OF	DEAT	ГН	REG. NO		
	1. DECEDENT'S NAME (First, A	4 0-	ANNA	MATI	LDA	OT	го		2. DATE OF DEATH DOWNTH O	10-17 17	1-91 3. TIME OF DEATH NO. 1250 M
,		9074 10 M 2 De	6. AGE (In yrs. les	st birthday) YRS.	IF UNDER MONTHS	1 YEAR DAYS	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 10-14-19	20	8. BIRTHPLACE (State or Foreign Country) Maryland
OR	9e. FACILITY NAME (# not inst 214 22 9074	BALTIMORE C	OUNTY HO	SP			alls	9c. COUNTY OF DEATH Baltimore County			
딦	RESIDENCE OF DECE	EDENT 10b, COUNTY		I 10c CIT	Y, TOWN O	D I OCATI	ION				
L DIRECTOR		nty		Balti	more	e				10d. INSIDE CITY LIMITS? 1 YES 2 NO	
HA						101.	ZIP CODI	Ē		10g. CITIZ	ZEN OF WHAT COUNTRY?
FUNERAL	AUGSBURG LUT	THERAN HOME 6	811 Camp				212				USA
ВУ	1 Never Married 2 M 3 Widowed 4 Divorce	ed FORCES?	1 YES 2 I	NO no	11	MAS OECE f yea, spe	city Cuba	F HISPAN II, Mexicar Specify	iC ORIOIN? (Specify Ver n, Puerto Rican, etc.)		14. RACE — American Indian, Black, Whita, atc. Specify: White
빝	15. DECEL (Specify only I	DENT'S EDUCATION highest grade completed)	(G	CEDENT'S	vork done d	CUPATIO	IN at of workin	ia .	16b. KIND OF BU	SINESS/IND	USTRY
COMPLETED	Elementary/Secondary (0-1:			. Do NOT us	e retired.)						
BE CO	17. FATHER'S NAME (First, Midd GEORGE COM	ole, Last) NRAD WINTERS	TEIN					ER'S NAM	AE (First, Middle, Maiden DA LAUDEN		
6	19a. INFORMANT'S NAME (Typ	e/Print)	190	b. MAILINO	ADDRESS	(Street an	nd Number	or Rural R	oute Number, City or Tow	n, State, Zip	Code)
-	Joyce Jeffer	ry Daug	hter	4514	Foxt	ail	Road	i, Ha	ampstead,	MD 2	1074
	20a. METHOO OF DISPOSITION 1 Buriat 2 Cremation 4 Donation 5 Other (S	3 Removal from State	20b. PLACE / cemetery, cre	metory or of		TION (Nen	me of		DATE 20c. LO	CATION — C	City or Town, Stata
	21. SIGNATURE OF FUNERAL	SERVICE LICENSEE Rona	ld Wade,	Dir	22. N	NAME ANI	D ADDRES	S OF FAC	STATE	ANATO	MY BOARD
	ronal	d Wade	10-2	21-91					ore St, Ba	alto.	,MD 21201
	23. PART i. Enter the dis- ahock, Dr hea iMMEDIATE CAUSE (Final disease or condition resulting in death)	· IE	at caused the deuse on each line RMIN O (OR AS A CONSEC	AL	- C				A OF		interval Between
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):										
MEDICAL	PART II. Other significant	conditions contributing to	death but not n	ST	Eof	derlying O Ro	cause g	lven in F	Part i. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
NA I	25. WAS CASE REFERRED TO I	MEDICAL				28. PLA	CE OF DE	ATH (Chec	ck only one)		
PHYSICIAN:	1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient 3	□ DOA	OTHER:	:			☐ Other (Specify)		
E	27. MANNER OF DEATH	28a. DATE OF	F INJURY Day, Year)	286. TIME	OF 2	28c. INJU	RY AT		28d. DESCRIBE HOW II	JURY OCCL	JRED
ВУ	1 Natural 5 Pe	ending restigation	yay, reary	11430	M	t YE	ES 2	NO			
유	3 Suicida 6 Co	build not be tarmined 28e. PLACE (building.	OF INJURY — At hor, atc. (Specify)	ma, farm, s	treet, factor	ry, offica			281. LOCATION (Street a City or Town, State)	nd Number o	or Rural Route Number,
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFIC MEDICA	YINO PHYSICIAN: To the best of a	f my knowledge, der examination and/or is	ath occurre	d at the tim	ne, data a	and place,	and dua t	o the cause(a) and men	ner an state	d. cause(a) and manner as stated.
TO BE C	296. SIGNATURE AND TITLE OF	acr lu					29c. LICE	NSE NUME	7]]]	29d. DATE	SIGNED (Month, Day, Year)
	30. NAME AND ADDRESS OF P	AVI MO	SE OF DEATH (ITEM	4 27) (Type,	Print) AA	IDA	MC.	570	WN, MD	121	137
	31. DATE FINE PYMONTH, Day, You	1991 Guna Sa	M'S SIGNATURE	delle	* 4.						



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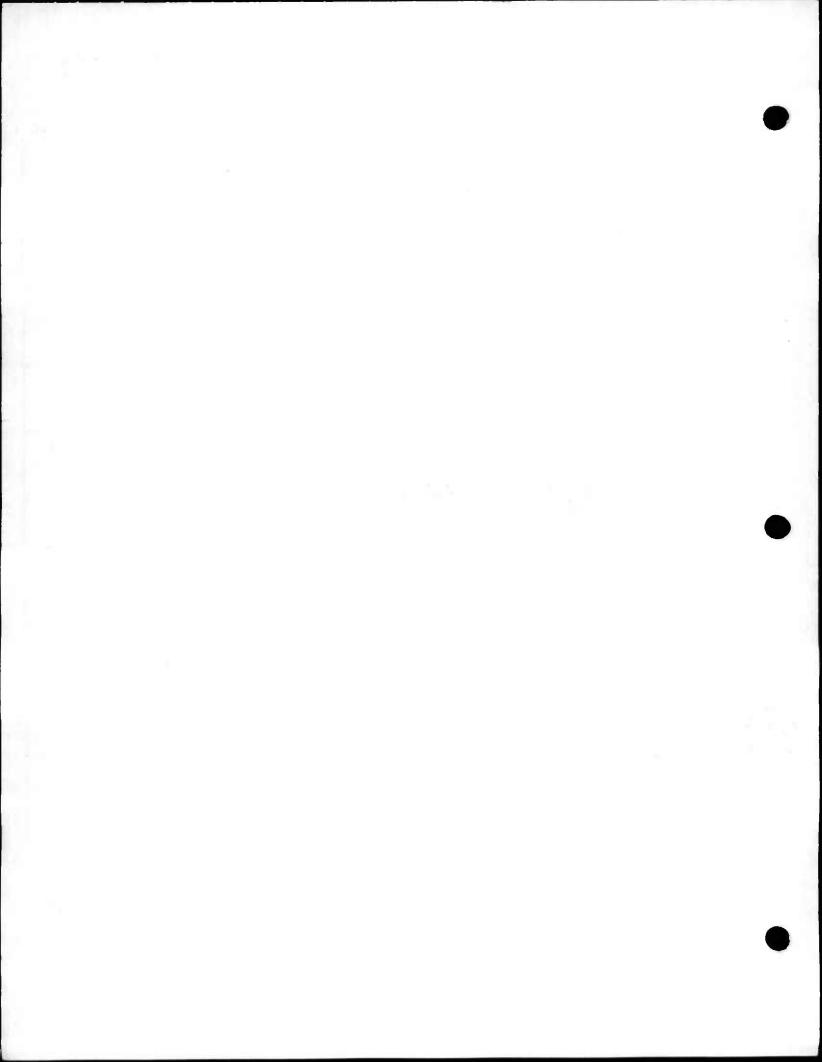
31. DATE FILED (Month, Day,

2 9 32. REGISTRAR'S SIGNATURE cha Davidson Randalle

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATN 3. TIME OF DEATH JENNIE ARKS 10 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 1 - M 3/3/F HOURS YRS. 228=48-8886 21 1910 Virginia Se. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Church Hospital Corporation DIRECTOR Baltimore City RESIDENCE OF DECEDENT 10e. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Md. BAltimore Middle River 1 YES 2 NO 10e. STREET AND NUMBER **BY FUNERAL** 10f. ZIP CODE 10g. CITIZEN OF WNAT COUNTRY? 201 Middleway Road 21220 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 22 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 1 Never Merried 2 Merried If yee, specify Cuben, Mexicen, Puerlo Ricen, etc.) 1 TYES 2 NO Specify: 3 ₭ Widowed 4 □ Divorced Specify: White COMPLETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 186. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) Elementary/Secondary (0-12) College (14 or 54) Housewife once. 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Malden Surname) Rush Ross notified at Della Testerman BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Kate Buchanan 201 Middleway Road BAltimore Maryland 21221 pe 20e. METNOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of must 20c. LOCATION — City or Town, State t Burial 2 Cremation 3 Removal from State 4 Donetion 5 Other (Specify) Cemetery 10/28/ 22. NAME AND ADDRESS OF FACILITY Central 10/23/91 Troutdale Virginia examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE ConnellyFuneralHome 300MAceAVe. 21221 medical 23. PART i. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiretory errest, shock, or heart fours. List only one ceuse on each line. Approximete Intarval Between **IMMEDIATE CAUSE (Final** Onset and Death the disease or condition_ DUE TO FOR AS A CONSEQUENCE OF): IHK resulting in death) event, Sepsis other traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING Sepsis CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initieted events reaulting in death) LAST 10 Sepsis injury, PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS WAILABLE PRIOR TO any COMPLETION OF CAUSE I YES 2 NO Shows OF DEATH? 1 YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL Item 28. PLACE OF OEATH (Check only one) **EXAMINER?** OTHER: 1 YES 2 NO Inpetient 2 - ER/Outpetient 3 - DOA 4 Nursing Home 5 Residence 8 Other (Specify) ä 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT marked. 28d. DESCRIBE HOW INJURY OCCURED 5 Pending M BY 1 YES 2 NO Accident Investigation TO THE HOSPITAL OR ATTENDING TO THE FUNERAL DIRECTOR: At be filed within 72 hours after of IMPORTANT: If Item 28 is: 3 Sulcide 8 Could not be determined 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 10 COMPLETED 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 4 Homicide 29e. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner es stated. MEDICAL EXAMINER: On the basic of exemination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(e) and menner so stated. 296. SIGNATURE AND TITLE OF CENTER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month Day, Year) D185 9 WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)



TO BE COMPLETED BY FUNERAL DIRECTOR

BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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FOR STATE G-681 REGISTRAR	23 pa 11/14	rt I, 27 / STATE OF N	28a IARYLA	,b,c,d, ND / DEPAR CERTIF	e,f RTMENT	perM	EO IEALTH DE AT	AND I		HYGIEN REG. NO	E	281	589	
1. DECEDENT'S NAME (First,	Middle, Last)	400					DEA		2. DATE OF	DEATH			3. TIME OF DEA	ATH
SHERMAN		LEE		PARK	ER				1 10 1 0 4 DAY 19 5				12;10	Α.
4. SOCIAL SECURITY NUMB	ER	5. SEX 1 🔀 M 2 🗌 F	6. AGE (In 64						7. DATE OF (Month, D	BIRTN ey, Yber) 1-192	HPLACE (State or I	Foreign		
9e. FACILITY NAME (If not ins	titution, give s	street and number)			9b. CITY	, TOWN	OR LOCATIO	ON OF DE		,,,,,,		INTY OF (DEATN	
1305 E.BAL		RE STREE	T		BAI	TI	10 R E					na		
RESIDENCE OF DEC	10b. COUNT	v		40- 0/7	V 7000.									
MD		na		10c. CI1	Y, TOWN C		more						10d. INSIDE CIT LIMITS? 1 YES 2	
1305 E.	Baltir	more Stre	et			10	. ZIP CODE				10g. CIT	IZEN OF	WNAT COUNTRY?	
11. MARITAL STATUS 1 Never Merried 2 1 3 Widowed 4 Divor		12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES	2 NO		it yes, sp	ENDENT O ecify Cubar 2 NO	n, Mexice	IIC ORIGIN? (5 n, Puerto Rice (;	Specify Yee n, atc.)	or No-	14. RAC Blac Spec	E — American Ind k, White, etc. ::iiy: Black	
15. DECE (Specify only	DENT'S EDU highest grade		1	6e. DECEDENT'S	work done i	CCUPATIO	ON ast of workin	0	18b. Ki	ND OF BUS	SINESS/IN	DUSTRY		
Elementary/Secondary (0-	12)	College (1-4 or 5+)	life. Do NOT u	se retired.)			-						
17. FATHER'S NAME (First, Mic	idle, Last)						18. MOTA	IER'S NA	ME (First, Midd	lie, Maiden	Surname)			
190. INFORMANT'S NAME (Ty) OCME	oe/Print)			19b. MAILING	AOORESS	(Street a	nd Number	or Rural F	Route Number,	City or Town	n, State, Zij	Code)		-
20a. METNOO OF DISPOSITION 1 Buriel 2 Cremation 4 Donetion 5 Other (3 🗆 Rem	ovel from State		LACE AND DATE						DATE 20c. LOCATION — City or Town, State				
21, SIGNATURE OF FUNERAL			Ld Wa	de. Dir	22.	NAME AI	ID ADDRES	S OF FAC	LITY STATE ANATOMY BOARD					
Ronals	11	Tade	10	-21-91							et, Balto., MD 2120			1
23. PART I. Enter the disabook, or he IMMEDIATE CAUSE (Find disease or condition resulting in deeth)	art reliure.	e. Narc	otic	he deeth. Do rh line. Intoxiconsequence of	catio		de of dyli	ng, auch	n es cerdiec	or respi	retory sr	rest,	Approximintervel E Onaet sn	Batweer
Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN	ns, ate	b. DUE TO (OR AS A C	ONSEQUENCE OF	F):									
CAUSE (Disease or Injur- thet initiated events resulting in death) LAST		DUE TO (OR AS A C	ONSEQUENCE OF	F):									
PART II. Other significan			death but	not resulting	in the un	derlying	cause g	iven in	Part I. 24	NAS ANDERFOR	MEO?	24b	WERE AUTOPSY F AVAILABLE PRIOR COMPLETION OF OF DEATN?	TO
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			OTHER		ACE OF OE	ATH (Che	ck only one)				1 TES 2	NO

1 | Inpatient 2 | ER/Outpetient 3 | DOA | 4 | Nursing Nome 5 | Residence 6 | Other (Specify) 1 X YES 2 NO 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 26d. DESCRIBE NOW INJURY OCCURED 1 Natural 1 NES 2 Accident
3 Suicide Unknown 28e. PLACE OF INJURY — building, atc. (Specify) 6 Could not ba determined 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State) 1305 E. Baltimore S. Baltimore, Md. 4 Homicide 29e. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(s) end manner ee stated. vestigation, in my opinion, death occured at the time, date end piece, end due to the cause(s) end menner es stated. 296 SIGNATURE AND TITLE OF C 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

O.C.M.E.

JE. NAME AND ADDRESS OF PER							
MARIOF	GOLLE,	JK ND11	PENN	STREET	BALTIMORE	MARYLAND	21201
31. DATE FILEO (MODITI, Aug. 16ar)	2 1991 32.h	EGISTRAN'S SIGNATURE	Pandelle.				

▶10-04-1991

1 7 5

TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

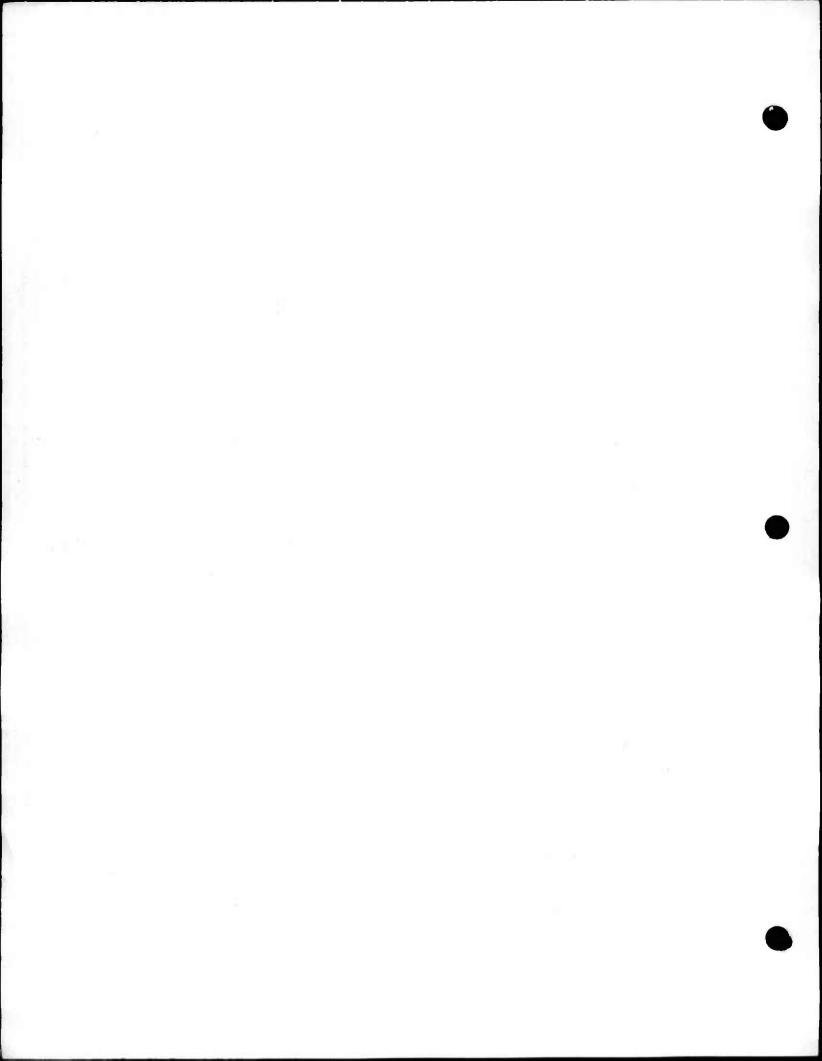
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1	1. DECEDENT'S NAME (First,	Middle Lest)				IOAII		DEA		_	HEG. NO				
3	James Mi	lton	PETTY							2. DATE OF MONTH OCTOBI	D	, 199	YEAR	3. TIME OF DEATH	M
	4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In yrs.)	asi birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE OF (Month, D	ey. Year)		8. BIRTH	PLACE (Slate or Fore V) kansas	olgn
	430-74-590	stitution give si	met and number)			9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH									
OR O	DOCTORS CO			ΤΑΙ.		PRINCE GEO									
2	RESIDENCE OF DEC													JOHOL D	
DIRECTOR	Maryland	TPEROD	MALOWN (TOWN OR LOCATION Forestville							10d. INSIDE CITY LIMITS? 1 YES 2 N	10			
₹	10e. STREET AND NUMBER					101. ZIP CODE						HAT COUNTRY?			
FUNERAL	2130 Broo					0747				USA					
	1 Never Married 2	Married		YES 2		It yes, sp	B DECENDENT OF HISPANIC ORIGIN? (Specify e, specify Cuben, Mexican, Puerlo Rican, atc.) YES 2 NO Specify:				Yes or No — 14. RACE — American II Black, White, atc.			t,	
BY	3 Widowed 4 Divo		IF YES, GIVE V	WAR OR DATES	no		1 TYES	2 NO	Specify	no			Specif	white	
ĕ	15. DEC	DENT'S EDUC	CATION completed)	18a. 1	Give kind of	USUAL O	CCUPATIO	ON of working		16b. KII	ND OF BU	SINESS/IN	DUSTRY		-
COMPLETED	Elementary/Secondary (0		College (1-4 or 5		fe. Do NOT u	se retired.)	danny mo	St Of WORK	Ŋ						
S	17. FATHER'S NAME (First, Mi							18. MOTI	HER'S NA	ME (First, Midd	lle, Maiden	Sumame)			
H							AE BUR								
2							S (Street a	nd Number	or Rural I	Route Number,	City or Tow	n, State, Zij	Code)		
	20a. METHOD OF DISPOSITI 1 Buriel 2 Crematio 4 Donation 5 Other	n 3 🗆 Ramo (Specify)			E AND DATE (iTION/Na	meof		DATE	20c. LO	CATION —	City or To	wn, State	
	21. SIGNATURE OF FUNERAL	. SERVICE LIC	ENSEE Rona	ld Wade	. Dir	22.	NAME AN	D ADDRE	SS OF FA	CILITY ST	מיים	אוא ידיר	OMY B	OARD	
	Mona	W	Vade		1-91		55 W	7. Ba	ltim						
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or reapiratory arrest, abock, or heart fallure. List only one cause on each line. Approximate											a			
	interval Between Onest and Death														
	dlasse or condition	.		Marce	MAIS	ou		Lai	2412	0				14	
ı	roughing in death)			(OR AS A CONS			1		w					17	-
z I	Commentally, that are shall),	ummu	rune deficieires pegnaran						e		•		
CERTIFICATION	Sequantially ilst condition if any, leading to immediate	lieta	DUE TO	(OR AS A CONS	EOUENCE O	deficier pyrdrane									
2	CAUSE (Disease or Injur		OUE TO	(OD 10 1 00 00 0											
Ē	that initiated aventa resulting in death) LAST		DUE 10	(OR AS A CONS	ONSEQUENCE OF):										
		-													
	PART II. Other significan	nt conditions	contributing to	daath but not	reaulting	In the un	dariying	cause c	iven in	Part I. 24	. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINE	DINGS
EDICAL								100000000000000000000000000000000000000	3//		PERFOR	1		AVAILABLE PRIOR TO	
요										— ''	□ YES 2	NO		OF DEATH?	
Σ										-				1 YES 2 NO	Ì
PHYSICIAN:	25. WAS CASE REFERRED TO	MEDICAL					20 PI	ACE OF D	EATH (Ch.	ck only one)					
잃┃	EXAMINER?		HOSPITAL:	7 =====================================		OTHER	₹:								
<u>¥</u> ∥	27. MANNER OF DEATH		28e. DATE OF	ER/Outpatient	28b, TIM				sidenca	8 Other (Sp					
ਾ	1 Natural 5 F	ending	(Month, D	ay, Year)		URY	28c. INJI WOI	RK?	Luc	28d. DESCRI	BE HOW II	IJURY OC	CURED		
à	3 Sulate	rvestigation	28a, PLACE O	F INJURY — At I	ome term	tract tool		7	700	***************************************					
		could not be etermined	building,	etc. (Specify)	one, carn, a	ation, tact	ory, ornice	20		281. LOCATIO	Wn, State)	nd Number	or Rural R	oute Number,	
ו כ	29a. CERTIFIER	FYING PHYSIC	IAN: To the heet at	mu knowledne e	and a			mr en		53.5		_			-
29a. CERTIFIER (Check only one) 29a. MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause of my knowledge, death occurred at the time, date and place, and due to the cause of my knowledge, death occurred at the time, date and place, and due to the cause of my knowledge, death occurred at the time, date and place, and due to the cause of my knowledge, death occurred at the time, date and place, and due to the cause of my knowledge, death occurred at the time, date and place, and due to the cause of my knowledge, death occurred at the time, date and place, and due to the cause of my knowledge, death occurred at the time, date and place, and due to the cause of my knowledge, death occurred at the time, date and place, and due to the cause of my knowledge, death occurred at the time, date and place, and due to the cause of my knowledge, death occurred at the time, date and place, and due to the cause of my knowledge, death occurred at the time, date and place, and due to the cause of my knowledge, death occurred at the time, date and place, and due to the cause of my knowledge, death occurred at the time, date and place, and due to the cause of my knowledge, death occurred at the time, date and place, and due to the cause of my knowledge, death occurred at the time, date and place, and due to the cause of my knowledge, death occurred at the time, date and due to the cause of my knowledge, death occurred at the time, date and due to the cause of my knowledge, death occurred at the time, date and due to the cause of my knowledge, death occurred at the time, date and due to the cause of my knowledge.									to the cause(s time, data and) end man	ner aa atal d dua to th	led. na cause(a)	end manner as stat		
TON CICHATURE AND TITLE OF OFFICER															
	marken O.	well	Jaken					29c. LICE		473		Zad. DAT	O	Month, Day, Year)	
2	30. NAME AND ADDRESS OF	PERSON WHO		SE OF DEATH THE	EM 27) (Type	Print)	+ 1	1D		770		- (- (- 1	
	31. DATE FILED (Month, Day,)	1004	39. REGISTRA	0			-			(10					_
31. Date Filed (Month, Day, Mar) 31. PEGISTBAR'S SIGNATURE This Davidson-Randelle											- 1				



1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIF	TMENT OF I	DEATH	MENTAL HYGIE REG. N	NE 9/	- 28691				
1. DECEDENT'S NAME (First, Middle	LUCILLE PL	UMMER			2. DATE OF DEATH OCTOBER	23,1991	3. TIME OF DEATH 10:48 A.				
4. SOCIAL SECURITY NUMBER 193-05-4442B		(IMyrs. jast birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS	7. DATE OF BIRTH (Month, Day, Year)	1	B. BIRTHPLACE (State or Foreign Country)				
	193-05-4442B 1 M 2 76 YRS. MONTHS DAYS HOURS MIN. JULY 28, 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH										
WE COUNTY OF DEATH											
RESIDENCE OF DECEDE		В	COLUM	BIA		HC	DWARD				
<u>a</u>	COUNTY	10c. CIT	Y, TOWN OR LOCA	TION		IOd. INSIDE CI LIMITS?					
	HOWARD		COLUMBI			LIMITS 1 YES					
4	8867 ROLL RIGHT COURT APT. L 21045										
11. MARITAL STATUS	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13 WAS DECEMBENT OF HISDANIC ORIGINS (1)										
3 Widowed 4 Divorced	FORCES? 1 TYES	icen, Puerto Rican, etc.)	NO =	4. RACE — American Indian, Black, White, alc. Specify: BLACK							
I5. DECEDENT (Specify only highe	r'S EDUCATION st grade completed)	18a. DECEDENT'S	USUAL OCCUPATE	ON ost of working	I6b. KIND OF B	USINESS/INDU					
15. DECEDENT (Specify only higher (Specify only higher Elementary/Secondary (0-12) 6 17. FATHER'S NAME (First, Middle, L	College (1-4 or 5+)	The second second second	vork done during me e retired.)	ou so worning							
5 17. FATHER'S NAME (First, Middle, L		HOMEMAKE	K			IN HOME					
	WILLIA	M LIAD	DEN		NAME (First, Middle, Maide						
19a. INFORMANT'S NAME (Type/Prin	nt)			AMANDA	MITCHE al Route Number, City or To						
DAWSON PLUMMER	R (HUSBAND)				RT, COLUMBIA						
20s. METHOD OF DISPOSITION 1XPBurial 2 Cremation 3 (b. PLACE AND DATE O	F DISPOSITION (No	ame of			ly or Town, State				
4 Donation 5 Other (Specif	(N)	ESTLAND "M	EMORIAL	PARK			ILLE, PENNSYLV				
21. SIGNATURE OF FUNERAL BERY	NOE LICENSEE	/	1.EROY	M & RT	FAOR ITY						
Ause	LEROY M. & RUSSELL C. WITZKE FUNERAL HOMES 5555 TWIN KNOLLS ROAD, COLUMBIA, MD. 21045										
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	disease or condition resulting in death) a. Carbit pulmy DUE TO (OR AS A GONSEQUENCE OF): Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A GONSEQUENCE OF): DUE TO (OR AS A GONSEQUENCE OF): DUE TO (OR AS A GONSEQUENCE OF):										
PART II. Other significent cor	nditione contributing to deeth i	but not resulting li	n the underlying	g ceuse givan i		RMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO				
25. WAS CASE REFERRED TO MEDI EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH	CAL		26. PL	ACE OF DEATH (C	Check only one)						
EXAMINER?	HOSPITAL:		OTHER:		S Other (Specify)						
27. MANNER OF DEATH	25a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJ	URY AT	28d. DESCRIBE HOW	INJURY OCCU	RED				
1 Netural 5 Pending 2 Accident Investig	9	- MJC		RK? 'ES 2 NO							
		Y — At home, farm, st crfy)	treet, factory, offic		281. LOCATION (Street City or Town, State	and Number or	Rural Route Number,				
4 Homicide 8 Could r detarmi 29e. CERTIFIER (Check only 2 MEDICAL EX	PHYSICIAN: To the best of my know (AMINER: On the basis of examination	viedge, death occurred	d at the lime, date	and place, and du	e to the cause(a) end ma	nner as stated.					
			, and a second								
Jen 9	296. SIGNATURE AND TITLE OF CERTIFIED 296. LICENSE NUMBER 4025216 296. DATE SIGNED (Month, Day, Year) 10/12/4										
TO THE AND SOUTH PERSON	JERRY E. SEALS M.D. 3460 ELLICOTT CENTER DRIVE, SUITE 103, ELLICOTT CITY, MD. 21043										
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	NATURE		, - 3 - 2 - 2		- LL - OI	-1, III. 21043				

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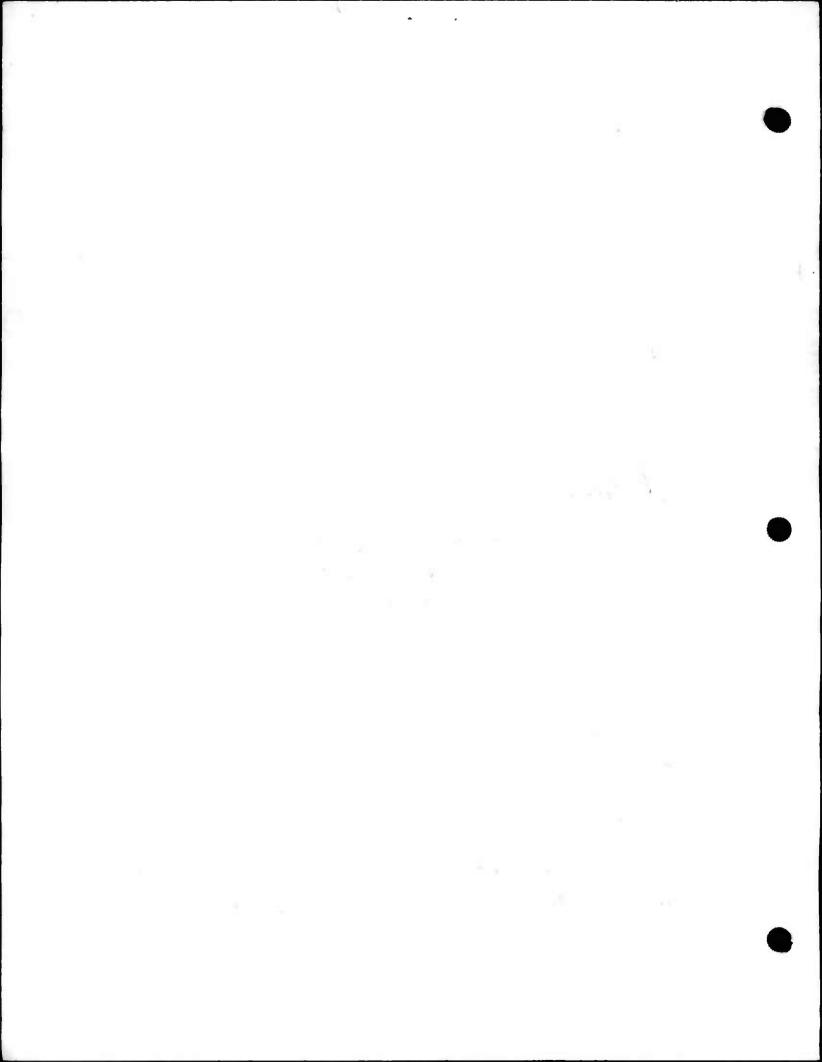
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Marine Sec

BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22 mours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunia-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL		EPARTMEI RTIFICAT					HYGIENE REG. NO.			
	1. OECEDENT'S NAME (First, Middle, Last)							2. DATE OF	DEATH		УЕАЯ	3. TIME OF DEATN
	Irma Bell€ Hasting		(In yrs. last bir	rthday) IF UNE	DER 1 YEAR	IF UNDER 2	$\overline{}$	Octob		, 19		1:00 a M
	218 24 2513	1 □ M 2 💢 = 72		YRS. MONTH		Mai	yland					
	9e. FACILITY NAME (If not institution, give s	THE STATE OF THE S		96. CITY, TOWN OR LOCATION OF DEATN 96. COUNTY OF I								
DINECTOR	10945 Adkins Roa	₃d		Be	erlin			Worcester				
	10a. STATE 10b. COUNTY		1	D = 121		TION				10d. INSIDE CITY LIMITS?		
	Md Wor		Berlin		r. ZIP CODE			I	1 ☐ YES 2 Ž NO WHAT COUNTRY?			
	10945 Adkins Ro		21811						US			
DI LUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 X Widowed 4 Divorced	IN U.S. ARME 2 DATES	D 1	IS. WAS DE	CENDENT OF pecify Cuben, S 2 140	NISPAN Maxicar Specify.	IC ORIGIN? (n, Puerto Ric	Specify Year an, etc.)	or No—	14. RAC Blac Spec	E — American Indian, k, White, atc. City: White	
- 1	15. DECEDENT'S EDU (Specify only highest grade		16e. DECE	DENT'S USUAL	OCCUPAT	ION		16b. K	IND OF BUS	INESS/INI	DUSTRY	
OMPLEIED	Elementary/Secondary (0-12)	College (1-4 or 5+)		kind of work do NOT use retire	d.)	OST OF WORKING		D.	ry Cle	2200	vc.	
	17. FATHER'S NAME (First, Middle, Last)		Cler	K		18. MOTH	ER'S NAI	ME (First, Mic			15	
ב ו	Milton Hastings					Ber	rtie	Willia	ams			
2	19a. INFORMANT'S NAME (Type/Print)			MAILING ADDR								1811
	Wayne Parsons 20a. METHOD OF DISPOSITION	20	b. PLACE OF	45 Lib	_			u, b	_			own, State
	1 Guriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)		Rivers	side Co					Ber	·lin,	Md	•
	21. SIGNATURE OF FUNGAL SERVICE LIC	But see	2		Burk	oage f	Fune	eral H	Home,	108	Wil	liams St.
	23. PART I. Enter the diseases, or shock, or heart fallure.	complications that cause							c or respir	ratory sr	reat,	Approximate interval Between
	IMMEDIATE CAUSE (Finsi disesse or condition					Δ	- d					Onset and Death
	resulting in death)	S. Card			7	An	250					
2	Sequentially list conditions,		vary		cus	Dise	100					
CERTIFICATION	if any, iseding to immediate cause. Enter UNDERLYING	DUE TO (OR AS	1	ENCE OF):	0							
	CAUSE (Disease or injury that initieted events	DUE TO (OR AS	CONSEQUE		•							
	resulting in death) LAST	d	robed	res								
2 2 1	PART II. Other significant condition	ns contributing to death	but not res	suiting in the	underlyi	ng ceuse g	iven in	-	PERFOR	MED?	24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MED			·					_				1 _ YES 2NO
HYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				26, 1	PLACE OF DE	EATH (Ch	eck only one)				
25	EXAMINER? 1 YES 2 No	HOSPITAL: 1 Inpatient 2 ER/Ou	itpatient 3		IER: Nursing Ho	me 5 🗆 Rec	sidence	8 🗆 Other	(Specify)			
ВУ РН	27. MANNER OF DEATN 1 Netural 5 Pending 2 Accident Investigation	26e. DATE OF INJURY (Month, Day, Year)		26b. TIME OF INJURY	W	JURY AT ORK? YES 2	NO	28d. OEŞC	RIBE NOW II	NJURY O	CCURED	
9	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJUF building, atc. (Sp	RY — Al home pecify)	e, farm, street,	factory, off	ice			ION (Street e Town, State)	and Numbe	er or Rurel	Route Number,
29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of axamination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) and manner as stated.										(e) end menner ee stated.		
O BE C	296. SIGNATURE AND TITLE OF CERTIFIE	F. wate	is w	<i>®</i>		29c. LICE	NSE NUI	MBER 799	3	29d, DA		0 (Month, Day, Year)
=	30. NAME AND ADDRESS OF PERSON W		DEATH (ITEM		cea	n C	15	luf	2			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	4 44	1.0	1 40 3		-6	3				
. 9	UGIZ	2 1991 gw	ha David	war-han	المالك							



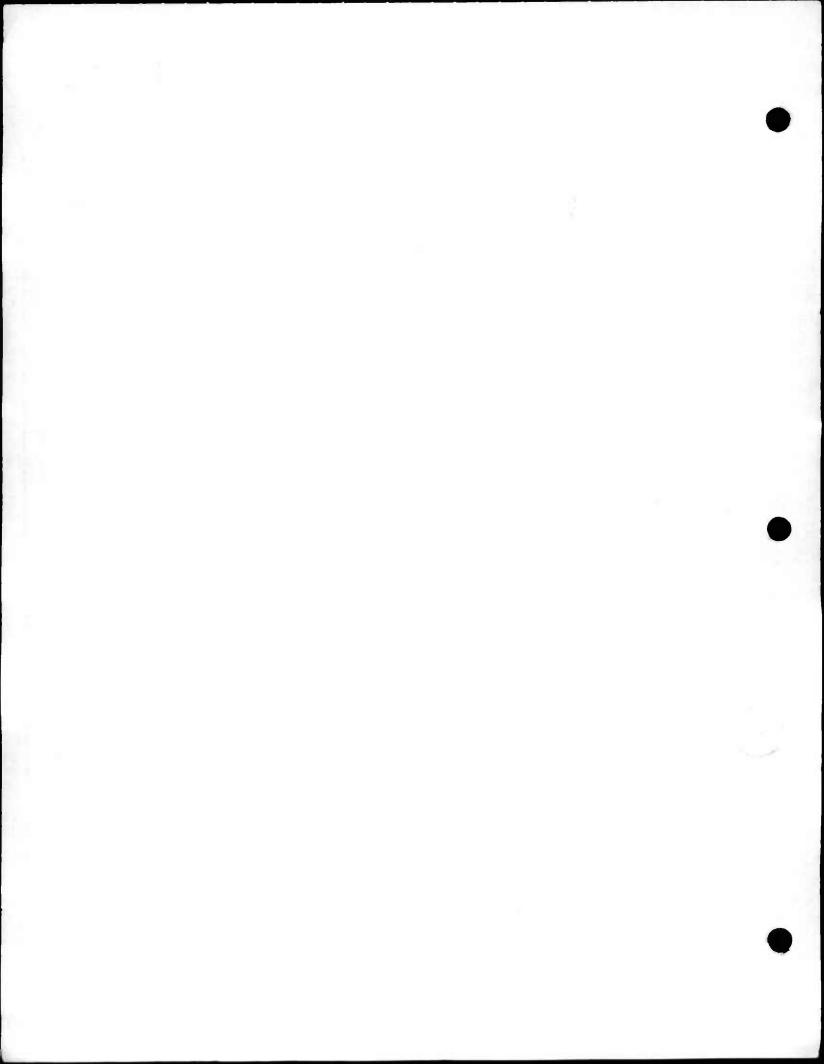
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or mar 23 shows any injury, or other traumatic event, the
marked, or limm 23 sh
28 is marked, or him 23 sh
item 28 is marked, or item 23 sh
If item 28 is marked, or limm 23 sh
s marked, or it

	1 - STATE REGISTRAR	STATE OF I	MARYLAND C	/ DEPAR	RTMEN	OF H	EALTH AND	MENTAL HYGIE	NE	6	6693	
	1. DECEDENT'S NAME (First, Middle, Last) A. Carter		Robin					2. DATE OF DEATH MONTH October		954	3. TIME OF DEATH 7:35 PM	
	4. SOCIAL SECURITY NUMBER 212–36–4366	5. SEX 1 💢 M 2 🗌 F	6. AGE (In yrs. Is 52	nst birthday) YRS.	IF UNDER	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		_	IPLACE (State or Foreign	
стоя	9a. FACILITY NAME (If not institution, give of MARYLAND GENER RESIDENCE OF DECEDENT	THE THE PARTY	TAI.				ORE CITY				ORE CITY	
DIRE	10a. STATE Md 10b. COUNT				timore		TION			10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
NERAL	2221 Madison Aver					21217		US		WHAT COUNTRY?		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 X Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	RMED NO		it yes, sp	ENDENT OF HISPA ecify, Cuban, Maxic 2 NO Speci	NIC ORIGIN? (Specify) an, Puarto Rican, etc.) fy:	es or No-	14. RACI Blac Spec	E — American Indian, k, Whita, atc.	
PLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5	- (0	ECEDENT'S Give kind of e. Do NOT u	USUAL Or work done se retired.)	CCUPATIO during mo	ON st of working	16b. KIND OF B	Post (
medical examiner must be notified at once. TO BE COMPL	17. FATHER'S NAME (First, Middle, Last) Robert A. Robinson						Lucy A	AME (First, Middle, Maide L. Carter	on Sumame)			
TO TO	19a. INFORMANT'S NAME (Type/Print) James Thornton		19	DE MAILING 182	25 Mac	ison	nd Number or Aural Avenue Ba	Route Number, City or R 11timore, Md	wn, State, Zi 21217	p Code)		
r must t	20a METHOD OF DISPOSITION 1.0 Burlai 2 Cremation 3 Removal from State 4 Donetion 5 Other (Specify) 20b. PLACE AND DATE Of DISPOSITION (Name of cemeter in Carpolina Control of Computer in Carpolina Control of Computer in Carpolina Control of Computer in Carpolina Control of Computer in Carpolina Control of Computer in Carpolina Control of Computer in Carpolina Control of Carpolina Con											
examine	21. SIGNATURE OF FUNERAL SERVICE LICENSEE March F/n West 4300 Wabash Avenue											
ent, the medica	23. PART I. Enter the diseases, or compressions that ceused the decay. Do not enter the mode of dying, such as cerdiec or reepiretory arreet, shock, or heert feliure. Liet say one ceuse on each link. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) a. ADULT RESPIRATORY DISTRESS SYNDROME Due to (or as a consequence of):											
or other traumatic event, the	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): ASPERGILLOSIS DUE TO (OR AS A CONSEQUENCE OF): ACQUIRED IMMUNE DEFICIENCY SYNDROME DUE TO (OR AS A CONSEQUENCE OF): d.											
shows any injury, MEDICAL CE	PART II. Other algnificent condition	a contributing to	deeth but not	recuiting i	in the un	dertylng	j ceuse given in	Part I, 24a. WAS A PERFC	N AUTOPSY PRMEO? 2 NO	24b	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER	t:	ACE OF DEATH (Ch					
marked, or BY PHYS	27. MANNER OF OEATH 1 Natural 5 Pending 2 Accident Investigation	28a, DATE OF (Month, De	INJURY	28b. TIM	-	28c. INJI WO	JRY AT	8 Other (Specify) 28d. DESCRIBE HOW	INJURY OC	CUREO		
28 IF	3 Suicide 6 Could not be detarmined	28a. PLACE Of building,	F INJURY — At ho atc. (Specify)	ome, term, s	dreet, facto	ory, office		28t. LOCATION (Street City or Town, State	and Number	or Rural R	louie Number,	
를 건	29a. CERTIFIER (Check only 000) 2 MEDICAL EXAMINE	CIAN: To the best of ax	my knowledge, de amination and/or	eth occurre	ed at the ti	me, data pinlon, de	and place, and due oath occured at the	to the cause(s) and mitime, data and piece, a	nner as ata	led. na cause(s)	and manner as stated.	
TO BE COME	296. SIGNATURE AND TITLE OF CERTIFIER	MII					29c. LICENSE NUR	MBER	29d. OAT	E SIGNED	(Month, Day, Year)	
-	30. NAME AND ADDRESS OF PERSON WHO HASSAN FARHA!	HASSAN FARHAT, M.D. c/o MARYLAND GENERAL HOSPITAL										

31. DATE FILED (Month, Dey, Year)

OCT 2 2 190

32. REGISTRAR'S SIGNATURE hia Davidson-Randell



13146,	
BOX	
. P.O.	
RECORDS,	
VITAL	
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the stress of the function of the retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEP/	ARTMENT OF HEALTH AND I	MENTAL HYGIENE 1 2	28694
FARETTE REECHEL	REECHEL	2. OATE OF DEATH 10-19-91 MONTH DAY YEAR	3. TIME OF DE

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	AND / DEPARTN CERTIFIC			NTAL HYGIENI REG. NO.	91	28694			
	1. OECEOENT'S NAME (First, Middle, Last)	JEANETTE RE	ECHEL	REEC	HEL 2	OATE OF DEATH 1	0-19-9	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 218 10 1859	6. SEX 6. AGE (in yrs. last birthday) IF	DATE OF BIRTN (Month, Day, Year) 8-26-192	r) Country)						
	9a. FACILITY NAME (If not institution, give s	treet and number)	91	b. CITY, TOWN O	R LOCATION OF DEATN		9c. COUNTY	OF DEATN			
FUNERAL DIRECTOR	Baltimore Count		Balto	County							
RE		10b. COUNTY 10c. CITY, TOWN OR LOCATION						10d. INSIDE CITY LIMITS?			
<u>-</u>		a		altimor				1 X YES 2 □ NO			
Z		la St. Michae	el NurHm	101.	ZIP COOE		10g. CITIZEN	OF WHAT COUNTRY?			
ÿ.	Seton Drive (4	800)	1110 45450	T 40 UMO DEO	21215	NO 10 10 10 10 10 10 10 10 10 10 10 10 10	11- 44	USA			
	1 Never Merried 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	If yes, spe	ENDENT OF NISPANIC Cocify Cuban, Maxican, Pr		or No- 14.	RACE — American Indian, Black, Whita, etc.			
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	no	1 L YES	2 NO Specify:	no		Specify: White			
	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S US (Give kind of work			16b. KIND OF BUS	INESS/INDUST	RY			
<u> </u>	Elementery/Secondary (0-12)	College (1-4 or 5+)	Iffe. Do NOT use re	stired.)	at or working						
MPI											
COMPLETED	17. FATNER'S NAME (First, Middle, Last)				18. MOTHER'S NAME						
BE	Gus Philip Reec	nel			Bernadine						
5	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	ODRESS (Street a	nd Number or Rural Route	Number, City or Town	n, State, Zip Coo	de)			
	20a. METHOD OF DISPOSITION	Law				[aa.		//			
	20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	other place)	ION (Name of cen	netery, crematory or	20c. LO	CATION — City	or Town, Stata			
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE Ronald Wa	de, Dir	22. NAME AN	ID ADDRESS OF FACILITY	Y STATE	ANATO	MY BOARD			
	Joseph 6	3. Jan Sen	10-21-91	655 7	W. Baltimo	re St, Ba	alto.,	MD 21201			
	23. PART I. Enter the diseases, or	complications that caused List only one cause on e		antar tha mo	de of dying, such a	a cardiac or reapi	ratory arrest	, Approximata interval Batwaan			
	IMMEDIATE CAUSE (Final	Liat only one cause on e	-0	1-	,	<i>3</i> D		Ongot and Donth			
1	disease or condition resulting in death)	seese or condition BETITO MONAGE									
	DUE TO (OR AS A CONSEQUENCE OF):										
S	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF).										
Ě	if any, leading to immediate cause. Enter UNDERLYING	DOE TO (ON AS A	CONSCOUENCE OF):								
CERTIFICATION	CAUSE (Disease or Injury that initiated events	C. DUE TO (OR AS /	CONSEQUENCE OF):								
E	resulting in death) LAST	4									
		d									
CAL	PART II. Other algnificant condition	e contributing to death b	out not resulting in	the underlyin	g cause given in Par	rt i. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIDR TO			
						1 YES 2	□ NO	OF DEATH?			
M						-		1 TES 2 NO			
PHYSICIAN: MEDI											
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HQSPITAL:	10	26. PI	LACE OF DEATN (Check	only one)					
YS	1 YES 2 NO	Inpatient 2 - ER/Out	patient 3 DOA 4	☐ Nursing Nor	e 5 Realdance 8						
	27. MANNER OF DEATH ↑ Netural 5 □ Pending	(Month, Day, Year)	28b. TIME (ty wo	PRK?	id. DESCRIBE NOW I	NJURY OCCUR	IEO .			
B	2/ Accident Investigation	26a. PLACE OF INJURY	- At home from stor		YES 2 NO	If. LOCATION (Street)	and Mumbas as	Donal Davin Mambas			
	3 Suicide 6 Could not be 4 Homicide detarmined	building, etc. (Spe	city)	ret, rectory, orne		City or Town, State)	ind realison or	THE PROPERTY OF THE PROPERTY O			
	29a. CERTIFIER										
COMPL	(Check only	BICIAN: To the best of my know ER: On the basis of examination						ause(a) and manner as stated.			
	28b. BIGNATURE AND TITLE OF CERTIFIE	110	A		29c. LICENSE NUMBE			IGNED (Month, Day, Year)			
BE	Mu	13 /4 X	MP		D 2715	7	D 18	7-19-91			
2	30. NAME AND ADDRESS DA PERSON WI	LETED CAUSE OF DE	EATN (ITEM 27) (Type, P	rint)	2 .//~		- 10	1 76			
	KAYNOLT	DEFEST	RE BA	HUTIM	ORE COL	WTY 6E	LERLA	L HOSPITAL			
	31. DATE FILED Month, Day, Year 991	31. REGISTITAR'S BION	1- Mandell	,		/					

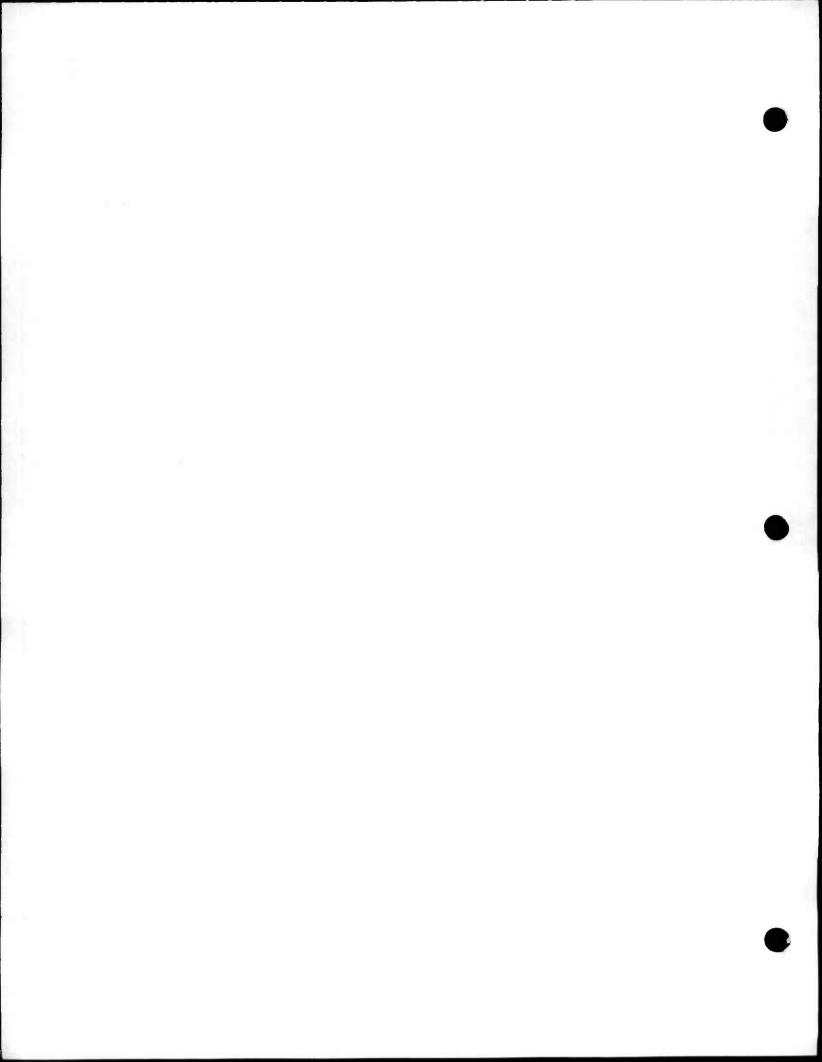
	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										0 0 0	
- 1	1. DECEDENT'S NAME (First, Middle, Last)							2.	DATE OF DEATH			3. TIME OF DEATH
1	ALICE	BERNICE	ROBINDON							14	YEAR Q1	08:35 AM M
	4. SOCIAL SECURITY NUMBER		GE (In yrs. lest	birthday)	IF UNDER	1 YEAR	IF UNDER 24 HF		DATE OF BIRTH (Month, Day, Year)			PLACE (State or Foreign
	215-07-7068	1 □ M 2 💢 F 71		YRS.	1.11		1342504- 23	1,	/29/1920		yland	
æ	90. FACILITY NAME (If not institution, give					, TOWN (OR LOCATION O	F DEATH		9c. COU	NTY OF D	EATH
DIRECTOR	NORTH ARUNDEL	HOSPITAL ASS	SOCIAT	MOI		GLE	N_BURN]	E			A. /	. COUNTY
R	10a, STATE 10b. COUNT			10c. CIT	Y, TOWN	OR LOCAT	TION					10d. INSIDE CITY
٥		aryland Anne Arundel			asad	ena						LIMITS? 1 YES 2 NO
A	10e. STREET AND NUMBER					101	. ZIP CODE					YHAT COUNTRY?
FUNERAL	7743 Outing Aven	12. WAS DECEDENT EVE					21122					tates
E	1 Never Merried 2 Merried	FORCES? 1 YE	ES 2 NO	D		If yes, sp	ecify Cuban, Ma	xican, Pr	PRIGIN? (Specify Yearto Rican, etc.)	or No-	Black	— American Indian, c, White, etc.
BY	3 Widowed 4 Divorced	IF TES, GIVE WARR OF	DATES			1 [] YES	2 X NO SE	ecity:			Speci	White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grad	JCATION a completed)	(G/v	e kind of y	USUAL O	CCUPATIO	ON st of working		16b. KIND OF BU	SINESS/IND	USTRY	
9	Elementery/Secondary (0-12)	College (1-4 or 5+)	life. I	Do NOT us	e retired.)		or or morrang				_	
MP	17. FATHER'S NAME (First, Middle, Last)		-	Home	make	r					Dom	estic
8	John		Fick						First, Middle, Malden	Surname)	,	
H	19a. INFORMANT'S NAME (Type/Print)				ADDOSES	(Street o	Edit		Number, City or Tow			known)
2	Mr. James W. Robi	neon							adena, M		1122	
	20a. METHOD OF DISPOSITION	1.	20b. PLACE AF					Lasc		CATION —		wn State
	1 N Buriel 2 ☐ Cremation 3 ☐ Ren 4 ☐ Donation 5 ☐ Other (Specify)		cemetery, crem	netory or o	har place)			10				ie, MD.
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	sien n	aven			1 Park				111	
	•				MC	Cul	ly Fun	eral	Home of	Pasa	aden	
	23. PART i. Enter the diseases, or shock, or heart feliure.	complications that ceut List only one cause on	sed the dea	th. Do n	ot enter	the mo	de of dying,	nuch as	cardiac or reap	iratory arr	eat,	Approximate
	IMMEDIATE CAUSE (Final disease or condition			-	1		1	-	1.15	-		interval Between Onset and Death
	resulting in death)	a C	me	6/	my	de	eidla	(infar	elli	R	
		DUE TO (OR A	S A CONSECU	UENCE OF	7: U	,						
CERTIFICATION	Sequentially list conditions, if eny, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):										+	
S	cause. Enter UNDERLYING CAUSE (Disease or injury	C.										į
E	that initiated aventa resulting in death) LAST	OUE TO (OR AS	S A CONSECU	JENCE OF	7:							
H	readiting in death) EAST	d										
	PART il. Other algnificent condition	na contributing to deeth	but not re	sulting i	n the un	derlying	cause given	In Pari	i. 24a. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL		Mrome.	de	pr	en	cer			PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
Ä		morbica	1 00	res	iti	1			1 123 2	M NO		DF DEATH? 1 YES 2 NO
ž					/							
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					ACE OF DEATH	(Check o	nly one)			
YSI	1 YES 2 NO	1 Inpatient 2 ER/O	utpatient 3	DOA	OTHER 4 Num		e 5 🗆 Realden	ce 6 🗆	Other (Specify)			
	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF INJUR (Month, Day, Yeer		26b. TIM	E OF URY	26c. INJ WO	URY AT RK?	280	. DESCRIBE HOW I	NJURY OCC	URED	
à	2 Accident Investigation	200 DI ACE OF INITI	Imr. 414				ES 2 NO					
	3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJU building, atc. (S	pecify)	ie, term, s	treet, fact	ory, office		281	. LOCATION (Street & City or Town, State)	and Number	or Rural A	oute Number,
9	290. CERTIFIER				-	010						-
COMPLETED		ICIAN: To the best of my known. ER: On the beels of examine										
	29b. SIGNATURE AND TITLE OF CERTIFIE			vestigation	.,, 0	pinion, u				d due to the	o cause(a)	end mannar ea stated.
띪	Mines	11/5	2	a	u	~	29c. LICENSE	NUMBER	387	29d. DATE	SIGNED	(Month, Day Year)
일	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE OF	DEATH (ITEM	27) (Type.	Print)						/ //	7/7/
	JAMES J. BENJAM	IIN, M.D./65	3 OLD	MIL	L RO	AD/M	ILLERS	VILL	E, MD 21	.108		
	31. DATE FILED (Month, Day, Year)	32. REGISTRATE SA	CHATCHE !	n-16	ημωρικ	-						

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 68760,



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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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permit Pages 1, 2, 3 should TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hoss TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR		MARYLAND C	DEPAR	ICATE	OF HEAL	TH AND	MEN'	TAL HYGIEN	IE	fine.	0096
3	1. DECEDENT'S NAME (First, Middle, Lest)	M. CECII	RHOOF	S	RHOD				ATE OF DEATH	AY G	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. ia	st birthday)	IF UNDER 1		NDER 24 HRS.	7. 0/	TE OF BIRTH		6. BIRTH	IPLACE (State or Foreign
	259-26-9445	1 M 2 🗆 F	83	YRS.	MONTHS (DAYS HOU	RS MIN.	1	1-23-	17	Countr	orgia
	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, T	OWN OR LO	CATION OF D				NTY OF D	
DIRECTOR	Harbor Hospi	.tal		· · · · · ·			Ba1	tir	nore			
HE	10a. STATE 10b. COUNT			10c. CIT	Y, TOWN OR	LOCATION						tod. INSIDE CITY
	Maryland Anne	Arunde	1		Pa	sadei	na					LIMITS? 1 YES 2 XNO
AL	10e. STREET AND NUMBER					101. ZIP	CODE			10g. CITI	ZEN OF V	WNAT COUNTRY?
FUNERAL	332 Beach Aven	ue					2	1112	22	Un	ited	States
15	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AT	RMED	13. WA	S DECENDE	NT OF HISPA	NIC OR	GIN? (Specify Ye	or No-	14. RACE	- American Indian, k, White, etc.
BY	1 Never Married 2 Married 3 Widowed 4 Divorced		NAR OR DATES	140		YES 2			to Rican, atc.)		Speci	
	15. DECEDENT'S EDU		cetime									MILLOE
	(Specify only highest grade	e completed)	(0	ECEDENT'S Sive kind of a Do NOT us	USUAL OCC	UPATION ing most of w	rorking		16b. KIND OF BU	SINESS/IND	USTRY	
12	Elementary/Secondary (0-12)	College (1-4 or 5	*'									
COMPLETED	17, FATHER'S NAME (First, Middle, Last)		L R	ubbe	r Wo				Tire 1	<u> Manu</u>	Eact	urer
	Joseph				Rhode				nt, Middle, Maiden	Surname)		
BE	19a, INFORMANT'S NAME (Type/Print)		140						eth			Call
2	Mr. Cecil R. R	hodes			each				umber, City or Tow			21122
	20a. METHOD OF DISPOSITION	737 203			OF DISPOSITI			Pasadena, Md.				
	1X Burial 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	novat from State	Glen	Hazz	ther place)	om T)arle	10	10/01	01	. D.	rnie, MD.
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE - /	TOTCH	HUV	22. NA	ME AND AD	DRESS OF FA	CILITY	19/91	GTEL	1 BU	rnie, MD.
	1/1 1/2	10 11										asadena
\vdash	3204 Mountain Road Pasadena, Md.211											
	IMMEDIATE CAUSE (Fine)										Approximeta Intervel Between Onset end Death	
1 1	disease or condition resulting in deeth) a. Intracerefuel Lemonrlage DUE TO (OR AS A CONSEQUENCE OF):											19 days
_		DUE TO	(OR AS A CONSE	OUENCE OF	1 7	em	orr	lag	20			17 days
ATION	Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING	b	(OR AS A CONSE			lom	orr	lag	7.9			17 days
IFICATION	if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	b		OUENCE OF):	em,	or	lac	7.9			17 days
ERTIFICATION	if eny, leading to immediate cause. Enter UNDERLYING	b	(OR AS A CONSE	OUENCE OF):	em	orr	lag	7.9			17 days
L CERTIFICATION	if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	b	(OR AS A CONSE	OUENCE OF	7:					YZGÓTIJA	246	17 days
A.	if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b	(OR AS A CONSE	OUENCE OF	7:				24e. WAS AN PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE
EDICAL	if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	b	(OR AS A CONSE	OUENCE OF	7:				24s. WAS AN	MED?	24b.	
MEDICAL	if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	b	(OR AS A CONSE	OUENCE OF	7:				24e. WAS AN PERFOR	MED?	24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL	if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	b	(OR AS A CONSE	OUENCE OF	n the unde	riying cou	se given in	Part i.	24a. WAS AN PERFOF 1 - YES 2	MED?	24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
SICIAN: MEDICAL	if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition	b. DUE TO C. DUE TO d	(OR AS A CONSEC	QUENCE OF	n the unde	rlying cou	Be given in	Part i.	24e. WAS AN PERFOR	MED?	24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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BALTIMORE, MARKAND 1215-0020	only attending physician.	THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should went and the burial-transit permit. Pages	١.
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E, MAF	y be retained	nage 5 shou	he notifie
TIMOR	. Раде 6 та	ral director, ;	iner must
BAL	rs after death	by the fune	dical exam
	n 24 hour	ly filled in	the me
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	hat the death certificate be executed within	THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the	lied within 72 hours after death with the best, or health and mental hydere prior to durat, cremator, or removal. PORTANT: If them 28 is marked, or them 23 shows any injury or other traumatic event, the medical examinar must be notified at once
AL RECO	e law requires th	has been signed	23 shows an
OF VIT	HYSICIAN: Th	his certificate	ed. or item
NOISI	TTENDING PI	TOR: After th	28 is mark
DIA	PITAL DR AT	RAL DIREC	F. If Item 2
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HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING TO THE FUNERAL DIRECTOR: Afte be filed within 72 hours after deat IMPORTANT: If Item 28 is m

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 17 DAY 199 10 MICHAEL ROMANO A 2400 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign HOURS YRS. 111-12-3451 90 27. 1901 Jan New York 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF CEATN 9c. COUNTY OF DEATN DIRECTOR BOWLEYS BALTIMORE QUARTER ROAD BALTIMORE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Baltimore 1 YES 2 XNO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? TS Rd. Apt. C

12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES X 505 Bowleys Quarters Rd. 21220 U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yes, specify Cuban, Mexican, Puerto Rican, atc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried ВY 1 YES 2 XNO Specify 3 ₩Idowed 4 □ Divorced White COMPLETED 15. DECEDENT'S EOUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use relired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) N/A Superintendent Apartment House 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) BE Not Known Not Known Romano 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 (Dghtr) Romano 347 Marietta Ave Hawthorn N.Y. 10532-1438 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State 1 Buriel 2 Cremation X N Re 4 Donation 5 Other (Specify) Pine Lawn Memorial Park East Farmingdale N.Y. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Schimunek Funeral Home, Inc. 3331 Brehms Lane Baltimore, Md. 23. PARTA. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or heart failure. List only one cause on each line Interval Betw Onaet and Death diseasa or condition resulting in death) . ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not reaulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 TYES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 X YES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA 4 ☐ Nursing Home 5 💢 Raeldence 8 ☐ Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 26d. DESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending Investige ΒY М 1 YES 2 NO 2 Accident 3 Sulcide 28s. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) COMPLETED 8 Could not be determined 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 29e. CERTIFIER (Check only one)

29 CERTIFIER (Check only one)

3 M MEDICAL EXAMANCE On the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) end manner as attend. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piecs, and due to the ceuse(s) end manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Nonald & Wright MD O.C.M.E ▶10-19-1991 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) DONALD G. WRIGHT MO DOME 111 N. PENN STREET BALTIMORE, MARYLAND 2120 32. RESISTRARIO SIGNATURE

March and "

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permit. Pages 1, 2, 3 should

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Health	INS B	
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	WILBERT E. H	RYAN									91	28	1698
	FOR 1 - STATE REGISTRAR	STATE OF MAR			TMENT				MENTAL	HYGIENE			
	1. DECEDENT'S NAME (First, Middle, Last)	0							2. DATE (OF DEATH	,	EAR 3.	TIME OF DEATH
	Wilbert E.I								10	16	9	10	200 A M
	4. SOCIAL SECURITY NUMBER 200-07-1394	5. SEX 6. /	AGE (In yrs. last	birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.		DE BIRTH Day, Year) 5/18	8.	Country)	CE (State or Foreign
	9a. SACILITY NAME (If not institution, give street and number)						R LOCATION	ON OF OE		,	9c. COUNTY		
8	Shady Grove adventist Hosp Rockville									Mor	ntgom	nery	
DIRECTOR	10a. STATE 10b. COUNTY	,		10c. CIT	Y, TOWN	OR LOCAT	ION					104	d. INSIDE CITY
뜸	Maryland Mont	gomery			Gait	hers	burg					1 [LIMITS?
FUNERAL	106. STREET AND NUMBER 22222 Creek View J	Drive				101.	ZIP CODI	882			10g. CITIZEI		T COUNTRY?
S	11. MARITAL STATUS	12. WAS DECEDENT EV FORCES? 1 X	ER IN U.S. ARI	MED						? (Specify Yes	or No— 14	RACE -	American Indian, hita, atc.
ВУ Б	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR	OR OATES Kore			1 Tyes, spe	2 TKNO	n, Maxicai Specify	n, Puarto R	Hean, atc.)		Specify:	White
8	15. DECEDENT'S EDU	CATION	18a, OE6	CEDENT'S	USUAL O	CCUPATIO)N		18b.	KIND OF BUS	INESS/INDUS	TRY	
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)			work done se retired.)								
COMPL	12	0	Ret	ire	l Fi	rst S	Sarge	ant	U	J.S. Mi	ilitar	У	
	17. FATHER'S NAME (First, Middle, Last) Thomas Earl R	ron.					4.510.000			fiddle, Maiden S			
H	19s. INFORMANT'S NAME (Type/Print)	yan	104	MAILIN	ADDRES	C /Ctmat a				ndolyn		nafe)	
임	Rosalie H. Ry	an				\$\$ (Street and Number or Rural Route Number, City or Town, State, Zip Code) 10e.							
	20b. PLACE OF DISPOSITION (Name of cometery, cremetory or 1 kB Burlel 2 Cremetton 3 Composition (Name of cometery, cremetory or Arlington, Va.												
	21. SIGNATURE OF PUNERAL SERVICE LIC	ENGER /			22.	NAME AN	IO AOORE	SS OF FA	CILITY				
	► (/ of 6, 6	1								Funer			20002
	23. PART I. Entay the disesses, or o	complications that ca	used tha de	ath. Do						aytons			20882
	shock, or heart failure. List only one cause on each lina.										Interval Between Onset and Death		
		RESARA	TORY	FAIL	VEF	-							5MIN
NO	Sequentially list conditions,	b. ASPIRAT	AS A CONSEC	PNE	UM!	ONI	4						2 MYS
E I	If any, leading to immediate cause. Enter UNDERLYING	STROKE	- martin										YEHRS
빌	that initiated events		AS A CONSEC	DUENCE C	F):								10.1
CERTIFICATION	resulting in death) LAST	d											
I - I	PART II. Other significant condition	a contributing to de	ath but not r	esulting	In the u	nderiyin	cauae	given in	Part I.	24a. WAS AN			ERE AUTOPSY FINDINGS
MEDICAL	ORGANIC BRAIN	SYNDROL	15 B	LADI	SER	CA	NCE	R.	_ 1	PERFOR	-	CC	MILABLE PRIOR TO OMPLETION OF CAUSE DEATH?
ME	CHEONIC OBSTR	UCTIVE A	JUMOI	VAR	JY D	NEY	128	_	_				YES 2 NO
	DIABETES							,				<u> </u>	
CE	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		ACE OF C	EATH (Ch	eck only on	ne)			,
HYSICIAN:	1 YES 2 AND 27. MANNER OF DEATH	1 - Impatient 2 - EF		□ DOA 28b. TII		rsing Hom 28c. INJ		asidence	6 Othe	r (Specify) CRIBE HOW II	NJURY OCCU	RED	
BY PI	1 Natural 5 Pending	(Month, Day, 1			JURY M	WC	PRK?	□ NO					
	3 Suicide a Could not be	28a. PLACE OF IN building, atc.	IJURY — At ho (Specify)	me, ferm,	atreet, fac	tory, offic	•			ATION (Street a or Town, State)	and Number or	Aural Rout	te Number,
ETE.	4 Homicide detarmined												
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICAL EXAMINE	ICIAN: To the best of my											nd manner en eleted
	29b, SIGNATURE AND TITLE OF CERTIFIE				, n. nry	-p-110/11 U		ENSE NUI		Live prece, dit			
BE	S710e11 .						75	CO T	7	II.	AND THE	//or	onth, Day, Year)
2	20 NAME AND ADDRESS OF DEDOON WIL						U	War J	1		70	14/	LL

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
T. KARIYA, MD, 16220 FRE FREDERICK RID#G3, GAITHOUSBURG STEVEN

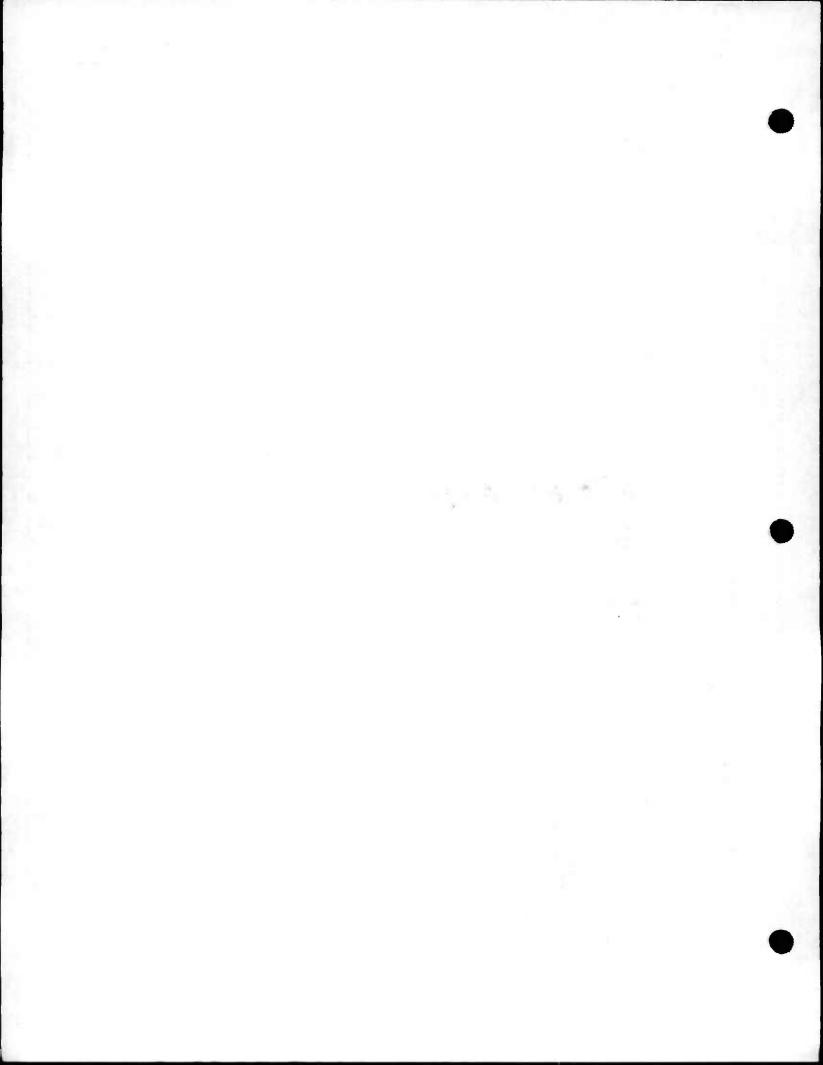
32. REGISTRAR'S SIGNATURE Julia Davidson-Randelle. 1991

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filted in by the funeral director, page 5 should be detached for use as the burial-transit permit be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: if Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION	TO THE HOSPITAL OR ATTENDING	TO THE FUNERAL DIRECTOR: After be filed within 72 hours after death	IMPORTANT: If Item 28 is ma

TO BE COMPLETED BY FUNERAL DIRECTOR TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE	0F	MARYLAND	/ DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENI
		C	ERTIFICATE	OI	F DEAT	TH		REG. NO.

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
1. DECEDENT'S NAME (First, Middle, Lest)	, Jo	Rosensteel		TE OF DEATH		3. TIME OF DEATH					
4. SOCIAL SECURITY NUMBER 213760736	10 M 2 🗆 F 💆	8 YRS.	ONTHS DAYS HOURS	MIN. (M	TE OF BIRTH onth, Day, Year)	3 000	THPLACE (State or Foreign ntry) Maryland				
9a. FACILITY NAME (If not institution, give a Carroll County			Westmir			ec. county of	roll				
nesidence of decedent 10a. state 10b. count Maryland	r	10c. CiTY, 1	Baltimore				10d. INSIDE CITY LIMITS? 1 X YES 2 NO				
1224 E. Belv	edere		101. ZIP CO	1239	- 19		d States				
11. MARITAL STATUS 1 X Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 X NO	13. WAS DECENDENT If yes, specify Cut 1 YES 2 X NO	an, Mexican, Puar			CE — American Indian, lick, White, atc. ectly: White				
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of worn life. Do NOT use of Deper	rk done during most of work retired.)	ding	16b. KIND OF BUSI	INESS/INDUSTRY					
17. FATHER'S NAME (First, Middle, Last)			18. MO	THER'S NAME (Fin	st, Middle, Maiden S	Surname)					
Joseph L	. Rosenste			Marie	В.	McClai	n				
Marie B. Dongar		1224 E	DDRESS (Street and Numb E. Belveder	e Bal	timore,	Md. 21					
toa, METHOD OF DISPOSITION X Burlal 2	oval from State 20b.	PLACE AND DATE O	other place) Cemetery	10/23/9		ation — chy or ltimore	Maryland				
at. SIGNATURE OF FUNERAL SERVICE LI	Milton J	night Jr	Leonard C			ore,Md. 305Har					
IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST	b. Chrin DUE TO (OR AS A	CONSEQUENCE OF):	tre Vas	e dr	king		Interval Betwee				
PART II. Other significant condition	ampute	t not resulting in	the underlying couse The Level	given in Part I	. 24e. WAS AN / PERFORI	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
25. WAS CASE REFERIND TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	DEATH (Check onl	,						
1 VES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Output 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c, INJURY AT WORK?		her (Specify) DESCRIBE HOW IN	JURY OCCURED					
1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJURY building, etc. (Special	At home farm, str	M 1 TYES 2	281, 1	LOCATION (Street a City or Town, State)	nd Number or Flui	al Route Number,				
	SICIAN: To the best of my knowl ER: On the best of examination						e(a) and manner ea stated.				
296. SIGNATURE AND TITLE OF GENTIFIE 30. HAME AND ADDRESS OF PERSON WI	udsletm		29c. Li	CENSE NUMBER	3		ED (Month, Pay, Year)				
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S, SIGN. 1991 Funav	ATURE DAVIDSON-ROM	kninst	ese, 8.	hd	7/1:	ST				



Pages 1, 2, 3 should

permit.

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leath. Page 6 may be retained by the hospital or	funeral director, page 5 should be detached for u	xaminer must be notified at once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-nous after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for up a find within 72 hours after death with the State Dect. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH 3. TIME OF DEATH John Stryzak MONTE 945 SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. B. BIRTHPLACE (State or Foreign Country) 19-50-DAYS HOURS MIN. 1 1 M 2 | F YRS. Ukraine 9a. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH Be. COUNTY OF DEATH DIRECTOR Dulaney Valley Towson Nursing Home Baltimore County Baltimore. 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Baltimore City Maryland 1 X YES 2 NO 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 101, ZIP CODE 3809 Birchview Avenue 21206 United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS OECENOENT OF HISPANIC ORIGIN? (Specify If yes, specify Cuban, Mexican, Puerto Rican, atc.) 14. RACE — American Indian, Black. White, etc. FORCES? 1 YES 2 NO 1 Never Married 2 Married Specify: White 1 YES 2 NO Specify: BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe intary/Secondary (0-12) College (1-4 or 5+) Machinist Mechanic Continental Can Co. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Hawrylo Stryzak Domacha BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Nadia Stryzak 3809 Birchview Avenue Baltimore, MD 21206 20a. METHOD OF DISPOSITION

1. Puriel 2 Cremation 3 Ren 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State 1 Donation 6 Other (Specify) Russian Orth. Andrew Cem Baltimore, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Lilly & Zeiler, Inc. Funeral Homes 1901 Eastern Avenue Balto. MD 21231 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such se cardiec or respiratory arrest, Approximate shock, or heart fellurs. List pnly one cause on each line. Interval Bety IMMEDIATE CAUSE (Final **Onset end Death** disease or condition Ima carcinoms resulting in death) metastatic mets CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 100m 1 - YES 2 1 NO OF DEATH? 1 - YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: 1 YES 2 NO HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA | Nursin ng Home 5 🗆 Residence 6 🗆 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 5 Pending М 1 YES 2 NO BY 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined COMPLETED 4 Homicide 29a. CERTIFIER

(Chack note: 1 CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, data and place, and due to the cause(a) and manner se stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29¢ LICENSE NUMBER 29d, DATE SIGNEO (Month, Day, Year) BE 171 amon 101 805040 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Northern

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32. REGISTRAR'B SIGNATURE ulia Davidson-Randell

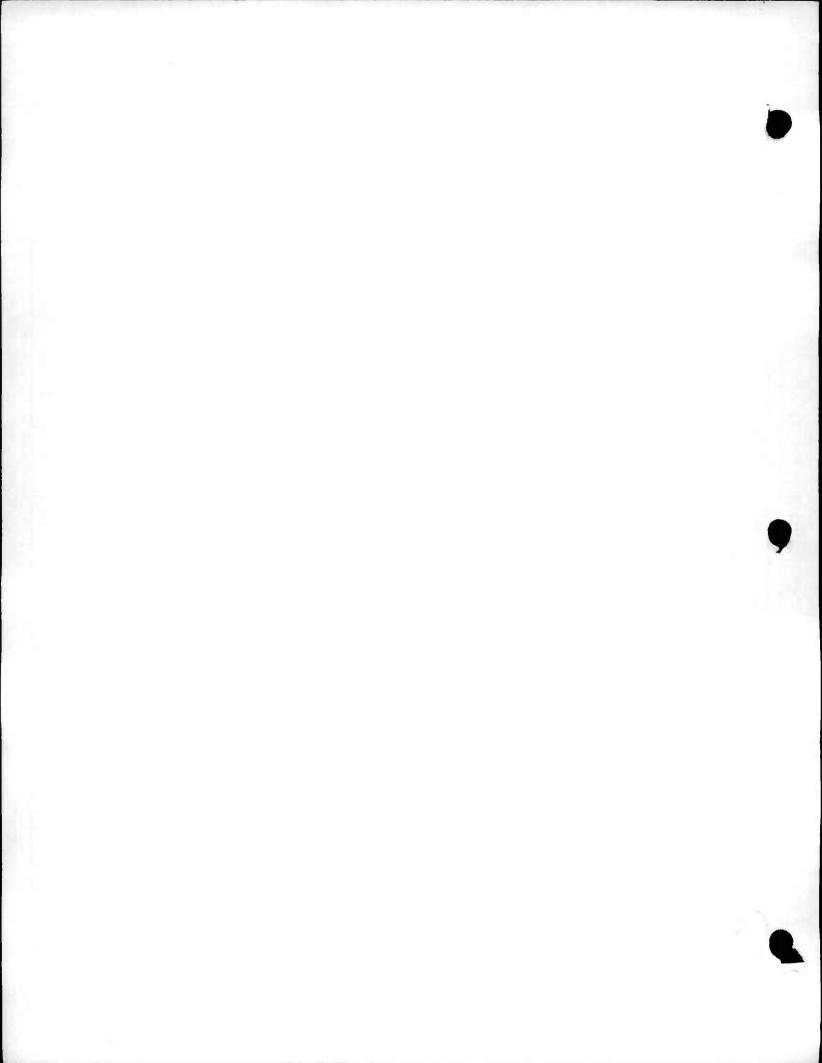
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31. DATE FILED (Month, Day, Year)
OCT 22 1991

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Balto md



FOR STATE REGISTRAR

JAMES

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

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	4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In yrs. in:	I birthday)	IF UNDE	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, E			8. BIRTHPLA Country)	CE (State or Foreign	
	217-24-7305 1 🖾 M 2 🗆 F 62			62	YRS.	9/		9/25	/25/1929 p		Pa	Pa		
Œ.	NORTH ARUN			CCOOT ATT	EOM.	96. CITY, TOWN OR LOCATION OF DEATH 9c. GLEN BURNIE						C. COUNTY OF DEATH		
1 6	RESIDENCE OF DE	CEDENT		SSUCTAT								A.A. C	COUNTY	
DIRECTOR	Md. 106. COUNTY 106. CITY, TOWN OR LOCATION Glen Burnie										I. INSIDE CITY LIMITS? YES 2 V NO			
A.	100. STREET AND NUMBER 101. ZIP CODE 102. CITIZEN OF WHAT													
FUNERAL	7810 Southampton Dr. Apt F 21060 U.S.A.													
B	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. / FORCES? 1 TyES 2 IF YES, GIVE WAR OR DATES					ARMED 13. WAS DECENDENT OF HISPANIC OR If yes, specify Cuben, Mexicen, Pue						I4. RACE / Black, Wr	American Indian,	
ETED.	15. DE (Specify on Elementary/Secondary (CEDENT'S EDU hy highest grade 0-12)	CATION completed) College (1-4 or 5	(G	CEDENT'S ive kind of Do NOT u	work done	OCCUPATIO during mo	ON Isl of working	18b. Ki	IND OF BUSI	INESS/INDU			
COMPLET	17. FATHER'S NAME (First, A	Unkno			chi	nist	t			esti		use		
111	Robert W	n. Spa	ngler					Goldie						
2	196. INFORMANT'S NAME (Type/Print) Anna Spangler. 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 1619 Gray Place Balto. Md. 21222													
must be	20s. METHOD OF DISPOSIT	on 3 🗆 Reme	oval from State	20b. PLACE a	AND DATE	OF DISPO	SITION (Na	me of	DATE	20c, LOC	ATION — CI	ty or Town, S	State	
100	21. SIGNATURE) OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 23. NAME AND ADDRESS OF FACILITY													
ехашілег	Bradley-Ashton Funeral Home, Inc												Inc	
	23. PART I. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such se cerdiac or respiratory arrest, Approximate													
	shock, or haert feliure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. SUDDED DEATH													
ERTIFICATION	DUE TO (OR AS A CONSEQUENCE OF): Sequentially liet conditions, If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):													
SHOWS ANY INJURY, MEDICAL CI	PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? AMALA AMALA										E AUTOPSY FINDINGS			
EDI	HISTOR	CO D	E TIM	VME	_				_ 1	YES 2	XNO	OF E	IPLETION OF CAUSE DEATH?	
AN: N	SEIZURE DISORDEN HISTORY OF SYNCOPE PERFORMED? 1 YES 2 ONO OF DI										YES 26 NO			
CIAN	25. WAS CASE REFERRED 1 EXAMINER?	O MEDICAL	HOSPITAL:				28. PL.	ACE OF DEATH (Che	ick only one)					
PHYSI	1 YES 2 AND		1 Inpetient 2		M DOA	The second second	FI: raing Home	5 Reeldence	8 Other (S	pecify)				
ВУ РН	27. MANNER OF DEATH Natural 5 Accident	Pending Investigation	28s. DATE OF (Month, D	ay, Year)		URY M		RK? ES 2 NO	28d. DESCR	IBE HOW IN.	JURY OCCU	RED		
	3 Suicide 8 4 Homicide	Could not be determined	28s. PLACE O building,	F INJURY — At hosetc. (Specify)	me, ferm, s	street, fec	tory, office		281. LOCATIO City or To	ON (Street sn own, State)	d Number or	Rural Route	Number,	
COMPLET	29e. CERTIFIER (Check only one) 2 MED	(Check only Check only Check in the least of my knowledge, death occurred at the time, data and plecs, and dus to the cause(s) and menner as stated.										menner as stated.		
TO BE COM	296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (MogN/ Day, Year) 30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)										of Day, Year)			
	JAMES T. M	CMULLE					D RO	AD/GLEN 1	BURNIE	E, MAF	RYLAN	2100	61	
	31. DATE FILED (Month, Day)	ICT 2		Ars SIGNATURE Julia Dav										
			****	The state of the s	44 1	-							DHMH-16 Rev 1/89	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

SPANGLER, SR

2. DATE OF DEATH MONTH

18

91

3. TIME OF DEATH

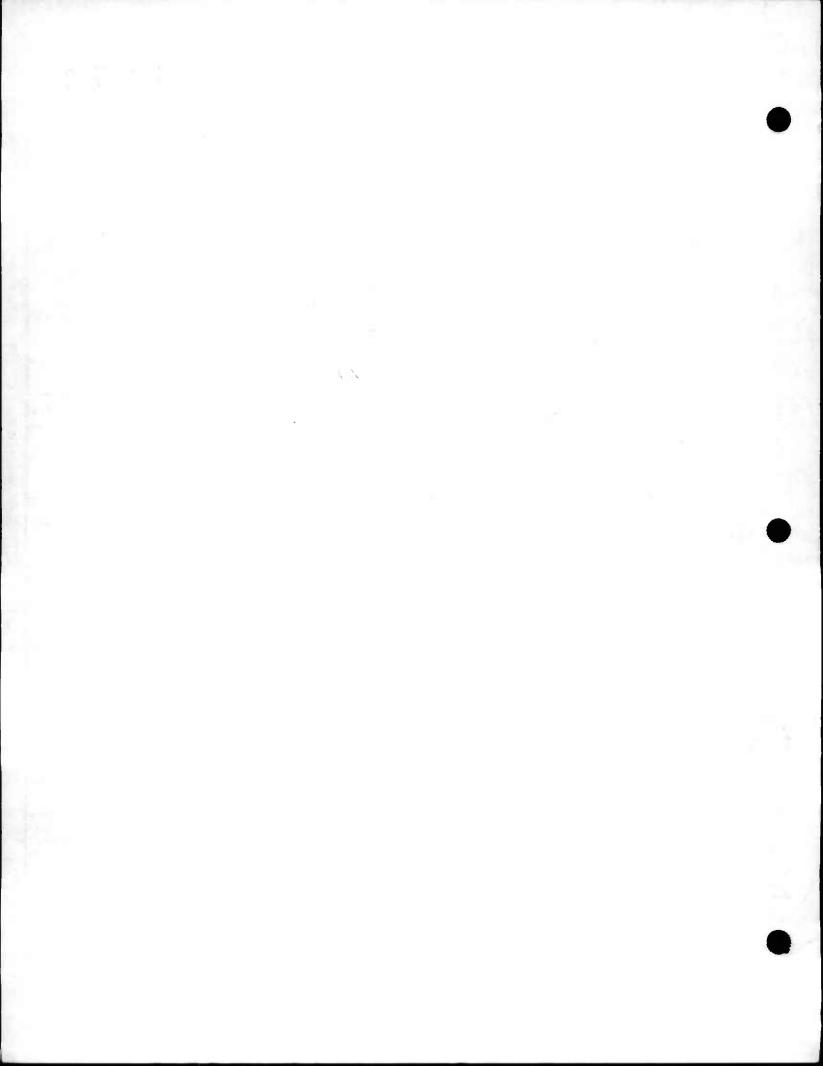
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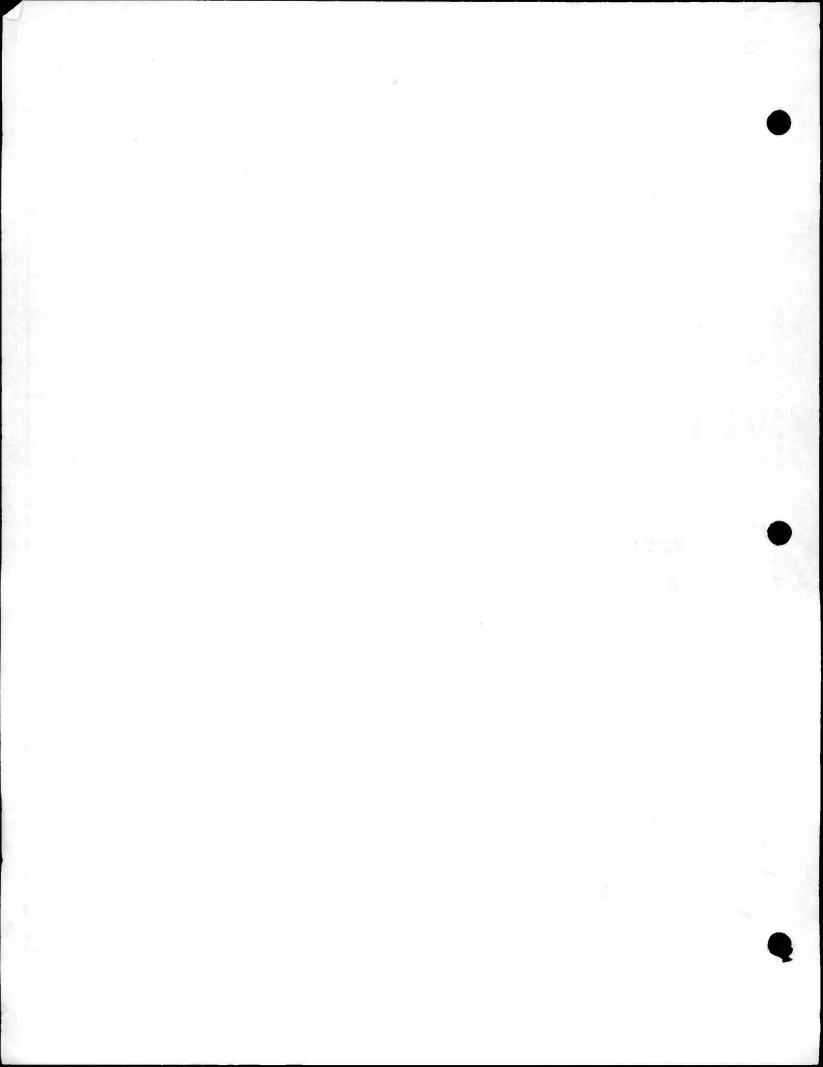
	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPART				SIENE	20102
	1. OECEDENT'S NAME (First, Middle, Last)	T. Sand	ers			2. DATE OF DEA	TH	3. TIME OF DEATH 3. 30 QM
	4. SOCIAL SECURITY NUMBER 240 - 44-6507 96. FACILITY NAME IN and institution, give so	1 Ø M 2 □ F	/ YRS.	F UNDER 1 YEAR WONTHS DAYS	IF UNDER 24 HRS. HOURS MIN, OR LOCATION OF D	7. OATE OF BIRT (Month, Day, Y	1930	B. BIRTHPLACE (State or Foreign Country) V. C
LOION	GUO D SAMATI	tan Hosp	ortal	Ba/	to	EAIR	Sc. Count	T OF DEATH
5	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCA				10d. INSIDE CITY LIMITS? 1 XYES 2 NO
ONEDAL	2835 Edge Con		North		21215		0	EN OF WHAT COUNTRY?
	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 ☐ YES IF YES, GIVE WAR OR DA	2 NO	If yes, s	CENDENT OF HISPA Decity Cuban, Maxic S 2 NO Speci	an, Puerto Rican, a		14. RACE — American Indian, Black, White, etc. Specify: Black
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	16a. DECEDENT'S U (Give kind of wo life. Do NOT use	ork done during m	ON ost of working	16b. KIND (OF BUSINESS/INDU	STRY
200	17. FATHER'S NAME (First, Middle, Last) Tack Sander	3			18. MOTHER'S N.	AME (First, Middle, I	Malden Surname)	
	190. INFORMANT'S NAME (Type/Print) Estherleen San	ders	2835	- Edge		arden	Vorth B	alto, Md 21215
	20s. METHOD OF DISPOSITION 1 A Burial 2 Cremation 3 Remo	oval from State	PLACE AND DATE	or other place)	y Cem	102691	atons	VILLE, MY
	21. SIGNATURE OF FUNERAL SERVICE LIC	ugaret x	Mer	Hara 4	300 W	west	Ave	
CERTIFICATION	23. PART I. Enter the disesses, or o shock, or heart feliure. I IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO JOSP AS A	CONSEQUENCE OF	nes	t fail	aili Jule	ML	Approximate interval Between Onset and Peeth Years Years
שבסוסיר סבו	PART II. Other eignificant condition	s contributing to death be	at not resulting in	n the underlyin	ng ceuse given la	F	WAS AN AUTOPSY PERFORMED? YES A NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
FILL SICIAIN.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (C	UL DE SE		
	27. MANNER OF OEATH S Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. IN	me 5 Residence JURY AT ORK? YES 2 NO		HOW INJURY OCC	URED
ובה סו	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spec	— At home, farm, st	treet, factory; off	ca	26t, LOCATION City or Town	(Street and Number (or Rural Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE							e cause(s) and manner as stated.
u D	29b. SIGNATURE AND TITLE OF CERTIFIES	any	M	1	29c LICENSE N	UMBER /	29d. DATE	SIGNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WH	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type,	Print)	Samo	ntan	Ho	mol
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE					



DNMN-18 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending 10 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR	STATE OF MARYL		RIMENT OF H			MENTAL HYGIEN REG. NO.	E	
1. DECEDENT'S NAME (First, Middle, Last)	\ ,	-				2. DATE OF DEATH	. V	3. TIME OF DEATN
Caladys Se	10el (GLADYS	SEIDEL)			1 () 19	G C	/ Gim.
4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH	8.	BIRTNPLACE (State or Foreign
L L	1 🗆 M 2 💢	80 YRS.	MONTHS DAYS	HOURS	MIN.	(Month, Day, Year)		Country)
9e. FACILITY NAME (If hot institution, give		<u>80</u>	9b. CITY, TOWN	DO F BCATIC	W OF DE	11-28-19	9c. COUNTY	POLAND
LIBERTY NAME (IT NO INSTITUTION, GIVE	Se. COUNTY	OF DEATH						
10e. STATE 10b. COUNT	Υ	10c. CF	Y, TOWN OR LOCA	TION				10d. INSIDE CITY
mp			BALTIN	All I				LIMITS?
10e. STREET AND NUMBER			10	. ZIP CODE			10g. CITIZER	OF WHAT COUNTRY?
4012 FORDS LANE	, APT. 1-C				21	215		USA
11. MARITAL STATUS	12. WAS DECEDENT EVER I					HC ORIGIN? (Specify Year, Puerto Rican, etc.)	or No- 14	. RACE — American Indian, Black, White, etc.
1 Never Married 2 Merried	IF YES, GIVE WAR OR D		1 YES	2 NO	Specify	r. rueno racen, etc.)		Specify:
Wildowed 4 Divorced				XX				WHITE
15. DECEDENT'S EDI			USUAL OCCUPATI			16b. KIND OF BU	SINESS/INDUS	TRY
(Specify only highest grad		(Give kind of life. Do NOT u	work done during mass retired.)	set of workin	g			
Elementary/Secondary (0-12)	College (1-4 or 5+)							
12		l H	OUSEWIFE	7	_		AT HON	Œ
17. FATHER'S NAME (First, Middle, Last)				18. MOTH	HER'S NA	ME (First, Middle, Maiden	Surneme)	
GETZEL WE	ISSMAN					DEVARAF	WEI	SSMAN
19e. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS (Street	and Number	or Rural	Route Number, City or Tox		
MR. GEORGE SEIDE	T	3014	M CODA	пимот	א יוכ	ME DATE	MD	21215
\					KE A	VE., BALTO		
20s. METHOD OF DISPOSITION 1 X Juriel 2 Cremation 3 Ref		 b. PLACE ANO OA[*] cemetary, cremator 	TE OF DISPOSITION or other place)	(Name		OATE 20c. LC	CATION — City	y or Town, State
4 Donation 5 Other (Specify)			EVETCARE		10-	20-91 W	ASHING	TON, D.C.
21. SIGNATURE FAFUNERAL SERVICE	FINSEE		22. NAME A	ND ADDRES	SS OF FA	CILITY SOL LEV	TNISON	& BROS., INC
1 12								
place	renso		9010	REIS	STER	STOWN RD.,	BALTC)., MD 21215
immediate Cause (Fine) disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate	b	A CONSEQUENCE	OF): Cest	ed i	net	a oct our	art	Onset and Bed
ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C. DUE TO (OR AS	A CONSEQUENCE	ors.	WY	87 LE	and pro	PEUY	0 .
	0							
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition of the condition	ena contributing to death	but not reaulting	in the ynderlyli	cause of	given in	Part I. 24a. WAS AI PERFO 1 □ YES	RMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. 1	LACE OF D	EATH (C	heck only one)		
EXAMINER?	HOSPITAL:	metlent 2 - DC+	OTHER:	20	una-ma	W_ 127-127		
					-eidence	8 Other (Specify)	IN HIEW COO.	DEO
27. MANNER OF CEATN	(Month, Day, Year)	28b. T	NJURY W	JURY AT ORK?		28d. DESCRIBE NOW	MJURY OCCU	NEO
1 Natural 5 Pending 2 Accident Investigation			M 1 🗆	YES 2	NO			
3 Suicide 8 Could not be	28s. PLACE OF INJUR	Y — At home, farm ecity)	, street, factory, off	ce		28f. LOCATION (Street City or Town, State		Rural Route Number,
onel only	SICIAN: To the best of my knov HER: On the basis of examinati			death occu	red at th	e time, date and place, a	nd due to lhe	cause(a) and manner as state
296. SIGNATURE AND TITLE OF CERTIF	GKAWA			29c. LIC	ENSE NU	1228	29d. DATE :	SIGNED (Month, Day, Year)
30. NAME AND ACCRESS OF PERSON V	NO COMPLETED CAUSE OF D	EATN (ITEM 27) (7)	b esti-	20	1 ei	. Cem	hij.	, , , ,
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	NATURE Davidson-V	1 12					



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FOR STATE REGISTRAR

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	AM.	
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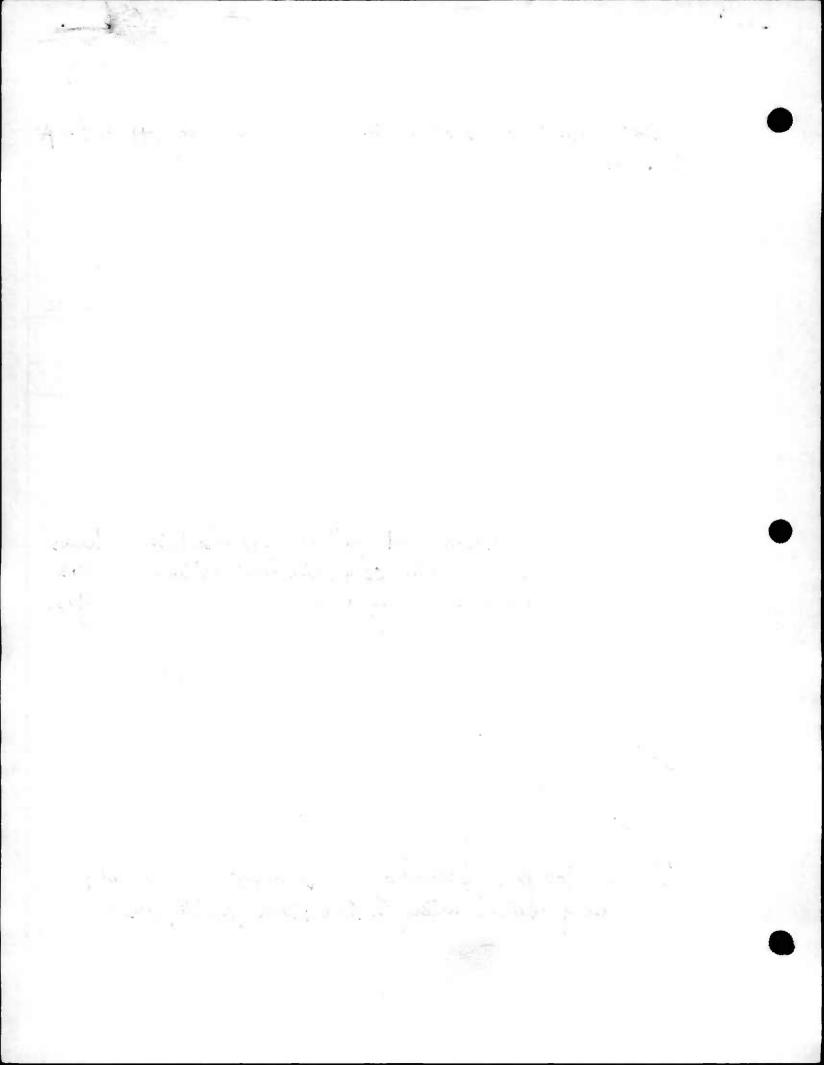
Din:

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH MONTH 3. TIME OF DEATH CATHETUNE SCHEELER 6. BINTHPLACE (State or Country) 10 20 7. DATE OF BIRTH (Month, Day, Year) 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR Maryland DAYS HOURS MIN. 218-01-04 -16-1 Pages 1, 2, 3 should Sa. FACILITY NAME (If not institution. 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR RESIDENCE OF CEDENT 10d. INSIDE CITY LIMITS? 10b. COUNTY 10c. CITY, TOWN OR LOCATION Balto.City, Md, 1 SES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 409 2 ement 1230. n by the funeral director, page 5 should be detached for use as the burlal-transit removal. ter death. Page 6 may be retained by the hospital or attending physician. - American Indian, White etc WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-11. MARITAL STATUS 14. RACE If yes, specify Cuban, Mexican, Puerto Rican,

1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES B 3 Wildowed 4 Vivorced untrown COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Bendix Co. 10th.GRade Inspector notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) William Ε. Howard Birdie Betson B 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 409 E.Clement St.Balto.Md.21230 Ms.Grace E.Howard ě 20s. METHOD OF DISPOSITION

X Burlal 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION - City or Town, State DATE must A.A.Co.Md. Cross Cemetery 10/22 examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Balto.Md.21230 McCully Funeral Home, 130 E. Fort Ave. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or reapiretory street, Approximeta 20 shock, or heert fallure. List only one cause on each line. Interval Between 6 Onset and Death IMMEDIATE CAUSE (Final and completely fille burial, cremation, 中 disease or condition roms resulting in death) other traumatic event, CERTIFICATION Sequentielly list conditions, the attending physician a Mental Hygiene prior to If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A that initiated events resulting in death) LAST 6 23 shows any injury, PART II. Other significant conditions contributing to daeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY MEDICAL 24b. WERE AUTOPSY FINDINGS signed by the Health and AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpetient 21 | ER/Outpatient 3 | DOA 1 YES NO OTHER: ng Home 5 - Rasidanca 6 - Other (Specily) 4 - Nursi 0 the DIRECTOR: After this cert hours after death with the Item 28 is marked, o 27. MANNER OF DEATH 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 26s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 6 Could not be 4 Homicide 29a, CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(s) and menner as stated. TO THE HOSPITAL OF THE FUNERAL DE FISED WITHIN 72 has IMPORTANT: If IN 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE 10 191 20 9

CERTIFICATE OF DEATH



	(Pages 1, 2, 3 shou	
BALTIMORE, MARYLAND 21215-0020	PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	r this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR		STATE OF N	MARYLAND C	/ DEPAR	RTMEN	T OF H	EALTH DEA	AND TH	MENT	TAL HYGIEN		28	3705	
	1. DECEDENT'S NAME (FIRST,	suss								TE OF GEATH	7 (YEAR	3. TIME OF DEATH		
4	4. SOCIAL SECURITY NUMB 218-34-056	9	5. SEX	a once i real is once a real						JA	7. DATE OF BIRTH JAN 18 1001 1897 8. BIRTHPLACE (State or For County) CERMANY				
OR	9a. FACILITY NAME (If not institution, give street end number) SINAI HOSPITAL					9b. CITY		LTIM		EATH		9c. COUN	ITY OF DE	ATH	
EG	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY					Y, TOWN	OR LOCAT	ION							
FUNERAL DIRECTOR	MARYLAND 100. STREET AND NUMBER						BALTI	MORE						10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
RA							101	. ZIP COO	E			10g. CITI	ZEN OF WH	FAT COUNTRY?	
S	5811 WTNNE	R AVE.	12. WAS DECEDEN	T EVER IN U.S. A	RMEO	13.	WAS DEC	ENDENT C	2121	UC OBL	GIN? (Specify Yes		SA	A	
BY FI	1 Never Married 2 3 Widowed 4 Divo		FORCES? 1	YES 2	NO		If yes, sp	city Cubs	n, Mexica	n, Puer	to Rican, atc.)	OF 140-	Black, Specify	- American Indien, White, atc.	
								X	apron,					VHITE	
TEI	(Specify only	EDENT'S EDU highest grade	CATION completed)	18a, D	ECEDENT'S Give kind of to Do NOT u	USUAL O	CCUPATIO	N st of workin	10	1	18b. KIND OF BU	SINESS/IND	USTRY		
COMPLETED	Elementary/Secondary (0		College (1-4 or 5 +		HOUSE					1	OH TA	ME			
BE CO	17. FATHER'S NAME (First, MI BERTOLD B	odie, Last) ODENHE	EIMER						CLO		t, Middle, Maiden DA FULI	,			
TO B	190. INFORMANT'S NAME (7) MRS. HANNA		JRKE	1	96. MAILING 4802	CUTS	S (Street e.	AVE .	or Rural	Route N	OND, VA	n, State, Zip	Gode)		
	20a METHOD OF DISPOSITI	ON	and white days					me of						n. State	
	cemetery, cremetory or other place) 4 Donation 5 Other (Specify) CHEVRA AHAVAS CHESED 10/20/01 DANIDALI STA														
	21. SIGNATURE OF FUNERAL			NAME AN	O ADDRES	SS OF FA	CILITY				V PID				
	Japlaly							WIN RD			MD 21215				
CERTIFICATION	PART L Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Between Onset and Death Approximate interval Between Onset and Death Due to (or as a consequence of): SEPSIS (URIVARY TRACT INF.) B. SEPSIS (URIVARY TRACT INF.) OUE TO (or as a consequence of): Cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST														
PHYSICIAN: MEDICAL C	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PARA—ESOPHAGEAL HERN/A—poor nutrition 1 yes 2 No									6	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO				
S	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HQSPITAL:			OTHE		ACE OF D	EATH (Ch	eck only	one)				
YSI	1 TYES 2 NO		1 Inpetient 2	ER/Outpetlent	3 🗆 00A	4 Nun		5 🗆 Ra	eldence	8 🗆 01	her (Specify)				
	27. MANNER OF DEATH Netural 5 F	Pending	28e. OATE OF (Month, Da		28b. TIM	E OF URY	28c. INJU WOR	RK?	7	28d. D	ESCRIBE HOW II	JURY OCC	URED		
ED BY	3 Suicide 8 C	ould not be	28e. PLACE OF building,					CATION (Street a ty or Town, Stete)	et and Number or Rural Route Number,						
Li	20- CENTIFIED														
COMPLETED	(Check only CERTI		CIAN: To the best of R: On the basic of ex											end menner ee stated.	
B	29b. SIGNATURE AND TITLE			(Tay	Lem)			NSE NUM				SIGNEO (A	fonth, Day, Year)	
2	30. NAME AND ADDRESS OF	ERSON WHI	O COMPLETEO CAUS	E OF OEATH (ITE			917	ΔΙ	Q	۸, ۲	UMON		24	ס	
	31. DATE FILED (Month, Day, X	bar)	32. REGISTRAI	R'9 SIGNATURE					(3)	4-	() IY (U)		1-1	D	

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	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hox	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach		IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,
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	TH OT	TO TH	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MP0
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1 17	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)			CERTIF			DEA	ТН	REG. NO	D	1.	. TIME OF DEATH
	Seidman, Howard B	(HOV	(HOWARD B. SEIDMAN)						DAY 9	YEAR	C:35P	
10.10	4. SOCIAL SECURITY NUMBER 219-01-1835	5. SEX 1 X 2 F				7. DATE OF BIRTH (Month, Day, Year) 3/11/19		8. BIRTHPI Country)	LACE (State or Foreign			
_	9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH							TTY OF DE				
TOF	Union Memorial Hos			Ba	ltim	ore	City					
DIRECTOR	10e. STATE 10b. COUNTY MARYLAND	10b. COUNTY				OR LOCA	MORE					Od. INSIDE CITY LIMITS? X YES 2 NO
FUNERAL	106. STREET AND NUMBER 6028 GREEN MEADOW PARKWAY					10	1. ZIP COD 21.	209				AT COUNTRY?
BY	11. MARITAL STATUS 1 X Never Merried 2 Merried 3 Widowed 4 Divorced				ARMEO 13. WAS DECENDENT OF HISPANIC If yes, specify Cuban, Maxican, 1 YES 2 MO Specify:			n. Puerto Rican, etc.)	es or No—	14. RACE - Black, Specify:	- American Indian, White, etc.	
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade or	DECEDENT'S (Give kind of				00	16b. KIND OF BI	SINESS/IND	USTRY			
Ä	Elementary/Secondary (0-12)	College (1-4 or 5	+)	life. Do NOT u	se retired.))	JOST OF WORKE	9				
N N	17. FATHER'S NAME (First, Middle, Last)	FATHER'S NAME (First Middle Leet)								CATION	J	
	IO. MOTHER'S NAME						ME (First, Middle, Maide) L.TA	COWAN	7			
TO BE	19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural R								•			
F	JOAN SEIDMAN			8415								21204
	20yr METHOD OF DISPOSITION 1 ← Burlel 2 □ Cremation 3 □ Remov	rat from State	20b. PLAC	E AND DATE	OF DISPO	SITION (N				DCATION	-	
	4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE	NGEE A			ESH	BETH	ISR		10/23/91	BALTI	MORE	MD
	· Ellensue	- dev	mos	m		S 6010	OL LI	EVINS	SON & BROS	BAL.7	n. 1	4D 21215
	23. PART I. Entar tha disesses, or co shock, or haart failura. Li iMMEDIATE CAUSE (Final disease or condition resulting in deeth)	st only ona cau	aa on aach II	na.	not ante	r tha mo	da of dy	ing, suct	h as cardiac or raap	piratory arm	eat,	Approximate interval Between Onsat end Death
		END STAGE RENAL DIZEASE DUE TO (OR AS A CONSEQUENCE OF):										
ON	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
S	If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	that initiated events reaulting in death) LAST	Peri	OR AS A CONS	SEQUENCE O	F):	ماد	,	Sis	easc			
	PART II. Other algnificent conditions	contributing to	daath but no	t reauiting	in the u	nderlyin	T CRUSS (riven in I	Part I. 24e. WAS AF	AUTOROV	T 045 W	COS ALIZONOS EN IGNICA
MEDICAL							g oudso ş		PERFO	RMED?	C	ERE AUTOPSY FINDINGS /AILABLE PRIDR TO DMPLETION DF CAUSE F DEATH?
≥ ::									-		1	YES 2 NO
PHYSICIAN:		HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHE	R:			ock only one)			
ву РНУ	27. MANNER OF DEATH 1 Hetural 5 Pending	28e. DATE OF (Month, Da	INJURY	20b. TIM		28c. INJ WO			6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCC	URED	
COMPLETED B	2 Accident Investigation 3 Suicide 6 Could not be determined	26e. PLACE Of building,	FINJURY — At letc. (Specify)	home, ferm,	street, fac	tory, offic	•		26f. LOCATION (Street City or Town, State	end Number	or Rural Rou	te Number,
PLE	290. CERTIFIER (Check only	AN: To the best of	my knowledge,	death occurr	ed at the	time, date	end place.	end due	to the cause(s) and ma	nner es state	ıd.	
2	one) 2 MEDICAL EXAMINER:	On the horiz of a	emination and in		5000							

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1 YES 2 NO	HOSPITAL: 1 inpatient 2 inpatient 3	DOA 4 Nu	R: reing Home 5 - Residence	6 Other (Specify)	_
7. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Yeer)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCURED	_
3 Suicide 6 Could not be determined	26e. PLACE OF INJURY — At hor building, etc. (Specify)	me, ferm, street, fac	tory, office	26f. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

House staff

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end piece, and due TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Pay, Year)

ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

GONZALO GONZAL lez 2016.Univ Pkwny
32. REGISTRAR'S SIGNATURE Balt. ND

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DHMH-16 Rev 1/89

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DIVISION OF VITAL RECORDS, P.O. BOX 13146, Light ATBIONN PHYSICAL The law requires that the death certificate be executed within the province of the province TO THE HOSHITAL GIR-ATTENDAN PA TO THE FUNERAL DIRECTOR: Ani in Dec filed within 72 hours after dean with IMPORTANE. If them 28 is smart

2	The Sup Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	manner and man 23 shows any injury, or other traumatic event, the medical examiner must be notified at
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	FOR	STATE OF MARY	I AND / DEPAR	TMENT OF	HEAITH AND	MENTAL H	9	28707	
	1 - STATE REGISTRAR	OIALE OF MAIL		ICATE OF			EG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last,					2. DATE OF D	DEATH	3. TIME OF DEATH	
	Helen L.	Helen L. Stalnaker				Octo	ber 18, 19	191- 1070 A.	
	4. SOCIAL SECURITY NUMBER 212-32-6299	5. SEX 6. AGE	(In yrs. last birthday) 56 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(A4- 41 Ph - 141		BIRTHPLACE (State or Forbign Country) ennsylvania	
H.	90. FACILITY NAME (If not institution, give 705 Cloudyfold Di			9b. CITY, TOWN Pikesy	or location of D	DEATH		y of DEATH imore	
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 10b. COUN Maryland Balt	imore		y, town or Localikesvill		an a	un .	10d. INSIDE CITY LIMITS? 1 YES 2XXNO	
	10s. STREET AND NUMBER 705 Cloudyfold Di			1	01. ZIP CODE 21208			N OF WHAT COUNTRY?	
BY FUNERAL	11. MARITAL STATUS 1 □ Never Merried 2 □ Merried 3 □ Widowed 4 ※Divorced 12. WAS DECEDENT EVER IN U.S FORCES? 1 □ YES 2 IF YES, GIVE WAR OR DATES		5 2 NO	ARMED 13, WAS DECENDENT OF HISPAI			pecity Yee or No— 14	I. RACE — American Indian, Black, White, etc. Specify: White	
COMPLETED	15. DECEDENT'S ED (Specify only highest grade Elementary/Secondary (0-12) 12 Grade	College (1-4 or 6+) (Give kine life. Do NO		S USUAL OCCUPAT work done during in se retired.) CDCT	ION lost of working		na G. Rock		
	17. FATHER'S NAME (First, Middle, Last)		DOOKKE	11			le, Maiden Surname)		
B	Harry Murray			17					
2	190. INFORMANT'S NAME (Type/Print) Mrs. Robin Summers			19b. MAILING ADDRESS (Street and Number or Rural 2515/Boston Street			#403 Baltimore, MD 21224		
	4 C Burdal AND Commenters & C Barmanuel from Carts			The state of the s	emetery, cremetory or		Hampstead		
	21. SIGNATURE OF FUNEAUL SERVICE I	ICENSEE		Lori:	and Address of F	Funera	1 Director Randallsto		
	23 PART I. Enter the disease, or ahock or heert fellum IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Ortorio	sed the death. Do eech line.	Codgov	ode of dying, au		or respiratory arres	Approximate Interval Betwee Onset and Deat	
CERTIFICATION	Sequentielly list conditions, if smy, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	A CONSEQUENCE (~~		
PHYSICIAN: MEDICAL C	PART II. Other significant condition of the confidence of the conf	PART II. Other significant conditions contributing to deeth but not resulting in the			ng ceuse given i		PERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIDR TO .COMPLETION OF CAUSE OF DEATH? 1 .YES 2 NO.	
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28.	PLACE OF BEATH (Check only one)			
YSI	1 17 YES 2 1 NO	1 Inpetient 2 ER/O	utpatient 3 🗆 DÖA	4 Nursing He	me 5 Aseldence	6 Other (S	pecify)	n A	
ВУ РН	27. MANNER OF DEATH . 1 Natural 5 Pending investigation	28e DATE OF INJUR (Month, Day, Year	286, T(IJURY 1	VES 2 NO		BE HOW INJURY OCCU	RED	
8	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined 28e. PLACE OF INJURY — At home, farm, street, factory; office City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)						r Rural Route Number,		
COMPLET	dool only	SICIAN: To the best of my kn						d. cause(e) and manner ee stated.	
TO BE C	306. SIGNATURE AND TITLE OF CERTIF) . Agenty. M	edi DEXA	MIN-	29c, LICENSE N		29d, DATE	SIGNED (Month, Day, Year)	
-	30. NAME AND ADDRESS OF PERSON I	TELEN ELG	DEATH (ITEM 27) (Typ	E. Ch	200	1262			
	31. DATE FILED (Month, Day, 1964)	Jula Bures	Manda PD				, ,		

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR	TMENT OF	HEALTH AND		GIENE G. NO.	20100
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DE	ATH	3. TIME OF DEATH
	SAMUEL SILBE					Octobe		91 8:00 A M
	4. SOCIAL SECURITY NUMBER 154 22 1377	A CONTRACTOR OF THE PROPERTY O	yrs. lest birthday)	IF UNDER 1 YEA		7. DATE OF BIR (Month, Day.	TTH (1 Year)	BIRTHPLACE (State or Foreign Country)
	9a. FACILITY NAME (If not institution, give		36 YRS.			Nov.7,	1904	Pennsylvania
<u>a</u>	600 Hawkesbury T				N OR LOCATION OF	DEATH	9c. COUNT	Y OF DEATH
18	RESIDENCE OF DECEDENT							Montgomery
DIRECTOR	10a. STATE 10b. COUNT		N OR LOCATION			10d. INSIDE CITY LIMITS?		
	Florida Palm Beach				Palm Bea	en ————		1 X YES 2 NO
FUNERAL	Golf Edge 18 B				101. ZIP CODE 33417			EN OF WHAT COUNTRY?
S	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U FORCES? 1 X YES	.S. ARMED	13. WAS E	ECENDENT OF HISP	ANIC ORIGIN? (Spec		United States 4. RACE — American Indian,
	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 X YES IF YES, GIVE WAR OR DATE	2 NO	If yes,	specify Cuban, Maxis ES 2 NO Spec	can, Puerto Rican, a	itc.)	Black, White, atc. Specify:
D BY								White
	15. DECEDENT'S EDI (Specify only highest gred	le completed)	8a. DECEDENT'S (Give kind of v life. Do NOT us	vork done durina	TION most of working	16b. KIND	OF BUSINESS/INDU	STRY
F	2 years	College (1-4 or 5 +)		c - ope	rator	В.,,	tcher Sho	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		OWITCI	- ope		IAME (First, Middle, I		op
BE C	Martin Silber						ertainab]	le)
10 B	19a. INFORMANT'S NAME (Type/Print)		19b, MAILING	ADDRESS (Street	and Number or Rura	Poute Number, City	or Town, State, Zip C	ode) 20904
-	Carole Rubin		600 H	lawkesb	ury Terra	ace, Silv	ver Sprin	ng, Maryland
	20s METHOD OF DISPOSITION 1 Burlet 2 Cremation 3 Ren	20b. Pl	LACE AND DATE O	F DISPOSITION			west Palm	
	4 Donation 8 Other (Specify)	Me	norah (ardens		1/20/911	west rain	Florida
				CORRE	N HEBREW	MEMORTAT	. FUNERAT	. HOME
	* Donald (. Stottle		232	CARROLL S	TOPETT N	T.T. T.T. T.	UTNOTON DO
	23. PART I. Enter the diseases, or complications that caused the dath. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fallure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):							
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. Valuate Disease Due to (or as a consequence of): Due to (or as a consequence of):							
	PART ii. Other aignificant condition	na contributing to death but	not resulting is	n the underly	ing cause given in	Part i. 24a W	AS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
ICAL	Parkinsons Dise	are				P	ERFORMED?	AVAILABLE PRIDR TO COMPLETION OF CAUSE
PHYSICIAN: MEDI	Dementia.					''''	YES 2 NO	OF DEATH? 1 YES 2 NO
ż								T TES 2 NO
CA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			PLACE OF DEATH (C	heck only one)		
YSI	1 YES 2 NO	1 Inpatient 2 ER/Outpatie	ent 3 🗆 DOA	OTHER: 4 Nursing He	ome 5 🖹 Raaldenca	8 Other (Specif	(y)	
	27. MANNER OF DEATH 1 Matural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	JRY \	NJURY AT YORK?	28d. DESCRIBE	HOW INJURY OCCU	RED
ВУ	2 Accident Investigation	26. PLACE OF IN HIPV	A4 5 2 2 4 2 2 2		YES 2 NO			
ED	3 Suicide 8 Could not be datarmined	26a. PLACE OF INJURY — building, atc. (Specify)	At nome, term, st	treet, factory, of	Ica	261. LOCATION (S City or Town,	Street and Number or State)	Rural Route Number,
COMPLET	29a. CERTIFIER		2020					
MP	(Check only one) 2 MEDICAL EXAMINE	ICIAN: To the best of my knowledger: On the bests of examination are	ja, daath occurre nd/or (fiveatloation	d at the time, do	death occurred at the	to the cause(s) an	nd manner as stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIE							
BE	111	addianan	20		D39			IGNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DEATH	(ITEM 27) (Type,	Print)				
	ALVINS, MADAR	ANG MO 612	1 MONT	rost R	D; Pock	VILLE, M	10 205	52 (
	31. DATE FILED (Month, Day, Yhar)	32. REGISTRAR'S SIGNATU			1			

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF	MARYLAND A	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
	C	ERTIFICATE	OF	DEAT	TH		REG. NO.

- STATE REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO).		
1. DECEDENT'S NAME (First, Middle, Las)				2. DATE OF DEATH			3. TIME OF DEATN
VIRGIN	IA HALE SHIP	LEY			10 /		EAR P	2:10 A M
4. SOCIAL SECURITY NUMBER	5. SEX 6. AC	E In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPI	LACE (State or Foreign
214-44-8969	1 🗌 M 2 🛣 F	77 YRS.	MONTHS DAYS	HOURS MIN.	8-18-14		(Country)	LAND
9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN	R LOCATION OF DE		9c. COUNTY	OF DE	ATH
MERIDIAN NURSI	NG HOME		RANDALI	STOWN		BALT	TMOR	RE.
RESIDENCE OF DECEDENT						Dilet		
10s. STATE 10b. COUN			TY, TOWN OR LOCAT					10d. INSIDE CITY LIMITS?
	TIMORE	RA	NDALLSTO					1 YES 2 X NO
10e. STREET AND NUMBER				. ZIP CODE		10g. CITIZEI	N OF WH	AAT COUNTRY?
7930 DUNHILL				1217		U.S	.A.	
11. MARITAL STATUS	12. WAS DECEDENT EVE FORCES? 1 7	R IN U.S. ARMED			NIC ORIGIN? (Specify Year, Puerto Rican, atc.)	e or No- 14	RACE - Black,	- American Indian, White, etc.
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OF		1 TYES	2 X NO Specif	y:		Specify:	
	I				1			WHITE
15. DECEDENT'S Et (Specify only highest gra	de completed)		work done during me		16b. KIND OF BU	JSINESS/INDUS		
Elementary/Secondary (0-12)	College (1-4 or 5+)		u lead		DAT DEL	ODE OT		SYSTEM
12	3	NURSIN	G		BALTIM		IY S	CHOOL
17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maide	n Surname)		
GUY GAITHER					TA HORMAN			
19a. INFORMANT'S NAME (Type/Print)					Aoute Number, City or To			
GORDON C. MURRAY					LTIMORE,	MD 212.	10	
20a. METHOD OF DISPOSITION 1 ☐ Burial 2 🂢 Cremation 3 ☐ Re	movel from State	20b. PLACE OF DISPO other place)	SITION (Name of ce.	metery, crematory or	20c. L	OCATION — CIt	y or Town	n, Stata
4 Donation 6 Other (Specify)		METRO CR				ALTIMOR	E, I	MD
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE			ND ADDRESS OF FA	INERAL HOM	F		
* HKR Nellan	2 Cumbru		0		S.W. GL	_	NITE	MD 21061
23. FART I. Emer the diseases, of hook, or heart failure immediate condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (OR A	A CONSEQUENCE COS A COS A CONSEQUENCE COS A COS	or de					Interval Between Onset and Death
PART II. Other significant condit	ons contributing to deat	h but not resulting	in the underlyin	g cause given in	Part i. 24s, WAS A	N AUTOPSY	24b.	WERE AUTOPSY FINGINGS
0	one 6	Cte	2 Bo	at		ORMED? 2 NO		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?				LACE OF DEATH (C	heck only one)			
1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ERA	Outputient 3 DOA	OTHER: 4 Nursing Nor	ne 5 🗆 Residence	8 Other (Specify)			
27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigation	28a. OATE OF INJU (Month, Day, Ye		JURY W	URY AT DRK? YES 2 NO	28d, DESCRIBE NOW	INJURY OCCU	RED	
3 Suicide 8 Could not be determined	building, atc. (URY — At home, farm, Specify)	atreet, factory, offic	•	281. LOCATION (Stree City or Town, State	t and Number or e)	Aural Ro	oute Number,
cont on a	YSICIAN: To the best of my k							and manner as stated.
296. SIGNATURE AND TITLE OF CERTIF	HER	DEATH (ITEM 27) (Typ	e, Print)	29c. LICENSE NU	MBER) 53	29d. DATE S	SIONED	(Month, Day, Year)
S. G. C. C. (Month, Day, Year)	REGISTRAR'S S	IGNATURE	1.06	(2ndd	Wales	-1/2	00	71(33
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director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

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BAL	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fun		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exan
m	after	y the	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	cal
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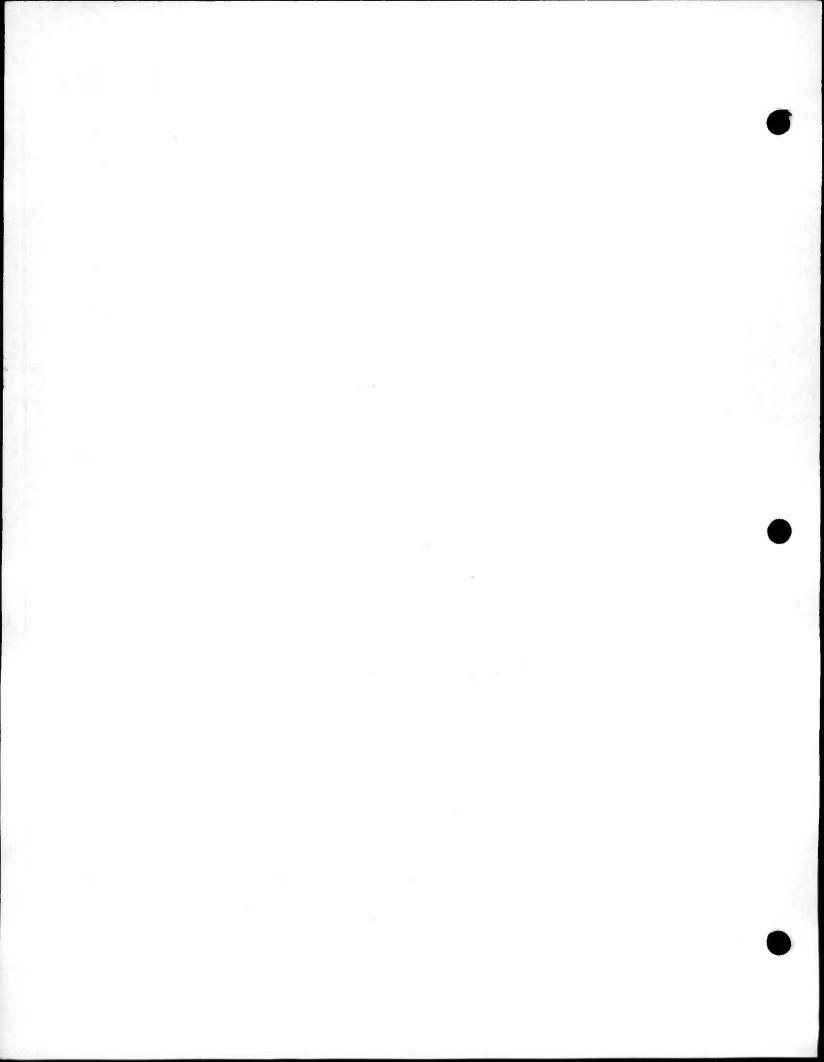
FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF OEATH Naomi October 18,1991 SIMMS 12:20 AM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day Year IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 0 620 1 M 2 4 HOURS YRS. 9a. FACILITY NAME (If not institu 9b, CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH HAL DIRECTOR RESIDENCE OF DECEDENT Mitmore BALTIMORE CO 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY AHIMORE 317/40 1 TES 2 NO FUNERAL 10e. STREET AND NUMBE 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 1207 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 PRO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or Noif yes, specify Cuban; Maxican, Puerto Rican, etc.)

1 YES 2 AND Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do, NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5+) Home maker 17. FATHER'S NAME (First, Middle, Last) 1e. MOTHER'S NAME (First, Middle, Maiden Surname) ODIA notified at BE 19b. MAILINO ADDRESS (Street 2 21207 OUISE SARden ane 9 20g. METHOD OF DISPOSITION

1 Burlel 2 Cremation 3 Ren
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name a 20c. LOCATION - City or Town, State must 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22 NAME AND AODRESS OF FACILITY 3405 W. 2 augy Rlin Cil A. 23. PART LEnter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory street, ehock, or heert feilure. Liet only one ceuse on each line. Approximate Interval Between **IMMEDIATE CAUSE (Finel** Onset and Death disease or condition CEREBROVASCULAR resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (ON AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events recuiting in death) LAST Injury, (PART II. Other significent conditione contributing to deeth but not resulting in the underlying ceuse given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS ecteon AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 - YES 2 NO OF DEATH? collendit 1 TES 2 NO PHYSICIAN: XMENTIA 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL OTHER: 1 - YES 2 - NO hthinpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation BY 1 YES 2 NO 2 Accident 3 Suicide 28a. PLACE OF INJURY — At home, farm, atreef, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my wiledge, dasth occurred at the fime, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the ccured at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER DI8326 29d. DATE SIGNED (Month, Day, Year) 10/19/91 2

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Naeem Gauhar MD. 404 Eastern Boulevard, Baltimore Maryland 21221

Sicha Davidson-Randelle 31. DATE FILED (Month, Day, Year) 21 1991



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notified pe must funeral director. examiner filled in by the fillen, or removal. the medical d completely filled in urial, cremation, or r event, an and con traumatic the attending physician Mental Hygiene prior to other 0 injury, e Dept. of Health and M m 23 shows any inje this certificate his with the State Cirked, or Item item marked, After 1 THE HOSPITAL OR ATTENDIN THE FUNERAL DIRECTOR: At filed within 72 hours after de 10 item 28 TO THE HOSPITAL OF THE FUNERAL EDGE FILED WITHIN 72 has IMPORTANT: If IL

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 10/18/91 REGISTRAR CERTIFICATE OF DEATH REG NO 1. DECEOENT'S NAME (First, Middle, Last) 2. DATE OF DEATH Fred TESTERMAN 9 YEAR W. TU) 18 7:50 AA 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTNPLACE (State or Foreign MONTHS DAYS 6-22-1922 229-12-2119 1 XM 2 | F YRS VIrginia 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Franklin Square Hosp. FUNERAL DIRECTOR Rossville Baltimore RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Md. Baltimore Essex 1 YES 2X NO 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 485 Langley Rd. 21221 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 12 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: ΒY 3 Widowed 4 Divorced Specify White COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Unknown Manager Restaurant 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Claude Jackson Testerman BE Polly Elizabeth Wright 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Mrs. Sandra Price 918 Ponca Street. Balto, Md. 21221 20e. METNOD OF DISPOSITION

M. Murial 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State Md. Veteran CEm. Garrison Forest, Owings Mills, Md 4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY
Moran-Ashton FUneral Home, Inc. 3000 E. Baltimore St., Balto.Md. 21224 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate ahock, or heert fallure. List only one cause on each line. Intervel Between IMMEDIATE CAUSE (Finel **Onaet end Deeth** disease or condition Myocardial Infection resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Hypotension CERTIFICATION Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): COronary Artery Disease CAUSE (Diseasa or Injury that initiated evente DUE TO (OR AS A CONSEQUENCE OF): reaulting in deeth) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS Hypertension AVAILABLE PRICE TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Tobacco Abuse 1 YES 2 NO Alcoholism 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED INJURY 1 Natural 5 Pending Investigation М ВҰ 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) COMPLETED 3 Suicide 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 8 Could not be 4 Nomicide 29a. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(e) and menner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the lime, date end piece, and due to the ceuse(e) and manner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 4.0 2 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) D'ORTA James M.D. 9000 Franklin SQ. DR. Balto. MD. 21237

32. REGISTRAR'S SIGNATURE

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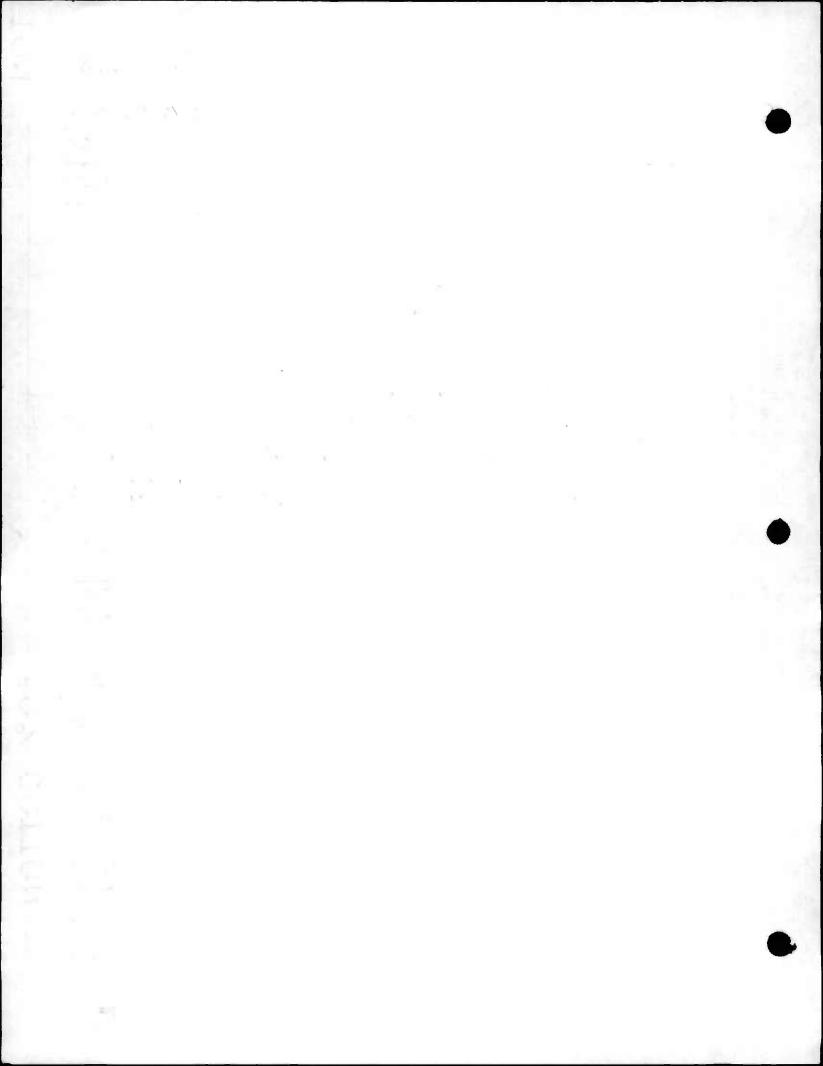
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DIVISION OF WITH PACORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN TITING THE MEASON TO THE HOSPITAL OR ATTENDING PHYSICIAN TITING THE HOSPITAL OR ATTENDING PHYSICIAN TITING THE HOSPITAL OR ATTENDING PHYSICIAN TITING THE HOSPITAL OR ATTENDING PHYSICIAN TITING THE HOSPITAL OR ATTENDING PHYSICIAN TITING THE HOSPITAL OR ATTENDING PHYSICIAN THE HOSPITAL OR ATTENDING PHYSICIAN THE HOSPITAL OR ATTENDING PHYSICIAN THE HOSPITAL OR ATTENDING PHYSICIAN THE HOSPITAL OR ATTENDING PHYSICIAN THE HOSPITAL OR ATTENDING PHYSICIAN THE HOSPITAL OR ATTENDING PHYSICIAN THE HOSPITAL OR ATTENDING PHYSICIAN THE HOSPITAL OR ATTENDING PHYSICIAN THE HOSPITAL OR ATTENDING PHYSICIAN THE HOSPITAL OR ATTENDING PHYSICIAN THE HOSPITAL OR ATTENDING PHYSICIAN THE HOSPITAL OR ATTENDED PHYSICIAN THE HOSPI	TO THE FUNERAL DIFECTOR: After this cert was the signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for unit of the state of the funeral director, page 5 should be detached for unit of the state of the funeral directors.	IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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ij	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPAR CERTIF	TMENT OF I	EALTH AND DEATH	MENTAL HYG		1 28/12
	1. DECEDENT'S NAME (First, Middle, Last)	ohpsow				2. DATE OF DEAT		AR 6 0 M
	4. SOCIAL SECURITY NUMBER 2 13-26-8461	5. SEX 6. AGE (In yr	rs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTY (Month Day No.	(1)	Country)
m	9e. FACILITY NAME (If not institution, give at			9b. CITY, TOWN	OR LOCATION OF	DEATH	9c. COUNTY	estVirginia of DEATN
DIRECTOR	RESIDENCE OF DECEDENT 108, STATE 106, COUNTY 106, CITY, TOWN OR LOCATION					21231	170	10d. INSIDE CITY
	no 1	BALTO	100.011		ddle Riv	er		1 VES 2 NO
FUNERAL	100. STREET AND NUMBER	enc land		10	f. ZIP CODE	211.20	10g. CITIZEN	OF WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 TYPES 2 IF YES, GIVE WAR OR DATES	2 XNO	If yes, specify Cuban, Mexican, Puerto Rican, etc.) Blac				RACE — American Indian, Black, White, etc. Specify:
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		(Give kind of life. Do NOT u	S USUAL OCCUPATI work done during in ise retired.)	ON ost of working	16b. KIND O	F BUSINESS/INDUST	RY
	17. FATHER'S NAME (First, Middle, Lest)	<u> </u>			16. MOTNER'S	IAME (First, Middle, Mi	elden Surneme)	W15
) BE	JAmes Anderso 190. INFORMANT'S NAME (Typo/Print)				and Number or Run	alle Ke	r Town, State, Zip Coo	
10	Dennis Thompson Sr. 1524 Chilworth Ave. Baltimore MAryland 21220							
	26 METNOD OF DISPOSITION 1.0 Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	Go		Of Faith	n Cemete	ry		e Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	Eunifal F	lone	I I I I I I	ND ADDRESS OF EllyFune	ralHome 3	300MAceAV	e. 21221
	23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory errest, shock, or heart fullure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition							
	immediate cause (Final disease or condition resulting in death) s. Ca Rola C Arrives pue to (or as a consequence of): Atheroscleratic Carpio Vascalar Pis b. Atheroscleratic Carpio Vascalar Pis							Yrs
ERTIFICATION	Sequentielly list conditions, if smy, leading to immadieta cause. Enter UNDERLYING b. IT MUSCIUS CONSEQUENCE OF): Diagree HES						Ves	
LIFIC	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CO		OF):				100
CER	resulting in death) LAST	a. Marbid	0/200	4				YO
N: MEDICAL	PART II. Other significant condition	s contributing to death but	not resulting	in the underlyin	ng cause given	PE	AS AN AUTOPSY REPORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DE CAUSE OF GEATH? 1 YES 2 HO
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 ☐ NO	HOSPITAL:		OTHER:	PLACE OF DEATN			
Y PHYSICIAN:	27. MANNER OF DEATN 1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	26b. TII	ME OF 28c. IN	MA 8 Resident	28d. DESCRIBE	OW INJURY OCCUR	DED
ETED BY	2 Necident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm,	, street, factory, offi	ca	28f. LOCATION (S City or Town,	Street and Number or Stete)	Rural Route Number,
COMPLET	nonel oring	IONNY To the best of my knowled						
PO BE	206. SIGNATURE AND THE OF DETURE	um M	9		29c. LICENSE P	55	29d. DATE S	GNED (Month, Day, Year)
	NAME AND ADDRESS OF PERSON WA	A 32 REGISTRAR'S SIGNATI	091	elsters	fore i	RO BA	ito, In.	21215
	UCI 2 2 1991	Julia Davidson-Ra						DHMH-18 Rev 1/8



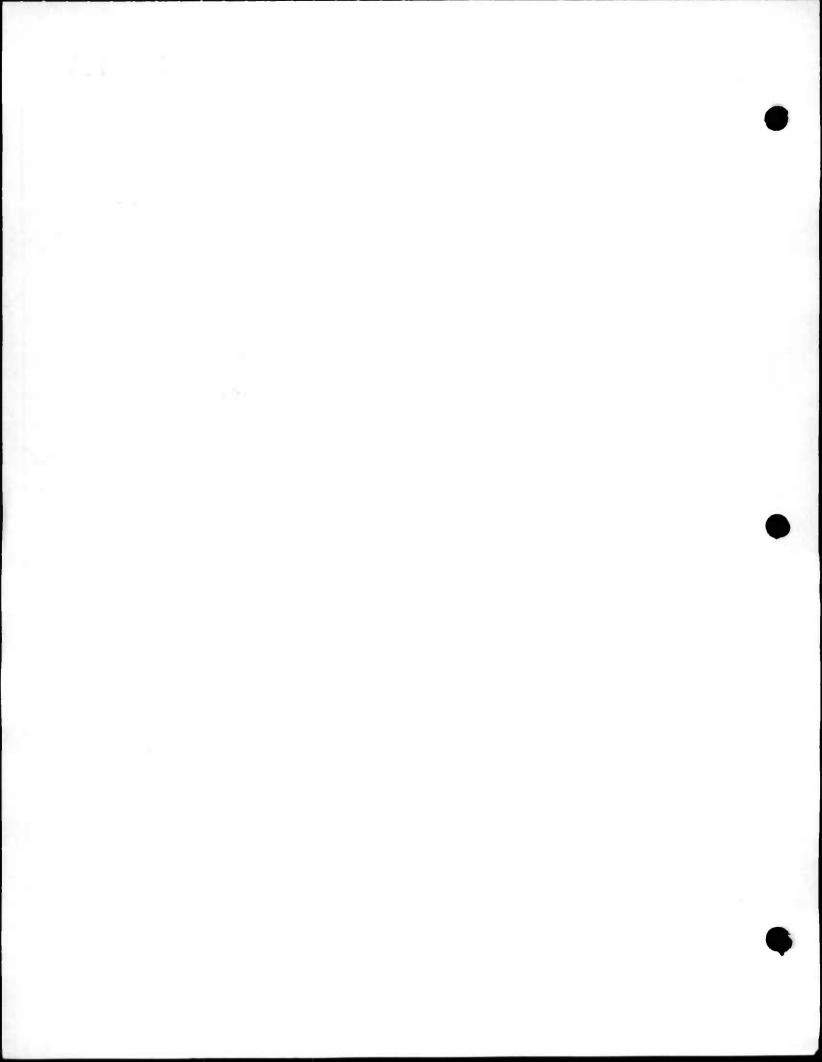
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	1 - FOR STATE OF MARYLAND / DEPARTI	MENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle Last) Helene Doroth;		2. DATE OF DEATH 1 C	719/9	3. TIME OF DEATH
		FUNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.	7. DATE OF BIRTH	. Cou	TINPLACE (State or Foreign Intry) Maryland
œ		CITY, TOWN OR LOCATION OF		9c. COUNTY OF	
200	RESIDENCE OF DECEDENT			Time .	10d, INSIDE CITY
DIR	MD Anne Arundel Crow	UNSVILLE			1 YES 2 NO
FUNERAL DIRECTOR	1063 Tudor Dv.	10f. ZIP CODE 21032	>	LISA	F WNAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 KNO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISP If yes, specify Cuben, Mexi 1 YES 2 NO Spe	cen, Puerlo Rican, atc.)		ACE — American Indian, leck, White, atc.
COMPLETED	life Do NOT year	k done during most of working	16b. KIND OF BUSI	NESS/INDUSTRY	
MPLE	Elementary/Secondary (0-12) College (1-4 or 5 +)	memaker		Home	
00	17. FATHER'S NAME (First, Middle, Lest)		NAME (First, Middle, Maiden S		more horses or
BE	John Franklin Folker. Sr. 190. INFORMANT'S NAME (Type/Print) 19b. Mailing Ai	DOPCO			menberger
2		Tudor Drive	Crownsvi	-	
	20e. METNOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) MET. TO CHES			ation — city or .ltimor	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. NAME AND ADDRESS OF MacNabb Fur 301 Freder:	neral Home	, P.A.	
	George E. MacNabb 23. PART I. Enter the diseases, or complications that caused the death. Do not				Approximate
	shock, or heart failure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a				interval Between Onset and Deeth
_	DUE TO (OR AS A CONSEQUENCE OF):				
ATIO	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING				2/2
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST				
E E	PART ii. Other significent conditions contributing to death but not resulting in	the underlying cause given	in Part I. 24a, WAS AN A	armeev I	24b. WERE AUTOPSY FINDINGS
ICAL	Cerebrovascular Disease	the universitying cause given	PERFORI	MED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?
MED	Congetive Heart Failure				1 _ YES 2 4 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	26. PLACE OF DEATN	(Check only one)	-	
YSIC	1 YES 2 NO 1 Infiputient 2 ER/Outputient 3 DOA 4	OTHER: ☐ Nursing Nome 5 ☐ Resident	ce 8 Cher (Specify)		
	27. MANNEB OF DEATH 1 Natural 5 Pending (Month, Day, Year) 28b. TIME (Month, Day, Year)		28d. DEŞCRIBE NOW IN	JURY OCCURED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — Al home, farm, str building, etc. (Specify)	set, factory, office	281. LOCATION (Street as City or Town, State)	nd Number or Rui	ral Route Number,
COMPLET	29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred one)				se(e) end manner se stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE I	TOGY	29d. DATE SIGN	NED (Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, F Gayles Chambel (RIM) MD 259 Penin			2100	
	31 THE FILED (Month Day Year) - 32 REGISTRAM'S SIGNATURE	dollar	virnoia My	- 1012	



	1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPA CERTII	RTMENT OF I	HEALTH AND M	ENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Las	_				2. DATE OF DEATH	NY.	YEAR 3. TIME OF DEATH	н
	GRACE 4. SOCIAL SECURITY NUMBER	E		WALTMAN		10 15	5 9	91 10:40 PM	
	214-22-1335		E (In yrs. last birthday	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		6. BIRTNPLACE (State or For Country)	вign
	9a. FACILITY NAME (If not institution, give		83 YRS.	Sh CITY TOWN	OR LOCATION OF DEAT	10-6-190		Maryland	
TOR	NORTH ARUNDEL H		CIATION		BURNIE	IN		A COUNTY	
DIRECTOR	Maryland Anne	e Arundel		ty, town on Loca Len Bur				10d. INSIDE CITY LIMITS? 1 YES 2X(X)	NO
ERAL	100. STREET AND NUMBER 503 Oakly Ave	2210		10	t. ZIP CODE			EN OF WNAT COUNTRY?	
FUNE	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	12 440 05	21061	00100000		ted State	
¥	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 X ME	S 2 NO	it yee, sp	ecity Cuban, Mexican,	Puarto Rican, atc.)	or No- 1	4. RACE — American India: Black, White, atc. Specify: Whit	
ETED	15. DECEOENT'S EC (Specify only highest gra-	DUCATION de completed)	(Give kind o	S USUAL OCCUPATI work done during me	ON ost of working	16b. KINO OF BUS	INESS/INOU	STRY	
PLE	Elementary/Secondary (0-12)	College (1-4 or 5 +)	Homema	use retired.)			Dome	stic	
COMPL	17. FATNER'S NAME (First, Middle, Last)			Ker	16. MOTHER'S NAME	(First, Middle, Maiden		SCIC	
BE	Ridgley 19a. INFORMANT'S NAME (Type/Print)	W -	Corbin			a E.		teinmitz	
5 B	Mr. Paul C. Wa	altman			and Number or Rural Roo de Drive				2
	20a. METNOD OF DISPOSITION TO Deurlai 2 Cremation 3 Ra	20	06. PLACE AND DATE	OF DISPOSITION (N				MD. 2112 ty or Town, Stata	
	4 Donation 5 Other (Specify)		emetery, crematory or Ioodlawr	Cemete	erv 10/1	9/91 Ba1	timo	re, Maryl	a n
	21. SIGNATURE OF FUNERAL SERVICE (SCENNEE . A		EZ. NAME A	NO ADDRESS OF PACIL	-21 Y		Pasadena	
	Charles X.	Haul)	-	3204	Mountai	n Road P	asad	ena.Md.21	12:
	23. PART I. Enter the diseases, or ahock, or heart failure	complications that cause on List only one cause on	ed the death. Do each line.	not enter the mo	de of dying, auch	sa cardiac or reaple	retory arre	at, Approxime	
	iMMEDIATE CAUSE (Final disease or condition	CONGE	CTUE	tran-	FAILUR	-		Onset and	Deatl
	reaulting in death)	DHE TO (OR AC						Some	1
NO	Sequentially list conditions,	A CUT	E WYOU	ARDIAL	IN FARCT	1(0)		MONT	HS
CATION	if any, leading to immediate cause. Enter UNDERLYING	OUE TO (OR AS	A CONSEQUENCE	DF):	FAILURE	_			
RTIFIC	CAUSE (Disease or Injury that initiated eventa	C. DUE TO (OR AS	A CONSEQUENCE	E/114)F):	THILLIAM				
AL CERT	resulting in death) LAST	d							
AL.	PART II. Other algorificant condition PNEUMO	one contributing to death	but not reaulting	in the underlyin	g cause given in Pa	ort I. 24a. WAS AN /		24b. WERE AUTOPSY FIN AVAILABLE PRIOR TO	
MEDIC	VENTILA		URE			_ 1 YES 2	□ NO	COMPLETION OF CA OF DEATN?	
	4011.01	101-1	- UNC			-		1 TYES 2 N	0
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATN (Check	only one)			
YSI	1 TYES 2 NO	HOSPITAL:		OTHER: 4 - Nursing Norm	e 5 🗆 Rasidenca 8	Other (Specify)			
унд ,	27. MANNER OF DEATN 1 Natural 5 Pending	28a. OATE OF INJURY (Month, Day, Year)		JURY WO	RK?	8d. OEŞCRIBE NOW IN	JURY OCCU	REO	
D BY	2 Accident Investigation 3 Suicide 6 Could not be	28a. PLACE OF INJUR	tY — At home, farm,		/ES 2 NO	8I. LOCATION (Street as	nd Number o	Rural Bouts Number	
冒	4 Nomicide determined	building, atc. (Sp.	ecify)			City or Town, State)	ra reamber or	Hurai Houte Number,	
PLE	29a. CERTIFIER (Check only 1 CERTIFYING PNY	SICIAN: To the best of my kno	wledge, death occur	red at the time, date	and place, and due to	the cause(s) and man	ner as stated	· · · · · · · · · · · · · · · · · · ·	
O BE COMPLETED BY PHYSICIAN: MEDI	2 MEDICAL EXAMIN	IER: On the basis of axaminati	on and/or investigati	on, in my opinion, d	eath occured at the tim	ne, data and place, and	due to the	cause(a) and manner as ata	ted.
BE (286. SIGNATURE AND TITLE OF CERTIFIE	0 0	- 9		29c. LICENSE NUMBE		29d. DATE S	SIGNEO (Month, Day, Year)	
٩	30. NAME AND ADDRESS OF PERSON W	NO COMPLETED CAUSE OF Th	EATH (ITEM 37) (ITEM	Print)	1 1802	-	10	116/91	
	DR.KAMAL BATCHA,	M.D./14 WEL	LHAM AVE	NUE/GLEN	BURNIE, N	4D.,21061			
	21 DATE FILES (Ideal) D. M.								

32. REGISTRAR'S SIGNATURE



	1 - FOR STATE 0	F MARYLANI	D / DEPAR	RTMEN	T OF H	EALTH A	ND ME	NTAL HYGIEN			
	1. DECEOENT'S NAME (First, Middle, Last)			10/11		DEATT		DATE OF DEATH			3. TIME OF DEATN
	Brian Christopher Wit	te					1	ctober 1		YEAR	M
	4. SOCIAL SECURITY NUMBER 5. SEX		s. last birthday)	IF UNDE		IF UNDER 24	HRS. 7.1	DATE OF BIRTH		. BIRTN	PLACE (State or Foreign
	215-02-8457 1XXM 2 🗆		YRS.	MONTHS	DAYS	HOURS		(Month, Day, Year) -22-1978	_ 1	Countr	vland
_	9a. FACILITY NAME (If not institution, give street and number,			9b. CITY	, TOWN	OR LOCATION			9c. COUNT		
DIRECTOR	Sinai Hospital			Ва	lti	nore C	ity		Balt	imo	re City
RE	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN	OR LOCAT	ION					10d. INSIDE CITY
	Maryland Baltimore	County	Bal	Ltimo		ZIP CODE					LIMITS? 1 YES 2 X NO
FUNERAL	2825 Ridge Rd.				101	2120	7		USA		HAT COUNTRY?
5	11. MARITAL STATUS 12. WAS DECE	DENT EVER IN U.S.	ARMED	13.	WAS DEC	ENDENT OF N	IISPANIC O	RIGIN? (Specify Yes	or No- 1	4. RACE	American Indien,
BY		E WAR OR OATES			1 YES	2 NO	Mexican, Pu Specify:	ierto Rican, etc.)		Specia	, White, etc. ly:
		line.									White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)		Give kind of title. Do NOT us	work done	CCUPATIO during mo	ON st of working		16b. KIND OF BUS	SINESS/INDU	STRY	
7	Elementary/Secondary (0-12) College (1-4 o		lone	so romed.)							
8	17. FATHER'S NAME (First, Middle, Last)	1	One			40.0400000					
Ö	Richard Louis Witte							First, Middle, Meiden Layman	Sumeme)		
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS	S (Street a			Number, City or Town	State 7in C	o de l	
2	Mr. Richard Witte		2825 F						21207		
	20e. METHOD OF DISPOSITION	20b. PLA	CEANDDATE	OF DISPOS	ITION /Na	me of		0ATE 200 LO	CATION CH	u or To	wn Slete
	1 Burial ZXCremation 3 Removal from State 4 Donation 5 Other (Specify)	cemetery.	oll Cr	ther place)	ion.	Inc.	10-2	21-91 Ha	mnste	ad	MD
	21. SIGNATURE OF FUNE ALL SERVICE LICENSEE	0 1		22.	NAME AN	O ADORESS	OF FACILIT	Y			
	I which K Am	1						neral Din			
	23. PART I Enter the diseases, or complications	that august the	death Do	[0/	28 1	ibert	y Ra.	Randa	Listow	m,	
	anoun, or heart landle. List offly offe	cause on each	line.	iot eilter	me mo	de or dying.	, aucn ae	cardiac or reapi	ratory arres	it,	Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition P	RESUM	IEN	SF	PS	1.8					Onset and Death
		TO (OR AS A CON			70	70					
2				•							i l
유	Sequentially list conditions, if any, leading to immediate	TO (OR AS A CON	SEQUENCE OF	F):							
2	cause, Enter UNDERLYING CAUSE (Disease or Injury										
1	that Initiated eventa DUE resulting in death) LAST	TO (OR AS A CON	ISEQUENCE OF	ጉ :							
CERTIFICATION	d										
	PART II. Other significant conditions contributing	to death but no	ot resulting i	n the un	deriying	cause give	n in Part	I. 24a, WAS AN	WTOPSY	24h	WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	PULMONARY EDE	MA A	ND H	EM	OR	RHAR	F	PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
	DIC					1,1,14		1 TYES 2	XNO		OF DEATH?
-	SEPTIC SHOCK										1 TYES 2 NO
¥	25. WAS CASE REFERRED TO MEDICAL				26. PL	ACE OF DEAT	H (Check or	alv one)			
Sic	EXAMINER? 1 YES 2 NO 1 Inpetient	2 ER/Outpatient	3 DOA	OTHER 4 Num	t:			Other (Specify)			
훚	27. MANNER OF OEATN 26a. OATE	OF INJURY	28b. TIM	E OF	28c. INJU	JRY AT		. OESCRIBE HOW IN	JURY OCCUI	RED	
BY	1 Natural 5 Pending 2 Accident Investigation	, Day, Year)	INJ	URY M	1 Y	RK? ES 2 N	0				
	3 Suicide 6 Could not be 28e. PLAC	E OF INJURY — At	home, ferm, s	treet, fact	ory, office		261.	LOCATION (Street a	nd Number or	Rural Ro	oute Number,
	4 Homicide Adetarmined	rg; are: (opecity)						City or Town, State)			
COMPLETED	29a. CERTIFIER (Check only CERTIFYING PNYSICIAN: To the bear	of my knowledge,	death occurre	d at the H	me, date	and place, en	d due to the	e cause(e) and men	ner as stated		
8	one) 2 MEDICAL EXAMINER: On the beats of	f exemination and/	or investigation	n, in my o	pinion, de	eth occured a	it lhe time,	date and place, and	due to the c	ause(a)	and manner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIER		/HDD	SF	\ T	29c. LICENSI					Month, Day, Year)
O BE	Chaul Paiskage	M.D.	OFFI	CER)		TO HE		/n	/19	191
٤	30. NAME AND ADDRESS OF PERSON WHO COMPLETED C	AUSE OF OEATH (TEM 27) (Type,	Print)				4		7.1	-
	CHARUL PARSHAD, M.	D, DEF	TOF	PED	IATI	PICS,	SINA	1 HOSPI	TAL	344	TIMORE,
	31. DATE FILEO (Month, Day, Year) OCT 2 2 1991	RAR'S SAL ATU					-			"(1)	2/2/3

The his mention have a survey of a property of the family of the family

28716 91

	REGISTRAR			CERTIF	ICATE	OF D	EATH		REG. NO	O.		
	1. DECEDENT'S NAME (First, Middle, L	est)						2, DAT	E OF DEATH	DAY	YEAR	3. TIME OF DEATH
	CATHERINE A 4. SOCIAL SECURITY NUMBER	. WHITE						13.7			91	4:25
		5. SEX	4.1	yrs. last birthday) YRS.	MONTHS 1		F UNDER 24 HRS. OURS MIN.	7. DAT	E OF BIRTH ofh, Day, Year)		8. BIRTHE Country	LACE (State or Form
	9a. FACILITY NAME (If not institution, g		85	Tho,	a. 0074 7				23-06		Mary	
5						LTIM(ORE	DEATH		9c. COUN		
2	THE JOHNS HOPE	CINS HOSPI	CAL		Ditt	11111				DALI	IMOR	E CITY
DIRECTOR	10a. STATE 10b. CO			10c. CF	TY, TOWN OR	LOCATION	(-		10d. INSIDE CITY
	Maryland	Baltimore			Wood	dlawr	1					1 ☐ YES 2∑
FUNERAL	10e. STREET AND NUMBER	Α				10f. ZI	P CODE					AT COUNTRY?
Ĕ	2153 Lorraine	12. WAS DECEDEN	T EVEN IN II				21207			_	.S.A	
В	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W	YES	2 ST NO	It y	yes, specif	DENT OF HISPA y Cuban, Maxie X NO Spec	can, Puarte	IN? (Specify Ye Rican, atc.)	ea or No—	Black, Specify	- American India: White, atc. : Lte
	15. DECEDENT'S (Specify only highest g	EDUCATION trade completed)	10	8a. DECEDENT'S	USUAL OCC work done dur	UPATION	/ working	16	b. KIND OF BL	JSINESS/INDL		
1	Elementary/Secondary (0-12)	College (1-4 or 5 -	-)	life. Do NOT u	ise retired.)	my most b	WORKING					
COMPLEIED	8th			Hous	ewife							
	17. FATHER'S NAME (First, Middle, Lest)					18	. MOTHER'S N					
BE	John Berger 19a. INFORMANT'S NAME (Type/Print)	-		T 405 24 44 144					khardt			
2	Mrs. Margaret G	lerwi a					Number or Rura					0.6
	20a. METHOD OF DISPOSITION		20h PI	LACE AND DATE			ad Re			DCATION - C		
	1 № Burial 2 ☐ Cremation 3 ☐ F 4 ☐ Donation 5 ☐ Other (Specify)	Removal trom Stata	cemete L.O.11	don Pa	other place)	neter	37	1				n. Stata City, M
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	/	don 14	22. NA	ME AND A	ADDRESS OF F	ACILITY				
	Xto also.	male	nk)	Lor	ring	Byers	Fune	ral Di	recto	rs,	Inc.
	iMMEDIATE CAUSE (Final disease or condition	or complications that	se on eecr	n iine.	872	28 Li	bertv	Road	Rand	lallst	own, et,	MD 21 Approximatinterval Be Onset end
ERTIFICATION	IMMEDIATE CAUSE (Final	a. MYOC DUE TO DUE TO C. UNS/	ARNIA (OR AS A CO HOY A (OR/AS A CO HOY)	ONSEQUENCE O	872 not enter the FANCTON FINE SURBERGERE	28 Line mode	bertv	Road	Rand	lallst	own,	MD 21 Approxime interval Be Onset end
MEDICAL	iMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentielly list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART ii. Other significent conditions of the conditions of th	b. DUE TO	(OR AS A CO	ONSEQUENCE OF ANGINA PONSEQUENCE OF ANGINA PONSEQUENCE OF THE PONSEQUE	872 not enter the FANCTONE FINE SOURCE REPORT IN THE UNITED TO THE PROPERTY OF THE PROPERTY	28 Line mode	berty of dying, au	Road	Rand rdiac or reap	N AUTOPSY RMEO?	24b. v	Approxime interval Be Onset end HR HR LUK VERE AUTOPSY FIN MAILABLE PRIOR TO OMPLETION DE CAF
MEDICAL	iMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentielly list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent conditions of the condition of	a. MYOCO DUE TO b. ON MY DUE TO c. UNS/ DUE TO d. tiona contributing to MAL MASCUL A OF MYOCO	(OR AS A CO	ONSEQUENCE OF ANGINA PONSEQUENCE OF ANGINA PONSEQUENCE OF THE PONSEQUE	872 not enter the	28 Line mode	berty of dying, au	Road ch as ca	24a. WAS AN PROFO	N AUTOPSY RMEO?	24b. v	Approxime interval Be Onset end HR HR LUK VERE AUTOPSY FIN MAILABLE PRIOR TO OMPLETION DE CAF
INCOICAL.	iMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentielly list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions of the condition of	b. DUE TO	ARDIA (OR AS A CC ALLY A (OR AS A CC ALLY A (OR AS A CC ALLY A ALL ARDIAL	ONSEQUENCE OF ANGUAN ADDISEQUENCE OF ANGUAN ADDISEQUENCE OF ANGUAN ADDISEQUENCE OF ANGUAN ASSAULTANG	872 not enter th FANCTIFF: SURSER FF: In the under	28 Line mode	of dying, au	Road ch as ca	24a. WAS AN PERFO	N AUTOPSY RMEO?	24b. v	Approxime interval Be Onset end HR HR LUK VERE AUTOPSY FIN MAILABLE PRIOR TI COMPLETION DE CA FE DEATH?
	iMMEDIATE CAUSE (Final disease or condition recuiting in deeth) Sequentielly list conditione, if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions in death LAST PART II. Other significent conditions in death LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 27. MANNER OF DEATH	a. MYOCO DUE TO b. ON MY DUE TO c. UN 8/ DUE TO d. tiona contributing to MAL VASCUL ACF MYOCO HOSPITAL: 1 [[//npatient 2] 28a. DATE OF	ARDIA (OR AS A CC ALLY A (OR) AS A CC ALLY A (OR) AS A CC ALLY A ER/Outpatla INJURY	ONSEQUENCE OF ANGINA SONSEQUENCE OF ANGINA SONSEQUENCE OF ANGINA SONSEQUENCE OF ANGINA SECUENCE OF ANGINA SE	872 not enter th FANCTIFE FOUR FOUR FOUR FOUR THER: 4 Nursing EOF 28	28 Li ne mode eriying ca 26. PLACE g Homa 55c. INJURY	of dying, au of dying, au of dying, au of dying, au of dying, au of dying, au	Road ch as ca	24a. WAS AN PERFO	AUTOPSY RMED?	24b. y	Approxime interval Be Onset end #### #### #### #### #### #### ####
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BY PHYSICIAN: MEDICAL	iMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentielly list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other aignificent conditions are sufficient conditions. If any other can be a sufficient condition of the conditions are sufficient conditions. If any other can be a sufficient condition of the conditions are sufficient conditions. If any other can be a sufficient condition of the conditions are sufficient conditions. If any other can be a sufficient conditions are sufficient conditions. If any other can be a sufficient condition of the conditions are sufficient conditions. If any other can be a sufficient condition of the condition of the conditions are sufficient conditions. If any other can be a sufficient condition of the conditions are sufficient conditions. If any other can be a sufficient condition of the condit	a. MYOCO DUE TO b. DUE TO c. UNS/ DUE TO d. tiona contributing to MAL MASCUL HOSPITAL: 1 [Dinpatient 2 28a. PLACE Of be beliding.	GOR AS A CO	ONSEQUENCE OF ANGINA SONSEQUENCE OF ANGINA SONSEQUENCE OF ANGINA SONSEQUENCE OF ANGINA SECUENCE OF ANGINA SE	872 Note onter the second of the second	28 Line mode	berty of dying, au use given ir Of DEATH (C)	Road ch as ca Part i. beck only c B Oth 28d, DE	24a. WAS AN PENFO	N AUTOPSY RMED? 2 NO	24b. V	MD 21 Approximinterval Bi Onset end ### ### ### ### ### ### ###
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ITAL RECORDS, P.O. BOX 68760,

DIVISIO

BALTIMORE, MARYLAND 21215-0020

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1012 2 139 Stationary

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hoss TO THE FUNERAL DIRECTOR: After this certificate has been signed by the afteroing physician and completely filled in by the funeral director, nane 5, should be detached.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burfal, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR STATE REGISTRAR		STATE OF I	MARYLA	ND / DI CER	EPARTMI RTIFICA	ENT OF	HEALTH F DEA	AND	MENT		SIENE NO.		287	17								
	1. DECEDENT'S NAME (First,		ARY KATHA	ARTNE						MOI	TE OF DEA			AR	TIME OF DEATH								
	4. SOCIAL SECURITY NUMB	ER	5. SEX		yrs. last bir		NDER t YEA		FI 24 HRS. MIN.	7. DAT	E OF BIRT	H Per)			CE (State or Foreign								
	90. FACILITY NAME (If not in:	stitution, give st	reet and number)		-14-	9b.	CITY, TOW	N OR LOCAT	ION OF D		-			OF OEAT									
TOR	Mercy Hospi	tal					Baltimore																
REC	10e. STATE	10b. COUNTY			10	Oc. CITY, TOV								104	I. INSIDE CITY								
٦	Maryland 100. STREET AND NUMBER	Bali	timore			Balti	more								LIMITS? TES 2 X NO								
FUNERAL DIRECTOR								10f. ZIP COD			10g. CITIZEN OF				COUNTRY?								
N.	5 Rurl Ct.		12. WAS DECEDEN							NIC ORIG	iN? (Spec	fy Yes or No	J.S.		Americen Indien, hite, etc.								
ВУ	1 Never Merried 2 3 Wildowed 4 Divor	IF YES, GIVE WAR OR OATE					If yes	specify Cub (ES 2 NO	en, Mexico	en, Pusrt	o Rican, si	c.)		Bleck, W Specify: hite									
	(Specify only	highest grade	completed)		18e. DECED (Give k life. Do	CENT'S USUA and of work d NOT use retin	L OCCUP	ATION most of work	ing	1	6b. KIND C	F BUSINESS	S/INOUST	RY									
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BE CO	17. FATHER'S NAME (First, MI Charles H	I. Koll)								Jone	alden Sumar	ne)										
6	199. INFORMANT'S NAME (Ty Alison Scil	AILING ADDR																					
	20e, METHOD OF OISPOSITION 1 M Burlel 2 Cremetion	DATE OF DIS	POSITION		. Do	-		c. LOCATIO			State												
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	21. SIGNATURE OF FUNERAL	SERVICE LIC	ENGLE /	//				AND ADORE			ral 1	Home	Tnc										
_	DO DANTI FOR IT	. 4.	1-11	4			1050) York	Rd.	ТО	wson	. bM .	212	04									
	23. PART i. Enter the dishock, or he iMMEDIATE CAUSE (Findlesses or condition resulting in deeth)	art fellure. I ai	omplications the	ise on eac	ch line.		enter the	mode of dy	ring, suc	h ee ca	rdlec or	respiretory	y srrest,		Approximete interval Between Onset and Deeth								
z			AM	_	1110050																		
ATIO	Sequentielly liet conditione, if any, leeding to immediate cause. Enter UNDERLYING																						
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8	PART II Other elopifices	at conditions	. contributing to	donth had		141																	
ICAL	PART II. Other eignificer	Conditions	contributing to	death but	t not resu	iting in the	Underly	ing cause	given in	Part i.	PE	RFORMEO?		AWA	RE AUTOPSY FINDINGS ILABLE PRIDE TO APLETION OF CAUSE								
						1 TES 2 NO				DEATH? YES 2 NO													
Σ													1										
AN: ME	25. WAS CASE REFERRED TO	MEGICAL																					
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BALTIMORE, MARYLAND 21215-0020	D THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the fundamental by the attending physician and completely filled in by the fundamental by the death with the Charles have not benefit by the attending physician and completely filled in by the fundamental by the death with the Charles have not benefit benefit by the death with the Charles have not benefit benefit. Pages 1, 2, 3 should be death with the Charles have not benefit benefit by the death with the Charles have not benefit benefit.	a medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the function page 5 should be detached for use as the burial-transformation. The forms after death with the Crass flow of death of Moses and Moses and Moses though and Moses and Mos	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

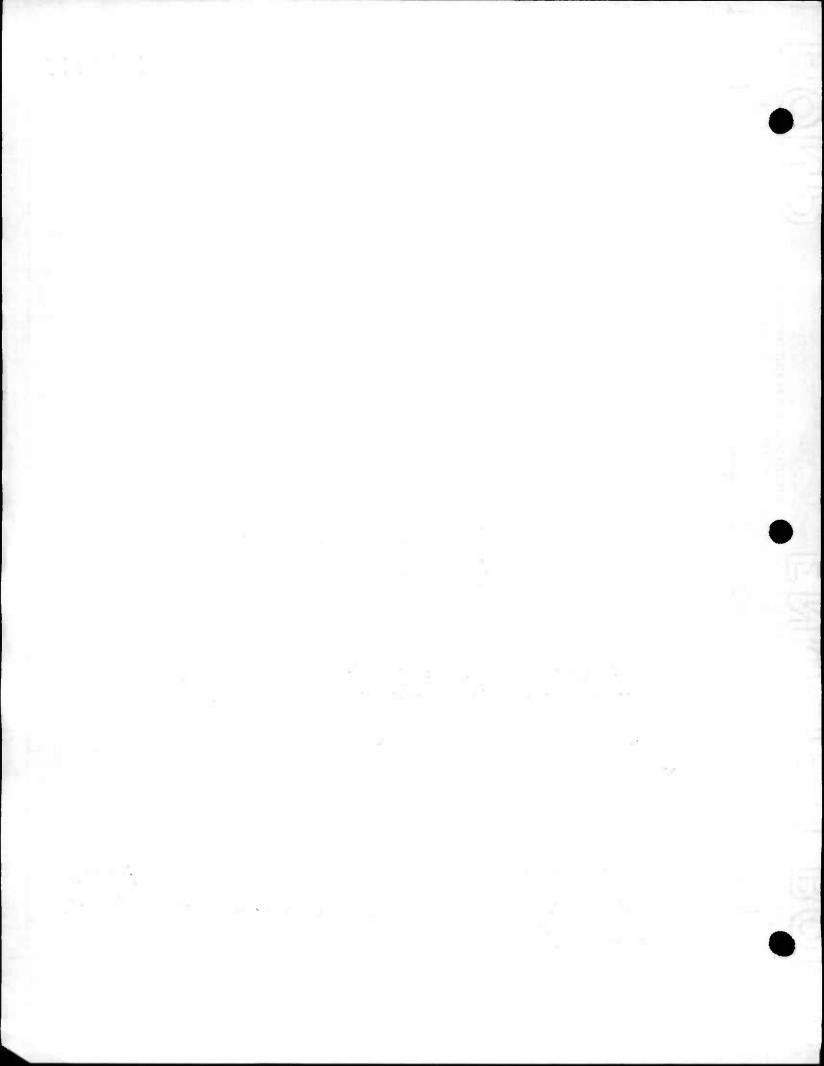
FOR 1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG.	NO.			
	1. DECEDENT'S NAME (First, Middle, Lest) Anna	Ε.	ZIN	ζ		2. DATE OF DEATH	4	VEAD	TIME OF DEA	А.м
	4. SOCIAL SECURITY NUMBER	5. SEX 6. A	GE (in yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH				
	219-32-4592	1 □ M 2 🔀 🗲	87 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Yea 7-28-04	1)	Country)	CE (State or Fo	oreign
	9a. FACILITY NAME (If not institution, give s			9b. CITY, TOWN	OR LOCATION OF DE		9c. COUNT			
DIRECTOR	Franklin Square H	Mospital		Baltir	more		В	alto.	Co.	
ñ	10a. STATE 10b. COUNT	Υ	10c. CIT	Y, TOWN OR LOCA	TION			104	I. INSIDE CITY	ν
ā	Md. Balt	0.							LIMITS?	
FUNERAL	100. STREET AND NUMBER			101	. ZIP CODE		10g. CITIZE	N OF WHAT	COUNTRY?	
밀	1046 Old North E				21224			USA		
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVE FORCES? 1 Y	ES 2 NO	13. WAS DEC	ENDENT OF HISPAI	NIC ORIGIN? (Specify	Yaa or No- 14	RACE - A	American Indi	lan,
ВУ	3 🔀 Widowed 4 🔲 Divorced	IF YES, GIVE WAR OF	R DATES	1 🗍 YES	2 2 NO Specif	y:		Specify:	White	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade		(Give kind of v	USUAL OCCUPATION	ON ost of working	16b. KIND OF	BUSINESS/INDUS	TRY		
J.	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	,			77.4 1 1			
8	17. FATHER'S NAME (First, Middle, Last)		Salesl	ady	10 MOTHER:0 MA	ME (First, Middle, Mai	High's			_
BE C	Arthur Boemmel					ger Jenio				
TO B	19s. INFORMANT'S NAME (SpecPrint)		19b. MAILING	ADDRESS (Street a		Route Number, City or		ode)		
F	Urban N. Zink					ngsville,				
	20a. METHOD OF DISPOSITION LA∷ Burlet 2 ☐ Cremetion 3 ☐ Rem	oval from State	20b. PLACE AND DATE O	OF DISPOSITION /No	ment	DATE 200	LOCATION CIT	on Town	Stata	=
	4 Donation 5 D Other (Specify)	STANDARY STAND	cemetery, crematory or of Gardens o				Balto.,	Md.		
- 1		Siz			C. Mille					
_	Ton you			6415	Belair F	Rd. Balto	., Md.	21206	,	
	\$2. MART I. Enter the diseases, de diseases,	List priv pre cause or	sed the death. Do n	Dt enter the mo	de of dying, suci	h aa cardiac or re	spiratory arrest	t,	Approxima	
ı.	IMMEDIATE CAUSE (Finsi	A		,				į	Onset and	
	disease or condition resulting in death)	. Ha	its dy	rhyth	na					
_	_	DUE TO (OR A	S A CONSEQUENCE OF): J	,					
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR A	S A CONSEQUENCE OF):	ouzen	<u> </u>				
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	· Ather	S A CONSEQUENCE OF	w						
E	that initiated events resulting in death) LAST		S A CONSEQUENCE OF							
ij		d. Cerr	ero is a	word	score					
	PART ii. Other algnificant condition	a contributing to deati	but not resulting in	n the underlying	cause given in	Part i. 24a. WAS	AN AUTOPSY	24b. WER	E AUTOPSY FI	INDINGS
EDICAL							FORMED?	COM	LABLE PRIOR :	
ME						_ ' ' ' '	7		YES 2	NO
										(0
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Che	ick only one)				
PHYSICIAN:	1 YES 2 NO	1 Inputient 2 SER/O			e 5 🗆 Rasidence	6 Other (Specify)				
	27. MANNER OF DEATH 1 Netural 5 Pending	(Month Day Year) 266. INJURY AI 286. DESCRIBE HOW INJURY OCCURED								
à	2 Accident Investigation Inves									
COMPLETED	3 Suicide 6 Could not be 4 Homicide determined 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28s. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
빌	29a. CERTIFIER CERTIFYING PHYSIC	CIAN: To the best of my kn	owledge death occurs	d at the time data						
OM	(Check only one) 2 MEDICAL EXAMINE	R: On the basis of examina	tion and/or investigation	n, in my opinion, de	eath occured at the	to the cause(a) and : time, data and place,	and due to the co	ause(s) and	manner as at	tated.
w II	296. SEMATURE AND STILE OF CENTIFALE	1.			29c. LICENSE NUM	BER	29d. DATE St			
10 10	Johney d	Chelul	- Cure		D36	951	D 10	0/20	191	
-	30. NAME AND APPRESS OF PERSON WHO	COMPLETED CAUSE OF		Print)	MD					
-	31. DATE FILED (Month, Day, Year)	32, REGISTRAR'S SIG		7						
	OCT 2 27391 Fiche Davidon Bondon									

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 shd be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	HEADTHAIT. IS 15000 00 to marked on 1500 00 on the part of the market by notified at once

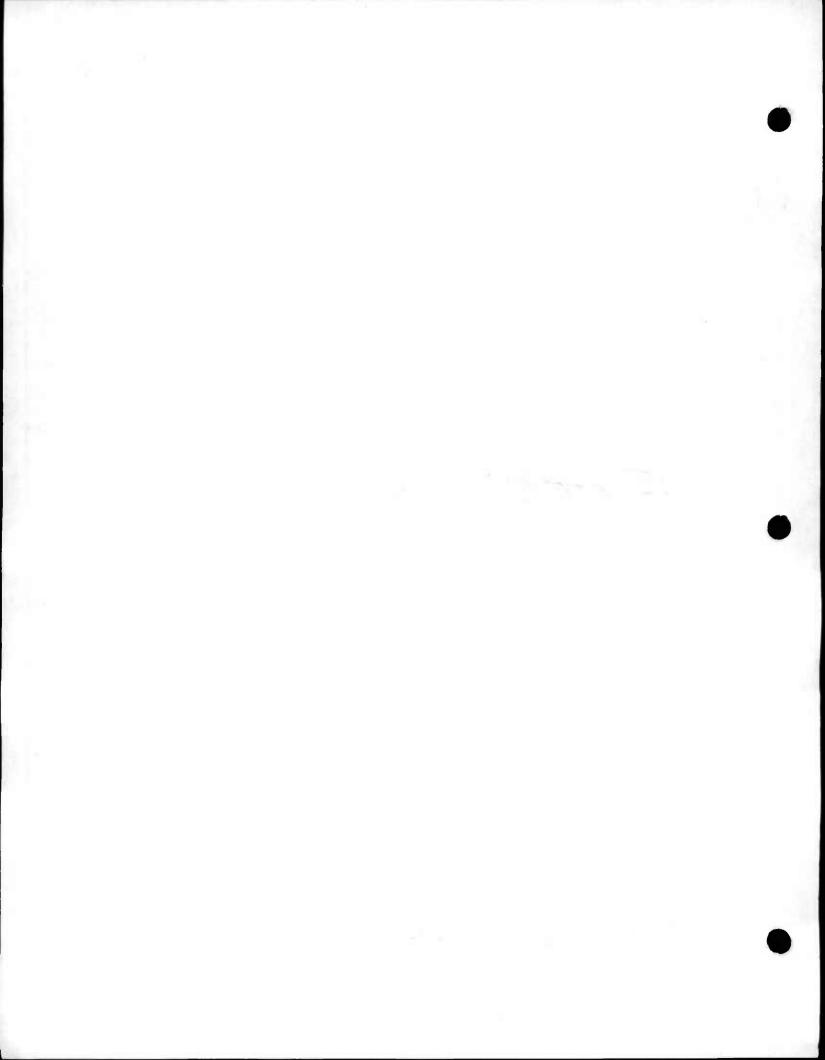
	1 - FOR STATE REGISTRAR	STATE OF MARYL			HEALTH AND	MENTA	L HYGIENE REG. NO.		
1	1. DECEDENT'S NAME (First, Middle, Lest) Velma Louisa	Allen				2. DATE MONT	OF DEATH DAY		
1			in yrs. last birthday)	IF UNDER 1 YEA	R IF UNDER 24 HR	s. 7. DATE	OF BIRTH	8. B	IRTHPLACE (State or Foreign
	-:0 00 00 - 1	1 - M 2 - F	91 YRS.	MONTHS DAY	N OR LOCATION OF	9.	h, Day, Year) -13-00		onnecticut
CC.	9a. FACILITY NAME (If not institution, give street								
FUNERAL DIRECTOR	Meridian - The	Pines		Eas	ton, MD			Ta	lbot
<u>П</u> .	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LO	CATION				10d. INSIDE CITY
5	Maryland	Caroline			Den	ton			1- YES 2 NO
4	10e. STREET AND NUMBER				101. ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?
ER	309 South Secon	d Street			216	29		II.S	S.A.
3		12. WAS DECEDENT EVER IN	U.S. ARMED		DECENDENT OF HIS	PANIC ORIGI			RACE — American Indian, Black, White, etc.
7	1 Never Married 2 Married	FORCES? 1 YES			specify Cuban, Mer		Rican, etc.)		Specify:
BY	3 ₩Idowed 4 Divorced							Ca	ucasian
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co	TION ompleted)	16a. DECEDENT'S (Give kind of	work done during	ATION most of working	16	b. KIND OF BUSI	INESS/INDUST	RY
Ш		College (1-4 or 5+)	Home						
8		None	Maker/	Secre					ministrativ
8	17. FATHER'S NAME (First, Middle, Last)				-3.1/W DOSE		Middle, Maiden S	DOT-HI	
BE	Herbert Frank	lin Merr					Augus		
2	19s. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Str	et and Number or Ru	ırai Route Nun	nber, City or Town	, State, Zlp Cod	21663
- 1	Loraine Warwic	k	24700	Deep	water P	t. D	r., St	. Mic	hae15, MD
	20s. METHOD OF DISPOSITION € Burial 2 □ Cremailon 3 □ Ramov	ral from State of	DI ACE AND DAT	E OF DISPOSIT	ON (Nama	DA	TE 20c 100	CATION - CIN	or Town State
	4 Donation 5 Other (Specify)		eo Wash	ingto	n Cemet	ery	3 Adel	phi,	Maryland
	21. SIGNATURE OF RUNERAL SERVICE LICE	NSEE	1	M O O	re Fune	FACILITY	Homo	D 7	
	Kando	MP /Y	00/2						d 21629
	23. PART i. Enter the diseases, or co shock, or heart feliure. Li	mplications that cause	the deeth. Do	not enter the	mode of dying,	such ss ce	rdiec or respir	ratory srrest,	Approximats interval Between
Н	IMMEDIATE CAUSE (Final								Onset and Deeth
- 1	disease or condition reaulting in death)	Cere	brova	scular	accia	ent			
	rounting in obatily	DUE TO (OR AS	CONSEQUENCE O	F):					
z	_ b	Ath	erosche	20515					
일	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE O	F):					
2	cause. Enter UNDERLYING CAUSE (Disease or injury								
	that initiated events resulting in deeth) LAST	DUE TO (OR AS A	CONSEQUENCE O	F):					
CERTIFICATION	d.								
0	PART II. Other aignificant conditions	contributing to death i	out not resulting	in the under	ving ceuse giver	in Part I.	24e, WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
CAL		- Goart tas	lure a	ronic			PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDI		Fibrillation,		onic			1 TYES 2	X NO	DF DEATH?
Σ	Miria	i prillation)	CAN	omo		_			1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL								
2	EXAMINER?	HOSPITAL:		OTHER:	S. PLACE OF DEATH	(Check only o	one)		
YS	1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Out			Home 5 🗆 Rasider	-			
	1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. Till	JURY	INJURY AT WORK?		EŞCRIBE HOW II	NJURY OCCURI	ED
ВУ	2 Accident Investigation				YES 2 NO				
0	3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF INJURY building, etc. (Spe	cify)	street, factory,		CATION (Street s y or Town, State)	and Number or F	Bural Route Number,	
ETI	The second second second								
COMPLETED		IAN: To the best of my know	rledge, death occur	red et lhe lime,	date and place, and	dus to the c	ause(s) and man	mer ss stated.	
ON	one) 2 MEDICAL EXAMINER	: On the basis of examinetic	n and/or investigati	on, in my opink	on, death occured at	the time, de	te end placa, en	d due to the ce	ouse(a) and menner as stated.
	29b. SIGNATURE AND THE OF THER	-/			29c. LICENSE	NUMBER		29d. DATE SI	ONED (Month, Day, Year)
) BE	omeron	leg MO			L	125	833		1.30.41
7	30. NAME AND ADDRESS OF PERSON WHO		EATH (ITEM 27) (Type	e, Print)			/	1	100 011
	MD Crowl	ey, MD	500	8 14	ewild A	Venu	e, Eas.	ton, 1	UD (160)
	31. DATE FILED (Month, Day, Year) 7	32. REGISTRAR'S SIG	NATURE chia Davidso	n-Rando	2				



IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTM	NENT OF H	EALTH AND	MENT	AL HYGIEN			
	1. DECEDENT'S HAME (First, Middle, Last) Porothy	Dorothy Ann A. Amb				MON	E OF DEATH	AY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY HUMBER 173-12-6678 98. FACILITY NAME (If not institution, give st	5. SEX 6. AGE (In yrs.	rest birthday) FF YRS. MO	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATI	E OF BIRTH 1th, Day, Year) C. 4, 1	.920	Pen	PLACE (State or Foreign y) nsylvania
TOR	Washington County		96		rstown	DEATH		9c. COUNT Was		gton
FUNERAL DIRECTOR		ington	own on Locat						10d. INSIDE CITY LIMITS? 1 YES 2 NO	
NERAL	240 Jackson Ave.				21740			10g. CITIZI	US.	YHAT COUNTRY? A
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	FONCES? 1 YES 2X HO If yes, specify Cu			EHDENT OF HISPA Helfy Cuban, Maxic 2 NO Speci	ENT OF HISPANIC ORIGIN? (Specify Yea or Ho—Cuban, Maxican, Puario Rican, atc.) NO Specify: White				
COMPLETED	15. DECEOENT'S EOUC (Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	DECEDENT'S USL (Give kind of work life. Do NOT use re	done during mo- tired.)	N st of working	16	b. KIHD OF BUS			
E COMF	12 17. FATHER'S HAME (First, Middle, Last) George Velon	0	secret	ary	18. MOTHER'S N.		İnsur Middle, Maiden			
TO BE	190. IHFORMAHT'S NAME (Type/Print) John W. Ambrose				nd Number or Rural Ave., Ha	Route Nur				0
	20e. METHOD OF DISPOSITION 1 Serial 2 Cremation 3 Remo 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE	val from State cemetery,	ce and date of d cremetory or other lar Lawn	Memor	ial Parl)/14 H	cation – ci agers		wn, Stata N., Md.
	Scott	Men	ned	415 E	CH FUNER Wilson	Blv	d., Ha	gerst	own	, Md. 21740
	23. PART i. Enter the diseases, or conshock, or heart failure. LIMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	propilications that caused the list only one cause on each is to only one cause on each is to only one cause on each is on	no.	•		ch as car	rdiac or reepi	ratory arre-	et,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events Acute Tubular Necrosis DUE TO (OR AS A CONSEQUENCE OF): Hepatic metastas from QUE TO (OR AS A CONSEQUENCE OF):									3days. Zweeks
	PART ii. Other significant conditions	Small c								2 hyrs.
PHYSICIAN: MEDICAL	Hypertennoe vasculor dresse 1 YES 2 (PHO OF D							WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 PAO		
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMIHER? 1 YES 2 NO	HOSPITAL: 1 Dispatlent 2 - ER/Outpetient		HER:	ACE OF OEATH (Cr				1	
ву РНУ	27. MAHNER OF DEATH 1 Di Neturel 5 Pending 2 Accident Investigation	28e. DATE OF IHJURY (Month, Day, Year)	SCRIBE HOW IN	JURY OCCU	RED					
	3 Suicide 8 Could not be determined	28e. PLACE OF IHJURY — At building, atc. (Specify)	home, farm, stree	street, factory, office 281. LOCATIOH (Street an City or Town, State)			and Number or Rural Route Number,			
COMPLETED		IAN: To the best of my knowledge, : On the basis of exemination and/								and menner as stated,
TO BE (296. SIGNATURE AND TITLE OF CERTIFIER **REPRESENTATION OF PERSON WHO 30. NAME AND ADDRESS OF PERSON WHO		29c. LICENSE NUMBER 29d. DATE SIGNEO (Mor D10475 ► 10/11/1/19							
		moth, M.D. 1	708 0		11. Ha	1213	town.	mel	2	1740
	31. MEFILED MONTO ON. HORT SEGNATURE Juna Davidson-Mandale									



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

4 DECEMBER ALAME (S)	1010 1 1					OAIL	. 01	DEA			REG. NO.			
1. DECEDENT'S NAME (First)	, MIODIO, Last)									2. DATE MONTI	OF DEATH	v	YEAR	3. TIME OF DEATH
Clarence		Lee		R	lackt	מיווו	1							3:45 P M
4. SOCIAL SECURITY NUME	BER	5. SEX	8. AGE			IF UNDER		IF UNDER	24 HRS	-	OF BIRTH	15		HPLACE (State or Foreign
222-12-19	82	1 € M 2 🗆 F	HCS.V.			ONTHS	DAYS	HOURS	MIN.	Month	Day. Your)	27	Count	77)
		25		04		MONTHS DAYS HOURS MIN. 03 20 1927 Maryla								
9e. FACILITY NAME (If not in	stitution, give s	treet end number)				9b. CITY,	TOWN	OR LOCATI	ON OF DI	EATH		9c. COU	INTY OF D	DEATH
Mulholland	Har	ner Sig	n C	amn:	n 17	Den	to	n				Car	oli	
Mulholland				- mpc	a ta y I	ווטע		4.1				var	UII	пе
10a. STATE	10b. COUNTY	,			10c. CITY,	TOWN OF	R LOCA	TION						10d. INSIDE CITY
Maryland	(aroline	2					T	Dent	- On				LIMITS?
10a, STREET AND NUMBER		, a L O L I I I I								JOII				1 📉 YES 2 🗌 NO
							10	f. ZIP COD		_				WHAT COUNTRY?
201 Frank	lin S	treet						2:	1629	9		U.	.S.A	. •
11. MARITAL STATUS		12. WAS DECEDEN	T EVER I	U.S. ARI	MED	13. W	AS DEC	CENDENT C	F HISPAN	NIC ORIGIN	? (Specify Yee	or No-	14. BACI	F — American Indian
1 Never Merried 2		FORCES? 1 IF YES, GIVE W			0	11	yes, sp	Decity Cube	n, Mexice	m, Puerto F	tican, etc.)			E — Americen Indien, k, White, etc.
3 Widowed 4 Divo	rced	WW				1.	☐ TES	2 X MO	Specin	у:			Spec	
18. DEC	EDENT'S EDUC	CATION		16a DEC	EDENT'S U	SUAL OC	CLIDATI	ON	_					casian
	highest grade			(Gh	e kind of wo	rk done du	uring mo	ost of working	g	160,	KIND OF BUS	INESS/IN	DUSTRY	
Elementary/Secondary (0	-12)	College (1-4 or \$4	+)								C '		-	
8 yrs		None		F.	orem	man Sign Manuf.								
17. FATHER'S NAME (First, M.	iddle, Last)							16. MOTH	IER'S NA	ME (First, A	fiddle, Maiden	Sumeme)		
William	Wes1	ey Bla	ckbi	urn					P	ear1	Vir	gin	ia	Howell
19e. INFORMANT'S NAME (7)		4			MAH MIO 1	000505	104					_		
											er, City or Town			
William A.		mason		3	300 S	out	:h	Fift	n A	venu	ie, De	ento	n, l	MD 21629
20a, METHOD OF DISPOSITI			20b	PLACEA	ND DATE OF	DISPOSIT	TION/Na	ame of		DATE	20c. LOC	CATION —	City or To	own, State
4 Donation 5 Other	n 3 ⊔ mami (Specify)	over from State	cem	etery, crer	natory or othe	er place)	10-	0+0-		1	13 Hi			
21. SIGNATURE OF FUNERAL		ENGEL	16.	reer	mour			ND ADDRES			TR HI	LIIS	bor	o, MD
(4)	0 .	100									lome,	D 3		
Kauc	V0/11	16/11/00	10											
23. PART I. Enter the diseases or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate														
ehock, or ha	seases, or c	omplications the	t ceused	the dec	th. Do not	t enter t	he mo	da of dyl	ng, aucl	h aa cerd	iac or respir	ratory an	reat,	Approximate
IMMEDIATE CAUSE (Fin		_												interval Between Onset and Death
disease or condition		2.1	ma	na				. /						Otiset and Death
resulting in deeth)		100	100 70 1		UENCE OF):	Treum	CON	norg	0					
1		0000	(OH AS A	CONSEC	UENCE OF):			~ 0						
Sequentially list conditi		Dc	onc	noge	nic	C	arc	·nor	na					
If any, leeding to immed		DUE TO	(OR AS A	CONSEO	UENCE OF):									
cause. Enter UNDERLY	NG													1 1
CAUSE (Disease or injust that initiated events	y Y	DUE TO	OR AS A	CONSEC	UENCE OF:									
resulting in death) LAST	r													
		l												
PART II. Other eignifice	nt condition	contributing to	dooth h	at not so		46								
AVI)	contributing to	deeth b	or not re	auting in	the und	eriying	g ceuse g	iven in	Part I.	24a. WAS AN A PERFORM		24b.	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
Atherosde	ero tre	(ardi.	o Van	cul	in 1)15e	ar	1			1 YES 2			COMPLETION OF CAUSE
										_	O. L.			OF DEATH?
							-			- 1			1	VSLYES 2 □ NO
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSBITA						ACE OF DE						
t 🔀 YES 2 🗌 NO		HOSPITAL:	ER/Outp	stient 3 (DOA 4	THER:	na Hom	6 S - P-	alderes	a X	(Specific D 1	ace	of	employmen
27. MANNER OF DEATH		28e. DATE OF	INJURY	T	28b. TIME (28c. INJ		T			-		
1 Natural 5 🗆 F	Pending	(Month, Da			INJUR	Y 4	WO	RK?		200. DE\$	CRIBE HOW IN	JUHY OC	CURED	
2 Accident	nvestigation					M		YES 2	NO					
	Could not be	28e. PLACE Of building.	F INJURY	— At hom	ie, term, atre	et, fector	ry, office			281. LOCA	TION (Street or	nd Number	or Rural R	loute Number,
	etermined	Jonainy,	(obaci	-1/						City o	r Town, Stete)			
29a. CERTIFIER												-		
(Check only	FYING PHYSIC	CIAN: To the beat of	my knowle	edge, dea	th occurred	at the tim	re, date	end place,	end due	to the ceut	e(e) end manr	ner es stat	ted.	
one) 2 XMEDIO	CAL EXAMINER	t: On the beele of ex	eminetion	end/or In	veatigation,	In my opi	inlon, d	eath occur	d at the	time, data	and place, end	due to th	na causele) and manner as stated.
29b. SIGNATURE AND TITLE		^												
AND THE	OF CERTIFIER	1101	1	4				29c. LICE	NSE NUM	ISER		29d. DAT	E SIGNED	(Month, Day, Year)
denn	20	1 h	uti	MO				O.C	. M . 1	Ε.		10	3	1 1991
30. NAME AND ADDRESS OF	PERSON WHO	OMPLETED CAUS	E OF DEA	TH (ITEM	27) (Туре, Рг	int)						10	1	1 1 1 7 7 1
	6						a .							
31. DATE FILED (Month, Day, Y	harl -	22 PEOINT - 4	20 0101	7100	1 Pe	nn	Sti	reet	. B	alti	more	Mar	ylan	nd 21201
חרד	5 '91	32. REGISTRA	cha D	wide	~- Rand	600								The Total Control
I I I I	- UI	1			A 1 .									

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filted in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 is be filted within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY FUNERAL DIRECTOR

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TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

	FOR_	STATE OF A	MARYI AN	ID / DEPAR	TMENT O	E MEAITU	AND ME	NTAL HYGIEN	91	28	122
	1 - STATE REGISTRAR	OIAIL OI II	MITTER	CERTIF				REG. NO.	C		
	1. DECEDENT'S NAME (First, Middle, Last)							DATE OF DEATH		EAR 3. T	IME OF DEATH
	MILDRED H.	-						10 4	9	7 6	2405
1	4. SOCIAL SECURITY NUMBER 214-16-3092	5. SEX	6. AGE (In)	yrs. lest birthday) YRS.	IF UNDER 1 YE		R 24 HRS. 7. I	DATE OF BIRTH (Month, Day, Year) 3/6/191		Country)	E (Stete or Foreign
	9e. FACILITY NAME (If not institution, give :		10		Sh CITY TO	MI OR LOCATI	ION OF DEATH	3/6/191		PA OF DEATH	
8	Carroll County	the second second second	ospi	tal	1.00	tmins				roll	
Ø.	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT										
DIREC	100.00011	roll		10c. CIT	Y, TOWN OR L	tmins	+				INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	1011			wes	10f. ZIP COD			100 CITIZEI	N OF WHAT	YES 2 NO
FUNERAL	222 N. Cranber	rv Road					157		U.S		LOUNTRY?
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U	S. ARMEO	13. WAS			RIGIN? (Specify Yea			merican Indian
	1 Never Married 2 Merried	FORCES? 1 IF YES, GIVE W			It yes	, specify Cube YES 2 NO	en, Mexicen, Pu	rarto Rican, atc.)		Black, Whi Specify:	merican Indien, ite, etc.
) BY	3 N Widowed 4 Divorced					24				whi	te
TEC	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16	Give kind of v	USUAL OCCUI work done during se retired.)	ATION most of working	ing	18b. KIND OF BUS	SINESS/INDUS	TRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)		ewife			20/0			
MO	17. FATHER'S NAME (First, Middle, Last)			mus	ewile		HER'S NAME (n/a First, Middle, Meiden	Summers)		
BE C	D. Joshua Hun	ter						H. Har			
TO B	19e. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (Str	set end Number	r or Rural Route	Number, City or Tow	n, State, Zip Co	ode)	
F	Gerald D. Bit	zel		101	N. Co	urt S	Street	, West	minst	er,	Md. 211
	20a METHOD OF DISPOSITION 1 Durial 2 Cremetion 3 Rem	oval from Stata	20b. PL	ACEAND DATE OF	OF DISPOSITION	N (Neme of	. 10	0/12 We	CATION — City	or Town, S	tate
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LII	CENSEE	_ те-	rster	22 NAM	E AND ADDRE	SS OF EACH IT	v			
		777			Pr	itts	Funer	al Home	e & C	hape!	1
	Robert K.				41	2 Was	shingt	on Rd.	, Wes	tmin	ster,MD
	23. PART I. Enter the diseases, or ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	Liet only one cau	se on eaci	h line.				ardlec or reapi	ratory errest		Approximate Interval Between Onset end Death
CERTIFICATION	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c		DISEQUENCE OF		n u	Vall	ny			
- 1	PART II. Other eignificent condition	ns contributing to	death but	not resulting I	n the under	ula a sauca d	aluan In Davi	1 00, 1110 011			
PHYSICIAN: MEDICAL	D. 1	20		1	iii tiio dilaeii	ying codae (given in east	PERFOR	MED?	AVAIL	E AUTOPSY FINDINGS ABLE PRIOR TO PLETION OF CAUSE
E	Mul. t	amy	-	Red	1			1 TYES 2	HO	OF D	EATH?
≥ .										1	YES 2 NO
X	25. WAS CASE REFERRED TO MEDICAL				20	. PLACE OF D	EATH (Check of	nly one)			
Sic	EXAMINER?	HOSPITAL:	ER/Outpatie	ent 3 🗆 DOA	OTHER:	Home 5 🗆 Ra	sidence 8 🗆	Other (Specify)			
Ŧ	27. MANNER OF DEATH	28e. DATE OF (Month, Da		28b. TIM	E OF 28c.	INJURY AT WORK?		DESCRIBE HOW IF	JURY OCCUR	ED	
BY	1 Netural 5 Pending 2 Accident Investigation	ral 5 Pending M 1 YES 2 NO									
	3 Suicide 8 Could not be	28e. PLACE Of building,	F INJURY — etc. (Specify)	At home, ferm, a	treet, factory,	office	281.	LOCATION (Street e City or Town, State)	nd Number or i	Rural Route N	lumber,
E	An OFFICIES										
COMPLETED	(Check only CERTEFYING PHYS	ICIAN: To the best of									
	2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIE		ammation at	toor investigation	n, in my opinio			date end place, en			
BE	MAXUE	la .	111	7)-		29c. LICE	ENSE NUMBER	9	29d. DATE SI	GNED (Mont	h, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUS	E OF DEATH	(ITEM 27) (\$/pe.	Print)		00/	/	10	4	71
	MANUEL V	SEVU	la	61	Nu	olly	Rd	· WES	70/	NST	282
	31. DATE FILED (Month, Day, Year)	32. REGISTRAI		HE		0					

32. REGISTRAR'S SIGNATURE Fulia Davidson-Randall



OCT 717 '91

- 1-. . Market and the first of the fir greg go d'A. e. g. general

BALTIMORE, MARYLAND 21203-3146	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within x-rours after death. Page 6 may be retained by the hospital or attending phys	
	rours after death	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	is that the death certificate be executed within	
ISION OF VITAL REC	TTENDING PHYSICIAN: The law require	
2	08 A	

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

232-24-1578

31. DATE FILED (Month, Day, Year)

Arthur

Sa. FACILITY NAME (If not institution, give street and number)

319 Montgomery Drive

Leo

5. SEX

1 X M 2 | F

Brock

8. AGE (In yrs. last birthday)

DIRECTOR 1, 2, RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10a. STATE Maryland Harford County Forest Hill permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE attending physician. 319 Montgomery Drive 21050 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS OECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: BY 3 Widowed 4 Divorced use as the W.W. 2 - Army COMPLETED 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 18. DECEDENT'S EDUCATION (Specify only highest grade complete College (1-4 or 5+) 11 Mechanic once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at Gilbert Lawrence Brock Nancy BE 194. INFORMANT'S NAME (Type/Print)WII 6838_4484 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code, 319 Montgomery Drive, Forest Hill, Maryland 21050 Mrs. Margaret G. Brock e 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or 20a METHOD OF DISPOSITION

1 Burial 2 Cremation 3 Removal from State must Bel Air Memorial Gardens 4 Donation 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE JOSOph W. Foster 22. NAME AND ADDRESS OF FACILITY Foster Funeral Home examiner 50 West Broadway & Williams Street Bel Air, Maryland 21014 Emperorale trates medicel 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such ea cardiec or respiratory arrest, shock, or heart feliure. List only one cause on each line. ŏ IMMEDIATE CAUSE (Final mpletely filled , cremation, c Bladder CA. the nelastatu resulting in desth) event. OUE TO (OR AS A CONSEQUENCE OF nysician and com prior to burial, o traumatic ON Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury CERTIFICAT or other OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in desth) LAST the atten Mental Injury, PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 32 amy 1 YES 2 NO Shows t. of PHYSICIAN: has be Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate h Item HOSPITAL: OTHER: 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA ig Home 5 🔣 Residence 8 🗆 Other (Specify) 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c, INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED merked, with o 1 📉 Natural 5 Pending 1 YES 2 NO M BY After 2 Accident 28e. PLACE OF INJURY — Al home, ferm, street, fectory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined DIRECTOR: / COMPLETED 4 Homicide 28 OR A 29a. CERTIFIER

(Chack note of the cause) Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. TO THE HOSPITAL OF THE FUNERAL D DO MIND WITHIN 72 ho 2 MEDICAL EXAMINER: On the basis of e ation and/or investigation, in my opinion, death occured at the time, date end placs, end due to the cause(e) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 035012. 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 838-6434 620 Boulton Street, Bel Air, Maryland 21014 J. Kevin Lynch, M.D.,

32. REGISTRAR'S SIGNATURE

Julia Davidson-Randall

'91

CERTIFICATE OF DEATH

MONTHS

YRS

IF UNDER 1 YEAR IF UNDER 24 HRS.

HOURS

Forest Hill

9b. CITY, TOWN OR LOCATION OF CEATH

MIN.

DAYS

91 28723 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2. DATE OF DEATH MONTH 3. TIME OF OEATH October 9, YEAR 1991 3 P.M. 7. DATE OF BIRTH (Month, Day, Year)
May 16, 8. BIRTHPLACE State or Foreign Country H 11150010, 1918 West Virginia 9c. COUNTY OF OEATH Harford County 10d. INSIDE CITY 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 14. RACE — American Indian, Black, White, etc. White 16b. KIND OF BUSINESS/INDUSTRY Automotive Industry Wamsley **Mesonpolit** 20c. LOCATION — City or Town, State Bel Air, Maryland 21014 Approximata Interval Betwe Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24a. WAS AN AUTOPSY PERFORMED?

DHMH-15 Rev 1/89

1 YES 2 NO

29d. DATE SIGNED (Month, Day, Year)

▶ Oct. 10, 1991

to the state of ę The state of the s grant or

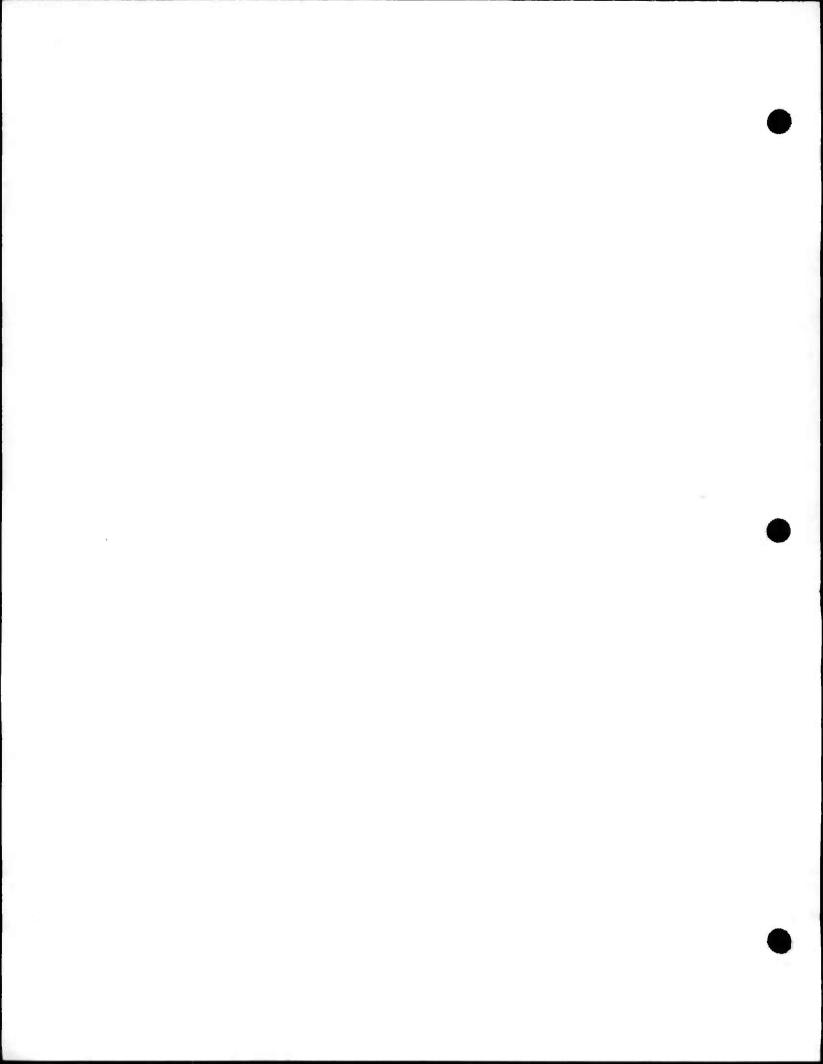
4. DOCKO PER NAME (First, Modes). Large 4. A DOCK SECONATY MARKERS 4. SECONAL SECONATY MARKERS 1. SEX 1. S	1 - STATE REGISTRAR		SIAIE UF N	TAKYLAND C		ICATE C			MENIAL HYGIE REG. N			
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## PACE TABLE PACE PACE ## PACE TABLE PACE PACE ## PACE PACE PACE ## PACE PACE PACE ## PACE PAC			10000	6. AGE (In yrs. Is	st birthday)		_		7. DATE OF BIRTH		6. BIRTH	PLACE (State or Foreign
Western maryland center—1500 PA Ave. Hagerstown	213-16-0215)	1 M 2 F	7/	YRS.	mowrns DA	s noons	MICC.	JUNE 12	, 1920	Ma	ryland
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Mary Land No. COUNTY No. CONTON No. CONTON No. STREET AND NUMBER 10. APP CODE 10.			ter-1500 PA	Ave.,		Hagers	town			Mas	hingt.o	Ω
Maryland Washington Hagerstown 10, 2000 100, 2			,		10c, CI	ry, town or Lo	CATION					10d, INSIDE CITY
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Sarah Wiley Sarah Sarah Sarah Sarah Wiley Sarah Sara	0	,			omema	ker			home			
196. INFORMANT'S NAME (**ProPrint**) Charles B. Burger, Jr. 11 W. Baltimore Street Hagerstown, Maryland 21740 296. METHOD OF DISPOSITION The Market of DisPosition	17. FATHER'S NAME (First, Mi	iddle, Last)					16. MO	THER'S N		en Sumame)		
Charles B. Burger, Jr. 11 W. Baltimore Street Hagerstown, Maryland 21740 10 Burles 12 Cementon 3 C Removal from State 10 Due for Consider 1	Edward	Baker					S	arah	W	iley		
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disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR A	23. PART i. Enter the di	iseases, or	complications the	t coused the	death. Do	not enter the	mede of	ying, su	ch as cardiac or to	spiratery	rrest,	
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CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): D	If any, leading to imme-	diate	DOE 10	(OR AS A CONS	EUUENCE (orj:			1			İ
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2 Accident Investigation 3 Suicide 6 Could not be determined 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28s. CERTIFIER 1 CERTIFIE		Pending			200. 11		WORK?		200. DESCRIBE HO	M INJURY (ACUNED	
4 Homicide determined building, etc. (Specify) City or Town, State)	2 Accident	Investigation	28a PLACE	OF INJURY — At	home farm			_ 40	26f. LOCATION /Str	at and Num	her or Rumi i	Poute Number
			building	, etc. (Specify)	,	,,,,					our or things t	route training
		TIFYING PHYS	ICIAN: To the best o	f my knowledge,	death occu	rred at the time,	date end plac	ce, end du	re to the cause(s) end	menner es s	itated.	
one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) end manner as stated.	one)											a) end manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)	29b. SIGNATURE AND TITLE	E OF CERTIFIE	R				29c. LI	CENSE N	UMBER	29d. D	ATE SIGNED	(Month, Day, Year)
For 1. Perciuneul M.D. D12642 1019191	Fe U. Por	ciun	reuls	MID	1			D1	2642	•	10	19191
FE U. PORCIUNCUL 1500 FORDURY 21742	F- 11 0	1	unlcu4	C	15	on Print)	ENA	194	LUANIA	ALU	E. land	21742
FE U. TORCIUNICULA LA COLEAGE FRAIN. MARGILANGE 21 14	31. DATE FILED (Morith, Day, OCT 10'9	Year)	32 REGISTR	AR'S SIGNATURE						4		
FE U. TORCIUNCUL HACEFAS FOUND, MARYLAND 2174			Julia D	ar's signature	andelle)			- V-		

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

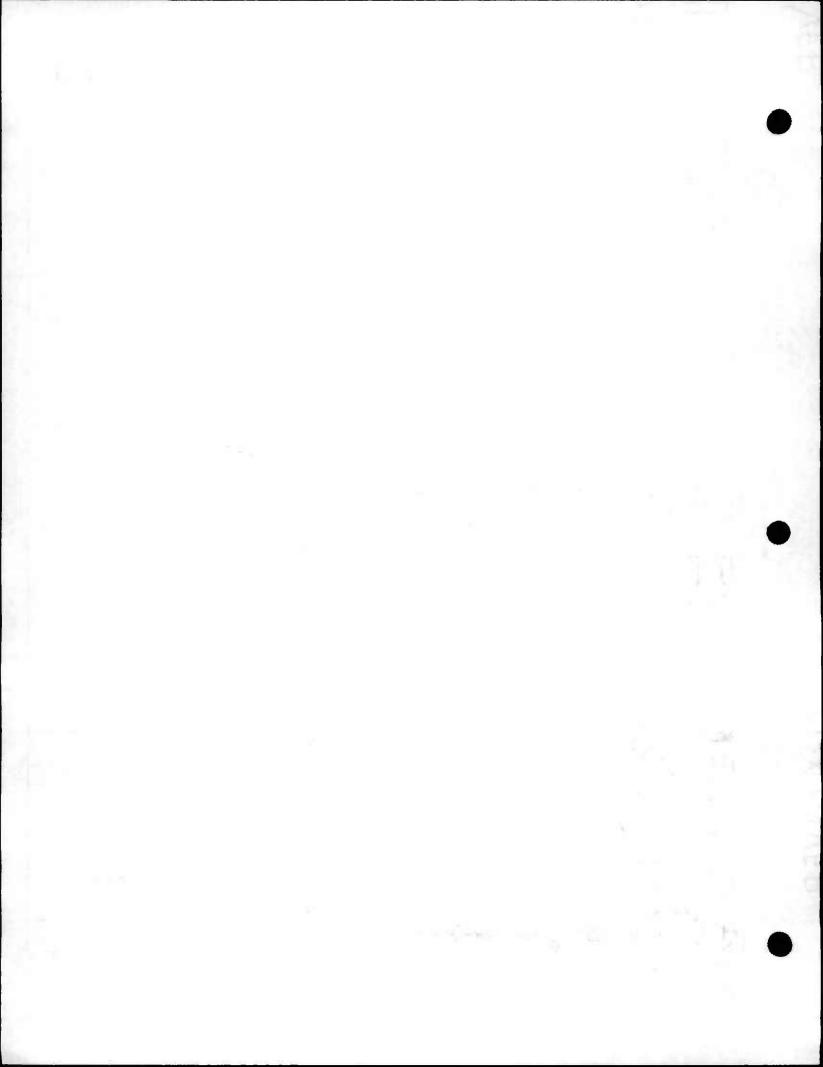
TO THE HOSPITAL OR ATTENDING PRYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE (OF MARYLAND	DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIEN
	C	ERTIFICATE	OF DEA	TH		REG. NO

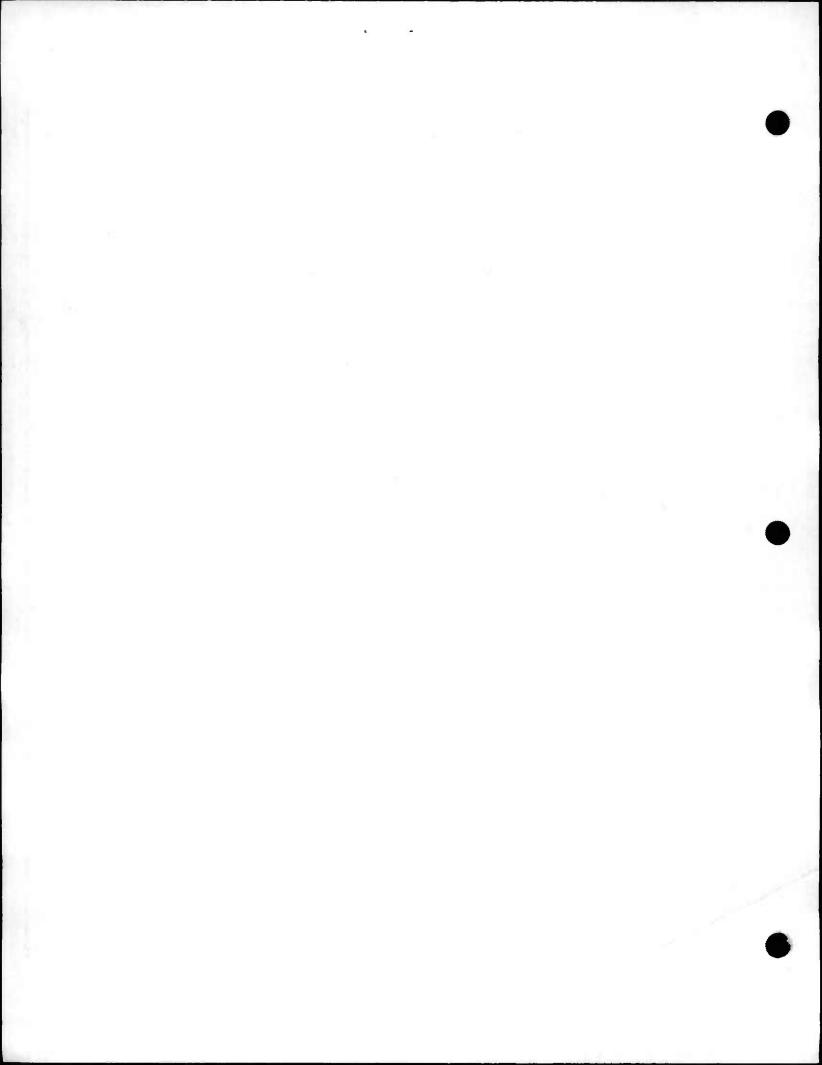
1. DECEDENT'S NAME (First, Middle, Last			-13011	IOAIL OI	DEATH	RE	EG. NO.		
	n					2. DATE OF D	EATH DAY	PAR	3. TIME OF DEATH
NORRIS COSTIN	BEAUCHAMP					10	2 DAY	91	
4. SOCIAL SECURITY NUMBER 2 13-14-1101	5, SEX 6,	AGE (In yrs. les	t birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B (Month, Day	(Year)	Count	**
9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TOWN	OR LOCATION OF DE			COUNTY OF	YLAND
4 CEDARHURST VI	LLAGE			SALI	SBURY			WICOM	ICO
10a. STATE 10b. COUN	TY		10c. CIT	Y, TOWN OR LOCA	TION				10d. INSIDE CITY
MD. WIC	OMICO		SA	LISBURY					LIMITS? 1 YES 2 V NO
10e. STREET AND NUMBER				10	f. ZIP CODE		10g	. CITIZEN OF	WHAT COUNTRY?
41 CEDARHURST VI					21801			USA	
11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 X IF YES, GIVE WAR	YES 2 1		If yes, s	CENDENT OF HISPAN Secify Cuban, Mexica S 2 NO Specify	n, Puerto Rican		5— 14. RAC Blac Spec	
	<u> </u>	ARMY						1	WHITE
15. DECEDENT'S Et (Specify only highest gra Elementary/Secondary (0-12)		18a. DE	CEDENT'S ive kind of Do NOT u	WOUAL OCCUPATI work done during m se retired.)	ON ost of working	16b. KiNi	D OF BUSINES	S/INDUSTRY	
12 YEARS			PAIN	ITER					
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA			me)	
WILLIAM H. BEAU	CHAMP				ELIZABE				
19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (Street	and Number or Rural I	Route Number, C	Ity or Town, Stat	te, Zip Code)	
RUBY DASHIELL			508 H	UNTING	PARK DRIV	/E			
20a. METHOD OF DISPOSITION 1 ☐ Burial 2 ☑ Cremation 3 ☐ Re	moval from State			E OF DISPOSITION or other place)	(Name	DATE	20c. LOCATIO	N — City or T	own, State
4 ☐ Donation 5 ☐ Other (Specify) _				CREMAT	ORY	10-5	SALISB	URY. M	D. 21801
Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	С	AS A CONSE			cen				Onset and De
PART ii. Other aignificant conditi	ons contributing to de	ath but not	reaulting	In the underlyic	ng cause given in		. WAS AN AUTO PERFORMED	?	D. WERE AUTOPSY FINDS MAILABLE PRIOR TO COMPLETION DF CAUS OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL				26. 1	PLACE OF DEATH (Ch	eck only one)			
EXAMINER?	HOSPITAL:	R/Outpatient 3	DOA	OTHER:	ma 5 Residence	8 Other (So	ecthy)		
	28a. DATE OF IN. (Month, Day,	JURY	28b. TIR	ME OF 28c. IN	JURY AT ORK?		BE HOW INJUR	Y OCCURED	
27. MANNER OF DEATH 1 Natural 5 Pending					YES 2 NO				
	28e. PLACE OF II	NJURY — At he . (Specify)	ome, farm,	street, factory, off			N (Street and N wn, State)	umber or Rural	Route Number,
1 Netural 5 Pending Investigatio 3 Suicide 4 Homicide Certifier (Check only 1	28e. PLACE OF in building, etc. YSICIAN: To the best of my INER: On the basis of exam	knowledge, de	eath occur	red at the time, da	ce e and place, and due	City or To	n) and manner a	na stated, n to the cause	
1 Netural 5 Pending Investigation 3 Suicide 4 Homicide 8 Could not a determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAM	28e. PLACE OF in building, etc. YSICIAN: To the best of my INER: On the basis of exam	knowledge, de	eath occur	red at the time, da	ce and place, and due death occured at the	City or To	n) and manner a	na stated, n to the cause	(a) and manner as state



OCT 1 0 91

a Navidson-Randole

1. DECEDENT'S NAME (Fir		R	n. u.k.	,				2. DATE OF DEATH MONTH	* _	YEAR /	3. TIME OF DEATH	
EVELYN			ANKS					10 0	_		2 PM	
4. SOCIAL SECURITY NUI		5. SEX	8. AGE (In yrs. I		IF UNDER 1 YE		ER 24 HRS.	7, DATE OF BIRTH (Month, Day, Year)		Count		
220-05-8	20-05-8100 10 M 2 DEF 97		7 YRS.				6-26-9			yland		
9s. FACILITY NAME (If not					9b. CITY, TO				4.00	NTY OF D		
	Brevin NSg. Home					HAUREde Grace Harfor				orn		
10a. STATE	10b. COUNTY 10c.				Y, TOWN OR L	OCATION					10d. INSIDE CITY	
Maryland	Ha	arford	Al	oerdeer	1					1 X YES 2 NO		
10e. STREET AND NUMBER						101, ZIP CC	DE		10g. CIT	IZEN OF	WHAT COUNTRY?	
20 E. Be	al Air	Ave. Ap	t. 14			210	001			U.S	Δ	
11. MARITAL STATUS		12. WAS DECEDE		ARMED	13. WAS	DECENDENT	OF HISPA	NIC ORIGIN? (Specify Ve	a or No-	14. RAC	RACE — American Indian.	
1 Never Married 2	Married	FORCES?	WAR OR DATES		If yo	YES 2 HAN	ben, Mexico	en, Puerto Rican, etc.)			ck, White, etc.	
3 Widowed 4 D	vorced	IF YES, GIVE	WAH ON DATES		טי	TES ZEM	O Speci	γ:		Spec	Black	
15. DI (Specify o	CEDENT'S EDU	CATION completed)		(Give kind of	USUAL OCCU	PATION g most of wo	rking	16b. KIND OF BU	ISINESS/IN	DUSTRY		
Elementary/Secondary		College (1-4 or 5		ile. Do NOT u	se retired.)		T'au					
8	71	0		Homer	naker			In hom	e			
17. FATHER'S NAME (First,	Middle, Last)					18. M	OTHER'S N	AME (First, Middle, Malder	Sumame)			
UNK	1966					Įt	JNK					
19s. INFORMANT'S NAME	(Type/Print)	5.		19b. MAJLING	ADDRESS (St	reet and Num	ber or Rural	Route Number, City or To	wn, State, Zi	ip Code)		
Mrs. Molly	C. Bai	nks		20	E. Be	l Air	Ave.	Aberdee	n. Ma	arvla	and 21001	
20s. METHOD OF DISPOS	20s. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, S											
1X Burial 2 Cremation 3 Removal from Starts 4 Donation 5 Dother (Specify) Mt. Calvary Methodist Cemetery Aberdeen, Maryland												
21. SIGNATURE OF FUNE		CENSEE			22. NAI	E AND ADD	RESS OF F	ACILITY				
- Man		+ Hc	,		Tai	cring-	-Carg	o Funeral	Home,	P.A	•	
Buu	V PU	- Dua	rann		Abe	erdeer	i, Ma	ryland 21	001-3	3399		
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or beart failure. List only one cause on each fine. Approximate interval Between												
IMMEDIATE CAUSE (Final	0			SLL	Interes me ale			Onset and Deat			
resulting in death)	disease or condition resulting in death)					many proces					10921	
		DUE TO	O (OR AS A CONS	SEQUENCE O	XF):	No. a	20.00	0-0.	1.0		2	
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Coronary Artry breake 104 Due to (or as a consequence of): Conquestive Please Faulure 3 m									Jmon			
Sequentially list cond if any, leading to imm	nediate	DUE TO	O (OR AS A COM	SEQUENCE C	XF):							
cause. Enter UNDER		c	- //									
that initiated events		DUE TO	O (OR ASÍA COM	SEQUENCE O	OF):							
resulting in death) L	AST	d										
DART II ON II-III			a death had as	A	In the conde	Ada ii aasa		Part I. 24s. WAS A		. 1.	Ib. WERE AUTOPSY FINDING	
PART II. Other significant	4	_		r resulting	III UIO UIIGO	riying caus	e given ii		ORMED?		MAILABLE PRIOR TO	
	uppe	efum	///					1 YES	2 🗌 NO		COMPLETION OF CAUSE OF DEATH?	
											1 TES 2 NO	
25. WAS CASE REFERRE	TO MEDICAL					26. PLACE O	F DEATH (C	heck only one)				
EXAMINER?		HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHER:	Home 5	Residence	6 ☐ Other (Specify)				
27. MANNER OF DEATH		28a. DATE (28b. TI	ME OF 28	c. INJURY AT	_	28d. DESCRIBE HOW	INJURY O	CCURED		
1 Natural 5	Pending	(Month,	Day, Year)		LJURY	WORK?						
2 Accident	Investigation	28a PLACE	OF INJURY — At	home from				28f. LOCATION (Street	e and Ahumh	w or Burn	I Boute Number	
3 Suicide 6	Could not be determined	bulldin	g, etc. (Specify)		,,	,		City or Town, Star	(0)			
								<u> </u>				
29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.												
(Check only												
(Check only	EDICAL EXAMIN	ER: On the basis of	examination and	Of Hirearinger	,						2(0) 0110 11101111111 00 010100	
(Check only						29c.	LICENSE N	UMBER	29d. D/	ATE SIGNE	ED (Month, Day, Year)	



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31. DATE FILED (Month

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			91	28721		
		RTMENT OF HEALTH AND	MENTAL HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	LADIZ	2. DATE OF DEATH	3. TIME OF DEATH		
	CHARLES MELVIN C 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday)		Sept. 26, 19			
	212-16-1179 1 M 2 G F 78 YRS. 9a. FACILITY NAME (If not institution, give street and number)	MONTHS DAYS HOURS MIN.	(Month, Day, Year) 10/12/12	s. BIRTHPLACE (State or Foreign Country) Maryland		
TOR	104 Greenridge Court	9b. CITY, TOWN OR LOCATION OF Lutherville	THE COUNTY OF BEATTI			
DIRECTOR	Maryland L	utherville		10d, INSIDE CITY LIMITS? 1 VES 2 NO		
FUNERAL	100 Street and Number 104 Greenridge Court	101. ZIP CODE 2 1 0 9	_	U.S.A.		
В	11. MARITAL STATUS 1 Never Married 2 Married 3 X Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES WW II, KOrea	13. WAS DECENDENT OF HISP If yes, specify Cuban, Maxi 1 — YES 2 NO Spe	ANIC ORIGIN? (Specify Yea or No— 1-can, Puerto Rican, etc.)	4. RACE — American Indian, Black, White, etc. Specify: White		
8	15. DECEDENT'S EDUCATION 16a, DECEDENT'S	USUAL OCCUPATION	16b. KIND OF BUSINESS/INDU			
COMPLETED	4 yrs. Naval	work done during most of working se relied.) Captain	U.S. Navy			
BE CO	17. FATHER'S NAME (First, Middle, Last) Charles Robert Clark		NAME (First, Middle, Meiden Surneme) e Lillian Key:	S		
0	Mrs. Gaye C. Whittaker 1585	ADDRESS (Street and Number or Run 5 W. 183rd St	nl Route Number, City or Town, State, Zip C •, Olathe, Kai	nsas 66061		
	1 Surial 2 Cremation 3 Ramoval from State cemetery, crematory or c	of disposition (Name of other place) est Cemetery	9/30 Federa			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Michael 7 - Eskew	Framptom-H PO Bx 43.F	awkins-Eskow i ederalsburg. N	Funeral Home MD 21632		
	 PART I. Enter the diseases, or complications that caused the death. Do ehock, or heert feilure. Liet only one cause on sech line. 	not enter the mode of dying, su	ich se cerdlec or reepiratory erree	Approximats		
	IMMEDIATE CAUSE (Final disease or condition resulting in deeth) e. MYOCARDIAL			Onset and Death		
N	DUE TO (OR AS A CONSEQUENCE O	F):				
CATIC	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	F):				
CERTIFICATION	thet initiated events resulting in death) LAST d.	F):				
. 19	PART II. Other significent conditions contributing to deeth but not resulting	In the underlying cause given i	n Pert I. 24a. WAS AN AUTOPSY	Last Week Manager		
PHYSICIAN: MEDICAL		, and the second second	PERFORMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
W Z			_ '	1 TES 2 NO		
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	26. PLACE OF DEATH (C	heck only one)			
IXSI	1 PYES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA	OTHER: 4 Nursing Home 5 Residence	8 Other (Specify)			
ВУ РН	2?. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation 28e. DATE OF INJURY (Month, Day, Year) 1N.	E OF 28c. INJURY AT WORK? M 1 YES 2 NO	28d. DEŞCRIBE HOW INJURY OCCUP	RED		
100	3 Suicide 4 Homicide 8 Could not be determined 28e. PLACE OF INJURY — At home, term, building, etc. (Specify)	street, fectory, office	281. LOCATION (Street and Number or City or Town, State)	Rural Route Number,		
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurrence) 2 EXAMINER: On the beate of examination end/or investigation	ed at the time, data and place, and du	a to the cause(a) and manner as stated. e time, data and place, end due to tha c	ause(a) and manner ee atated.		
B	29b. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NU D165		IGNED (Month, Day, Year)		
٥	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, 1505 OSLER DR, TOWS	Print) ON MD ZI	204 SUITE	= 502		

32. REGISTRAR'S SIGNATURE
Julia Davidson-Randall

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			•
			•

ing physician.	the burial-transit pe	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a mount after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transity in the following the following property of the complete	once.
be retained by	ige 5 should be	e notified at
th. Page 6 may	eral director, pa	miner must b
wours after dea	ed in by the fur	medical exa
cuted within 2.	d completely fill	lic event, the
ertificate be exe	ng physician an	other trauma
that the death c	d by the attendi	iny injury, or
he law requires	has been signe	m 23 shows a
G PHYSICIAN: T	er this certificate	narked, or Ite
L OR ATTENDIN	DIRECTOR: After	Item 28 Is n
TO THE HOSPITAL	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the first and making any physician and completely filled in by the first and making any three prior to build creation for removal	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

REGISTRAR 1. DECEOENT'S NAME (First, Middle, Last)		LAND / DEPAR	ICATE OF	DEATH	REG. NO.		
1		OLITTI	TOATE OF	DEATH	2. DATE OF DEATH		3. TIME OF DEATH
CLARENCE CHRISTY					30 6	199.	4:30A
	5. SEX 6. AGE	E (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.1	BIRTNPLACE (State or Foreign Country)
218-10-1363	M 2 - F	71 YRS.	MONTHS DAYS	HOURS MIN.	3-6-20		MD
9a. FACILITY NAME (If not institution, give street	at and number)		9b. CITY, TOWN	OR LOCATION OF D	EATH	9c. COUNTY	OF DEATH
Perry Point VAMC			Perry	Point		Cec	il
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CI	Y. TOWN OR LOCA				10d. INSIDE CITY
La sec	ard	1000					LIMITS?
10e, STREET AND NUMBER	71 d	П	avre de	r. ZIP CODE		10g CITIZEN	OF WNAT COUNTRY?
357 Wilson St.			- 7	21078			SA
	12. WAS DECEDENT\EVER	IN U.S. ARMED			NIC ORIGIN? (Specify Yes	-	RACE — American Indian,
1 Never Married 2 Married 3 W Widowed 4 Divorced	FORCES? 1 X YES	S 2 NO	If yes, sp		an, Puarto Rican, alc.)		Black, White, alc. Specify: Black
15. DECEDENT'S EDUCAT	TION		USUAL OCCUPATI	ON	16b, KINO OF BU	SINESS/INDUST	ray
(Specify only highest grade con Elementary/Secondary (0-12)	mpleted) College (1-4 or 5 +)	(Give kind of life. Do NOT u	work done during ma use retired.)	oat of working			
11	conege (1-4 of 5 +)	warehou	useman		civil	service	2
17. FATHER'S NAME (First, Middle, Last)		100		18. MOTHER'S NA	AME (First, Middle, Maiden		-
William Christy				Mary Co	ole		
19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	AODRESS (Street		Route Number, City or Tow	rn, State, Zip Co	de)
Harford Christy		2319	Post Rd	Havre de	e Grace M	21070	
20a. METHOD OF DISPOSITION 1X Burtal 2 Cremation 3 Remove		Ob. PLACE OF DISPO	SITION (Name of ce	metery, crematory or	20c. LO	CATION — City	or Town, Stata
4 Donation 5 Other (finesh)	II from State	St. James	s Cem		Havi	re de 0	Grace, MD
21. SIGNATURE OF PUNETAL SURVICE POR	1			Beard	килетаl Sei Havre de Gi	rvice N	4D
23. PART I. Enter the diseases, or con	mplications that caus	sed the death. Do	not anter the me	ode of dying, aud	ch as cardiac or reap	Iratory arrest	, Approximata
ahock, or heart fallure. Lie	st Dnly one cause on	aach lina.					Interval Between
IMMEDIATE CAUSE (Final							
disease Dr condition	SONT	i Sha	2-6				
	DUE TO (OR AS	à She	ock				
disease Dr condition	DUE TO (OR AS	s a consequence of	Ock DF):				
disease Dr condition resulting in death) Sequentielly list conditions,	DUE TO (OR AS	s a consequence of a consequence of	Ock OF): OF):				
disease Dr condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	S A CONSEQUENCE OF	ock ornia ornia				
Sequentielly list conditions, if any, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events		S A CONSEQUENCE (DF): 0				
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury		S A CONSEQUENCE (e			
Sequentielly list conditions, if any, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	s a consequence of	or): ailus		Red Lawrence		Onset and Deat
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	s A CONSEQUENCE C	or): ailus		1 Part I. 24a, WAS AN		Onset and Deat
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	s A CONSEQUENCE C	or): ailus		1 Part 1. 24a, WAS AN PERFO	RMED?	Onset and Deat
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	s A CONSEQUENCE C	or): ailus		PERFO	RMED?	Onset and Deat 24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions.	DUE TO (OR AS	s A CONSEQUENCE C	In the underlyle	eg couse given in	1 PERFO	RMED?	24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant conditions. Starts past	DUE TO (OR AS Res contributing to death	s A CONSEQUENCE C	or): Cilcre Cin the underlyin		1 PERFO	RMED?	24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions Status post 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	DUE TO (OR AS PLE)	S A CONSEQUENCE OF THE PROPERTY OF THE PROPERT	In the underlying section 26. F	ILACE OF GEATN (C)	PERFO 1 YES : heck only one) 6 Other (Specify)	RMED? 2 NO	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions Status Post 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN	DUE TO (OR AS PLANT CONTRIBUTION TO CONTRIBUTI	S A CONSEQUENCE C	OF): Carlors In the underlying Carlor 28. P OTHER: 4 Nursing Hor WE OF 28c. IN WHE OF 28c. IN WHE OF 28c. IN	LACE OF GEATN (C)	PERFO	RMED? 2 NO	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions. Status past 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending Investigation	DUE TO (OR AS PLANTS OF INJURY (Month, Day, Year	S A CONSEQUENCE OF THE PROPERTY OF THE PROPERT	DF): CLUCK In the underlyle CLUCK 28. P OTHER: 4 Nursing Hor ME OF UNITY M MI 1	LACE OF DEATH (C) THE S Residence JURY AT ORK? YES 2 NO	PERFO 1 YES : heck only one) 5 Other (Specify) 28d. OESCRIBE HOW	RMED?	Onset and Deat 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions Status Post 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 HO 27. MANNER OF DEATN 1 Netural 5 Pending	DUE TO (OR AS PLANTS OF INJURIED TO CONTRIBUTION TO CONTRIBUTI	s a consequence of the first of	DF): CLUCK In the underlyle CLUCK 28. P OTHER: 4 Nursing Hor ME OF UNITY M MI 1	LACE OF DEATH (C) THE S Residence JURY AT ORK? YES 2 NO	PERFO 1 YES : heck only one) 6 Other (Specify)	INJURY OCCUR	Onset and Deat 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 HO 27. MANNER OF DEATN 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined	DUE TO (OR AS PLACE OF INJUR (Month, Day, Year 28a, PLACE OF INJUR 28a, PLACE OF INJUR (Month, Day, Year 28a	s a consequence of the state of	DF): CLUSO In the underlyin 26. P OTHER: 4 Nursing Hor ME OF 28c. IN JURY M 1 street, factory, offi	LACE OF OEATN (C) THE S RESIdence JURY AT ORK? YES 2 NO	PERFO 1 YES : heck only one) 6 Other (Specify) 28d. OESCRIBE HOW 28f. LOCATION (Street City or Town, State	INJURY OCCUR	Onset and Deat 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions FACTLY POST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending Investigation 29. CERTIFIER 8 Could not be determined	DUE TO (OR AS PLACE OF INJUR (Month, Day, Year Delfding, etc. (S)	but not resulting but not resulting acculat ulpatient 3 DOA Y 28b. Till N IRY — At home, farm, pecify)	26. F OTHER: 4 Nursing Hot NURY M 1 Street, factory, offi	LACE OF CEATN (C.) THE S Residence JURY AT ORK? YES 2 NO	PERFO 1 YES: beck only one) 6 Other (Specify) 28d. OESCRIBE HOW 28f. LOCATION (Street City or Town, State) a to the cause(a) and ma	INJURY OCCUP	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions FACTLY POST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending Investigation 29. CERTIFIER 8 Could not be determined	DUE TO (OR AS PLACE OF INJUR (Month, Day, Year Delfding, etc. (S)	but not resulting but not resulting acculat ulpatient 3 DOA Y 28b. Till N IRY — At home, farm, pecify)	26. F OTHER: 4 Nursing Hot NURY M 1 Street, factory, offi	LACE OF CEATN (C.) THE S Residence JURY AT ORK? YES 2 NO	PERFO 1 YES: beck only one) 6 Other (Specify) 28d. OESCRIBE HOW 28f. LOCATION (Street City or Town, Stete	INJURY OCCUR and Number or) onner as stated. and due to the c	Onset and Deat 24b. WERE AUTOPSY FINDING: AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

WHO COMPLETED CAUSE OF OEATN (ITEM 27) (Type, Print)

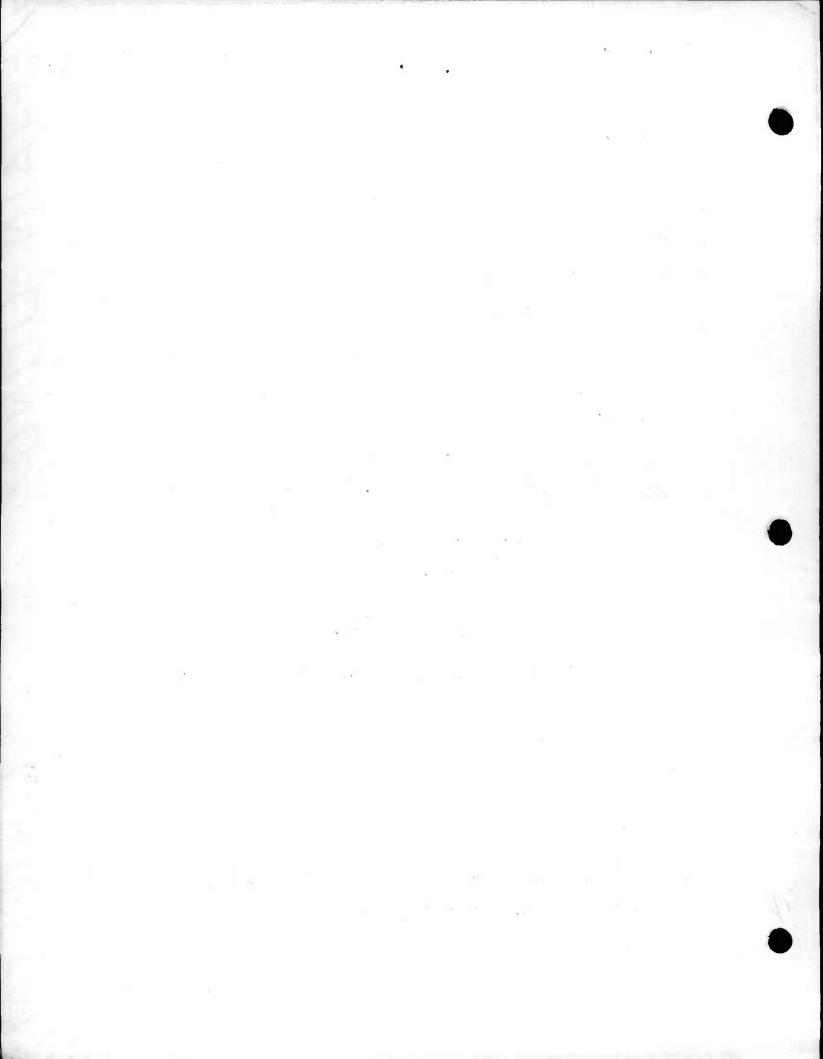
19

VAMC PERRY POINT MD 21902

32. REGISTRAR'S SIGNATURE

Julia Davidson Randall

Randall



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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at the	by th	and M	ıy in
ires th	signed	Hearth	ws af
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The la	ite has	ate De	em 2
ICIAN:	ertifica	the St	or it
3 PHYS	or this c	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	arked,
NDIN	R: Afte	er dea	Is m
R ATTI	RECTO	urs aft	m 28
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HOSP	FUNE	within	TANT.
O THE	O THE	e filed	MPOR
-	-	۵	=

	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	29
	1. DECEDENT'S NAME (First, Middle, Last)	C. Christon 2. DATE OF DEATH OF DAY OF PEAR 3. TIME OF	DEATH M
	4. SOCIAL SECURITY NUMBER 21 2 28 2013 90. FACILITY NAME (If not institution, give str	5. SEX 6. AGE (In yrs. lest birthday) F UNDER 1 YEAR F UNDER 24 HRS. 7. DATE OF BIRTY 8. BIRTYPLACE (State Country) MISSISSID	
6	RESIDENCE OF DECEDENT	meral Hospitol Tueston Thursday	
DIRECT	MD Harfo	LIMITS	3?
	10e. STREET AND NUMBER	10f. ZIP CODE 10g. CITIZEN OF WHAT COUNT	
FUNERAL	456 Sedgemore Ct.		
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Midowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 □ YES 2 □ NO FORCES? 1 □ YES 2 □ NO FORCES? 1 □ YES 2 □ NO FORCES? 1 □ YES 2 □ NO Specify: □ 1 □ YES 2 □ NO Specify: □ 1 □ YES 2 □ NO Specify: □ 1 □ YES 2 □ NO Specify: □ 1 □ YES 2 □ NO Specify: □ 1 □ YES 2 □ NO Specify: □ 1 □ YES 2 □ NO Specify: □ 1 □ YES 2 □ NO Specify: □ 1 □ YES 2 □ NO Specify: □ 1 □ YES 2 □ NO Specify: □ 14. RACE — American Black, White, etc. Specify: □ 14. RACE — American Black, White, etc.	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of	completed) (Give kind of work done during most of working life Da NOT use millerd)	
IPLE	Elementary/Secondary (0-12)	animal caretaker civil service	
CON	17. FATHER'S NAME (First, Middle, Last)	16. MOTNER'S NAME (First, Middle, Maiden Surname)	
BE	Celest Christon 190. INFORMANT'S NAME (Type/Print)	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	-
5	Roslyn Thorton	100 Waldon Rd. Abingdon, MD	
	20g, METHOO OF DISPOSITION 1	20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) 20c. LOCATION — City or Town, State	
	4 Donetion 5 Other (Specify)	Holly Hill Cem. Essex. MD	
	* Hundel	Arnold Beard Funeral Service P.O. Box 188 Havre de Grace, MD	
CERTIFICATION	shock, or neart tellure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		rval Between et and Deeth
MEDICAL	PART II. Other algoriticent conditions	ns contributing to death but not resulting in the underlying cause given in Part 1. 24a. WAS AN AUTOPSY PERFORMED? AVAILABLE COMPLETIC OF DEATH? 1 YES	PRIOR TO ON OF CAUSE
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:	
BY PHYSICIAN:	1 YES 2 NO 27. MANNER OF DEATN 1 Statural 5 Pending 2 Accident Investigation	1/ Tipetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Reeldence 6 Other (Specify) 28e. DATE OF INJURY (Month, Dey, Year) 28b. TIME OF NJURY WORK? 1 YES 2 NO 1 YES 2 NO	
	3 Suicide 8 Could not ba 4 Nomicide determined	28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number City or Town, State)	H,
COMPLETED	CONTROL OF THE CONTRO	SCIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) end manner as stated. R: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end menner.	er ee stated.
TO BE	29b. SIGNATURE AND ITTLE OF CERTIFIER	DO22843 > 10/4/9/	y, Ybar)
	OF ITAME AND ADDRESS OF PERSON WHI	HO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	
	31. DATE FILED (MORTH, Day, Year) 91	32. REGISTRAN ASGONATURE Handell	

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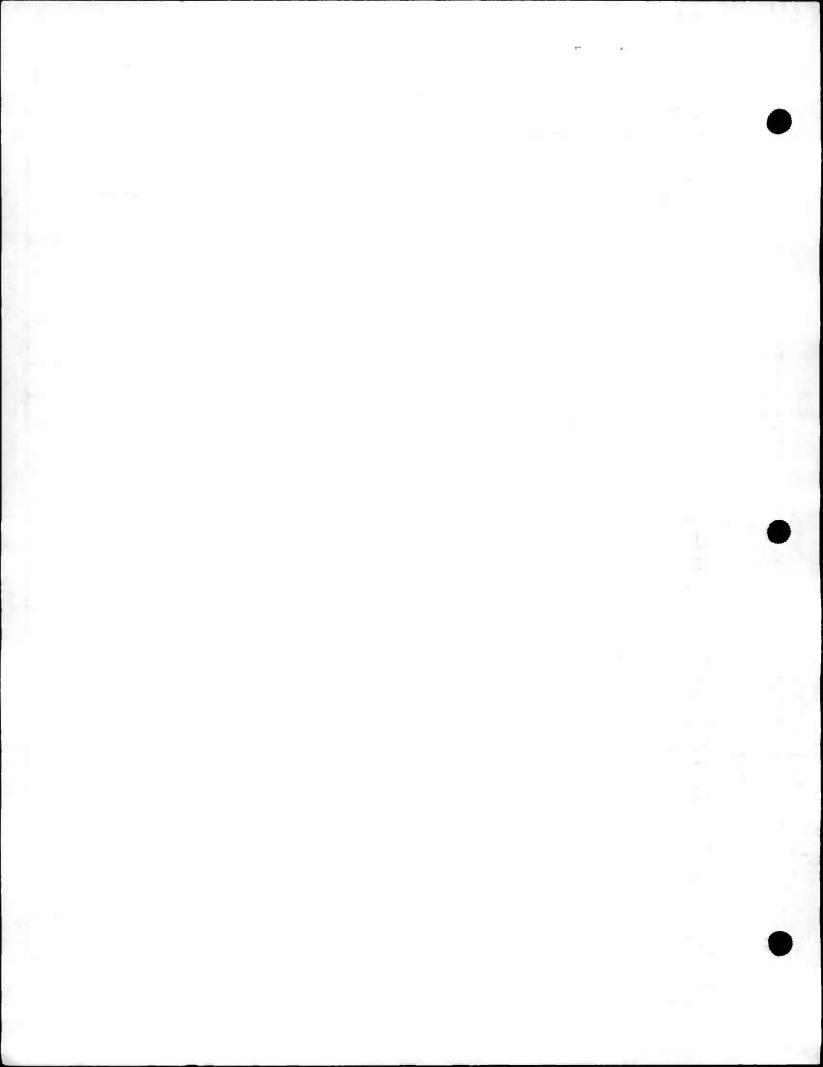
DIVISION OF VITAL RECORDS, P.O. BOX 68760.

OCT 1 0

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Julia Davidson-Randall

	1. DECEDENT'S NAME (First, Middle, Last)			ERTIF				MONT	OF DEATH		YEAR	3. TIME OF DEATH
N.	Oliver M. Curr		0. AOE ()	-4.5-(-4) 4 :		4 MP	I	10	05 045	8	91	8:55 A
	218 32 6198	1 X M 2 F	6. AGE (In yrs. le:	st birthday) YRS.	IF UNDER	DAYS	HOURS MIN.	(Mont	OF BIRTH	.	6. BIRTHP	
	9a. FACILITY NAME (If not institution, give		95	Thu.	9h CITY	TOWN (OR LOCATION OF E		08-189	-	ITY OF DE	MD
	Part of the second seco	Secretary Secretary										
	Citizens Nursin						De Grac	e			larfo	
1	10a. STATE 10b. COUNT			10c. CIT	Y, TOWN O							10d. INSIDE CITY LIMITS?
ŀ	MD H:	arford			Hav	7	de Grac	e		I son CITI		1 X YES 2 NO
İ		Ctmoot				1 "				log. Cit.		
ŀ	800 S. Market 11. MARITAL STATUS	12. WAS DECEDENT			13.	MAS DEC	21078 ENDENT OF HISPA		N? (Specify Yes	o or No—	US 14. RACE	American Indian, While, etc.
	1 Never Merried 2 X Merried	FORCES? 1]	YES 2	NO			ecify Cuben, Mexic 2 🔯 NO Spec		Ricen, atc.)		Bleck, Specify	
	3 Widowed 4 Divorced	l ww										White
	15. DECEDENT'S EDU (Specify only highest grad	le completed)	(0	ECEDENT'S Silve kind of a. Do NOT u	work done		ON ost of working	168	. KIND OF BU	SINESS/IND	USTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+))	et)	ARVOR UP	f_E-	nploved		Antom	otizzo	Con	800
١	17. FATHER'S NAME (First, Middle, Last)		(1)	et)	Ser	1-61	18. MOTHER'S N		Autom		Gar	age
	Oliver R. Curr	rier							e Cra			
Ì	19e. INFORMANT'S NAME (Type/Print)		15	b. MAILING	ADDRESS	(Street	and Number or Rure					
	Mrs. Grace C.	Currier		800	S. M	arke	et St.,	Havr	e de (Grace	. MI	21078
I	20e. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Ren	nord from State	20b. PLACI	AND DAT	E OF DISP	OSITION		DA	_	CATION -		
I	4 Donation 5 Other (Specify)	HOVER ITOM STEELS	of cemetary Chur	chvi	He P	res.	Ch. C		0/12	Chur	chvi	le, MD
۱	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE					ND ADDRESS OF F			I II.	. D	Α.
	Le Lillian	X.Xmm	78			Haw	hell-Smi re de G	race	uneral	210m	1e, P	.A.
1	23. PART I. Enter the diseases, or	complications that	ceused the d	eath. Do								Approximate
	ahock, or heart failure. IMMEDIATE CAUSE (Final	. List only one cau	se on each iln	40								Onset and Deat
ı	disease or condition resulting in death)	TI KT	>0	D								1
i		06E 70	OR AS A CONSE	DUENCE P	P):	10.	2					
	Sequentially liet conditions,	·	VY	N	MA	m	4					
ı	If any, leading to immediate ceuse. Enter UNDERLYING	000 10	OH AST A CONSE	BUENCE O	P)	11	100					
	CAUSE (Disease or Injury that initiated events	FT DUE TO	OR AND CONSE	OUENCE O	Me	ey,	1991	. /.				i
	resulting in death) LAST	. Von	1400	1,		AV	Mand	14	7			1
		" tego	WYE	Mu	21	VI	10011	100				
l	PART II. Other aignificant condition	one contributing to	death but not	reaulting	In the ur	deriyin	ig cause given i	n Part I.	24a. WAS AP PERFO	RMED?		WERE AUTOPSY FINDING AVAILABLE PRIOR TO
									1 TYES	2 🙀 NO		COMPLETION OF CAUSE OF DEATH?
											- 1	
												1 YES 2 NO
	28 WAS CASE DESCRIPTION MEDICAL	T					1 105 05 05 1711					1 TYES 2 NO
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	SDA de dice	2 004	ОТНЕ	R:	LACE OF DEATH (C					1 YES 2 NO
		1 Inpetient 2 I	INJURY	-	4 🖾 Nur	R: sing Hon	ne 5 🗆 Residence	8 🗆 Oth	er (Specify)	INJURY OC		1 YES 2 NO
	EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Notural 5 Pending	1 Inpetient 2 I	INJURY	3 DOA	4 🖾 Nur	R: sing Hon 28c. IN. W		8 🗆 Oth		INJURY OC		1 YES 2 NO
	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	1 Inpetient 2 Inpe	INJURY ay, Year)	28b. TIV	4 🖾 Nur ME OF JURY M	R: sing Hon 28c. IN. W	ne 5 Residence JURY AT ORK? YES 2 NO	8 Oth	er (Specify) SCRIBE HOW CATION (Street	and Number	CURED	
	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Notural 5 Pending 2 Accident Investigation	1 Inpetient 2 Inpe	INJURY ay, Year)	28b. TIV	4 🖾 Nur ME OF JURY M	R: sing Hon 28c. IN. W	ne 5 Residence JURY AT ORK? YES 2 NO	8 Oth	er (Specify) SCRIBE HOW	and Number	CURED	
	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER 1 CERTIFYING BANK	28s. DATE OF (Month, Date of building,	INJURY By, Year) F INJURY — At hetc. (Specify)	28b. Till IN ome, farm,	4 🗷 Nur ME OF JURY M atreet, fact	R: sing Hon 28c. IN. WC 1 tory, office	me 5 Residence JURY AT ORK? YES 2 NO	8 Oth 28d, DE 28f, LO	er (Specify) SCRIBE HOW CATION (Street or Town, Stets	and Number	CURED or Rural R	
OMPLETED BY PRISIDIAN. MEDICAL CERTIFICATION	EXAMMER? 1 YES 2 NO 27. MANNER OF LEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be determined	28s. DATE OF (Month, De 28s. PLACE OF building, SICIAN: To the best of	INJURY ay, Vear) F INJURY — At hetc. (Specify) my knowledge, d	28b. TIV IN ome, farm,	4 🖾 Nur ME OF JURY M atreet, fact	28c. IN. WC 1 Cory, office	me 5 Residence JURY AT ORK? YES 2 NO ce	8 Oth 28d, DE 28f. LO C/ty	er (Specify) SCRIBE HOW CATION (Street or Town, State	and Number	CURED or Rural Related.	oute Number,
LED BY PRINCIPLY. MEDICAL O	EXAMMER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only) 1 CERTIFYING PHYSICAL CONTRIBUTION OF CHARLES CONTRIBUT	28a. DATE OF (Month, Do building, SICIAN: To the best of NER: On the best of as	INJURY ay, Vear) F INJURY — At hetc. (Specify) my knowledge, d	28b. TIV IN ome, farm,	4 🖾 Nur ME OF JURY M atreet, fact	28c. IN. WC 1 Cory, office	me 5 Residence JURY AT ORK? YES 2 NO ce	28f. LO City	er (Specify) SCRIBE HOW CATION (Street or Town, State	and Number) enner as star	CURED or Rural Related.	oute Number, end manner ee stated.



TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 Is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

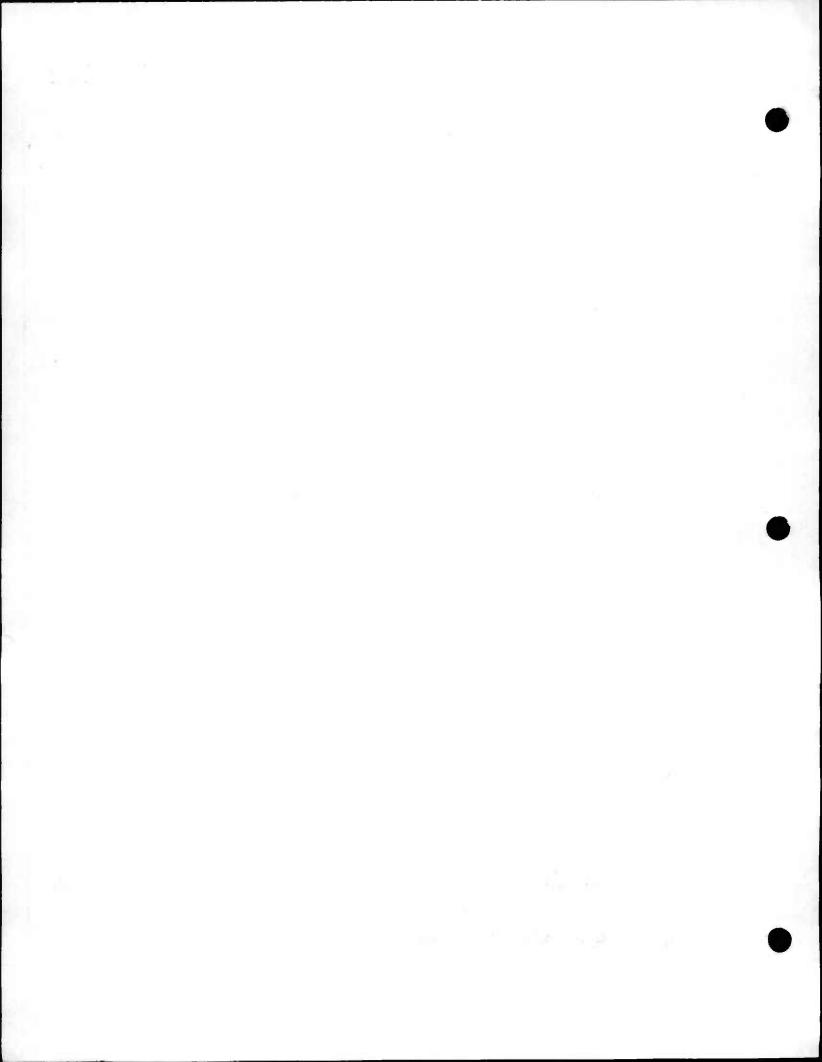
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFI	CATE O	F DEATH		REG. NO.				
-	1. DECEDENT'S NAME (First, Middle, Last)	01				2. DATE (OF DEATH		WEAS	3. TIME OF DEATH	
	Alfred	· Ch	10 P	new		MONTH	1 75	5 0	YEAR	4215 H	
	4. SOCIAL SECURITY NUMBER 5. SEX 21.4-09-55.76 1 № 2 □ F	6. AGE (In yrs.		IF UNDER 1 YEAR		(Month	OF BIRTH , Day, Year)		Country		
	214-09-5576 1 M 2 F 9a. FACILITY NAME (If not institution, give street and number)	74	YRS.				28-191			Virginia	
HC	ac countrol										
5	Washington County Hospital Hagerstown Washington RESIDENCE OF DECEMENT 100. STATE 100. COUNTY 100. CITY, TOWN OR LOCATION 100. INCIDE CITY										
DIRECTOR	West Virginia Berkeley					10d. INSIDE CITY LIMITS?					
AL	100. STREET AND NUMBER		L		Waters			10g, CITI7		1 ☐ YES 2 X NO	
FUNERAL	806 Meadow Road			25419			S.A.				
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 12. WAS DECEDED FORCES? 1 3 Widowed 4 Divorced UNKNOWI	MAR OR DATES	U.S. ARMED 2 □ NO 13. WAS DECENDENT OF H If yes, specify Cuban, it 1 □ YES 2 ☑ NO			en, Puerto R	? (Specify Yes lican, atc.)	or No-	Black,	RACE — American Indian, Black, White, atc.	
	15. OECEDENT'S EDUCATION	16a.	DECEDENT'S L	JSUAL OCCUPA	TION	16h	KIND OF BUS	INESS/INDI	ISTRY	White	
<u> </u>	(Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4 or 5		(Give kind of wellife. Do NOT use	ork done during in retired.)	most of working	100,	01 503	E39/INDU	UINT		
COMPLETED	8 yrs.		Con	ductor			Railro	oad			
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N		liddle, Malden S	Surname)		4.	
BE	William Riley Chapn				Nelli		'irgini		Carr	011	
2	19a. INFORMANT'S NAME (Type/Print) Robert L. Chapman				and Number or Rural					25419	
	20e. METHOD OF DISPOSITION	20h Bi 40		EACOW I	Road Fall	ing W		West			
	1X Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	cemetery.	cramatory or oth	er place)	10-14-	1	100			Maryland	
1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE				AND ADDRESS OF F						
	Douglas A. Fiery	into A	Zi.	Ract	Funeral	Home.	DUD OI	ia Nat	Clon	al Pike	
	23. PART I. Enter the disease, or complications that/caused the death, Do not enter the mode of dying, such as certific or respiratory errest.										
	shock, or heart fellure. Liet only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due TO (OR AS A CONSEQUENCE OF): Approximate Intervel Between Onset and Death Onset and Death										
CERTIFICATION	Sequentielly list conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente resulting in deeth) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):										
EDICAL	PART II. Other eignificent conditione contributing to	tha underlyi	ng ceuse given ir		24a. WAS AN A PERFORM 1 YES 2	MED?		WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
Σ									1	YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			28.	PLACE OF DEATH (C)	hack only one	1				
Sic	EXAMINER? 1 YES 2 NO 1 Uppatient 2	ER/Outpatient		OTHER:	me 5 - Residence						
到	27. MANNER OF DEATH 280. DATE OF	INJURY	28b, TIME	OF 28c. IF	JURY AT	1	CRIBE HOW IN	JURY OCCU	RED		
BY	2 Accident Investigation			M 1 🗆	YES 2 NO						
	3 Suicide 8 Could not be determined 28e. PLACE 0 building.	3 Suicide 8 Could not be 28e. PLACE OF INJURY — At home, ferm, street, factory, office 28f. LOCATION (Street and Number or Bural Route Number.									
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the bast of examiner: On the basic of examiner:	my knowledga, samination and/o	death occurred	at the time, da	ta and place, and du	to the caus	e(a) and mann	er as stated	l. cause(e)	and manner as stated.	
BEC	29b. SIGNATURE AND TITLE OF CERTIFIEF				29c. LICENSE NU					Aonth, Day, Year)	
TO B	Jedene H len	who			102362	3		D 1	()	10191	
	130. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUS	SE OF DEATH (IT	EM 27) (Type, F	Print)	790 11		L Ro		1).		
	31. DATE FILED (MONTE) POP YEAR) 1 32. REGISTRA	RIG SIGNATURE	- Mr.	1 6	177 /1	mac	~ 12	ecl	170-9	erstown he	
- 1	ULI 1 3 3	Julia Dav	Idson-Ra	ndell							

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

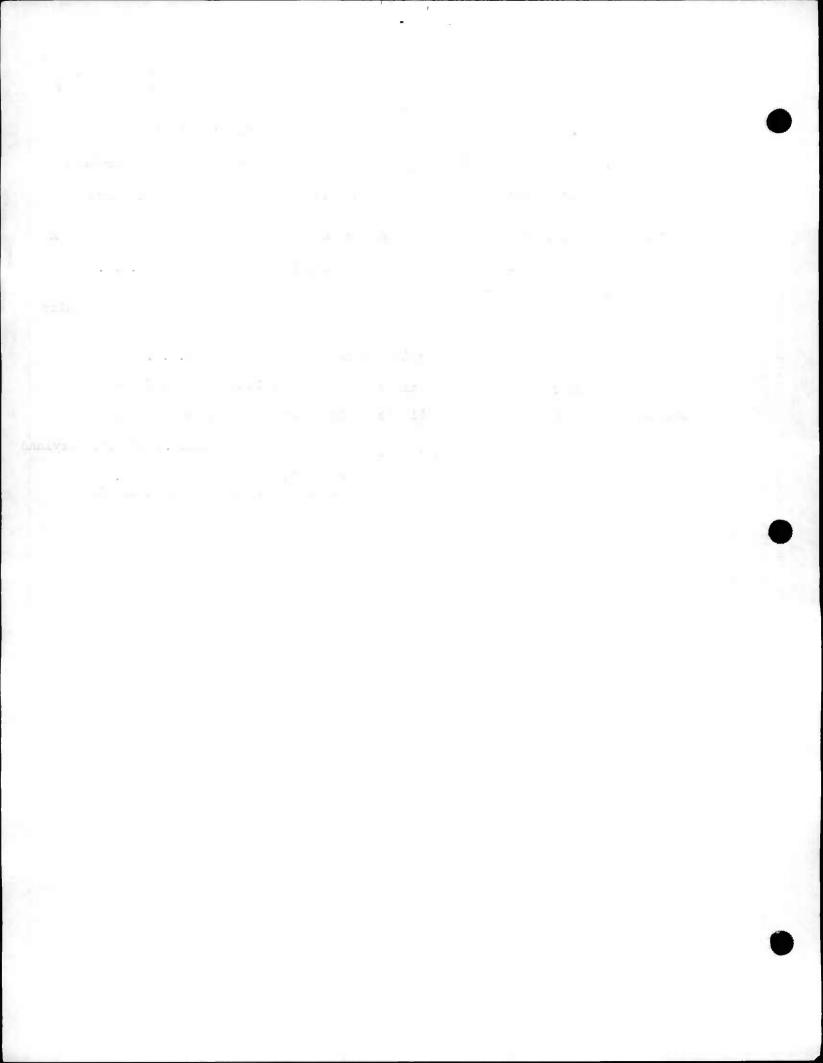
	CHARLIE W. Coulbourn 2. DATE OF DEATH SEPTEMBER 28 1991 1730											3. TIME OF DEATH			
			CHARLIE W.					un		September 28			1991 1730		
	222-07-0	1700	5. SEX 1 □ X M 2 □ F			YRS. MONTHS DATE		IF UNDER	24 HRS. MIN.	7. DATE OF (Month, D) Aug.	7. DATE OF BIRTH (Month, Day, Year) Aug. 19, 1908		8. BIRTHPLACE (State or Foreign Country) Salisbury, Md.		
NG.	98. FACILITY NAME (If not institution, give street and number) PENINSULA GENERAL HOSPITAL					9b. CITY, TOWH OR LOCATION OF CEATH SC. COUNTY OF DEAT SALISBURY WICOMI						EATH			
5	RESIDENCE OF DECEDENT					WIGOIIIGO									
DIRECTOR	Delaware Sussex					10c. CITY, TOWN OR LOCATION Millsboro						10d. INSIDE CIT LIMITS? 1 🖒 YES 2			
FUNERAL	10m STREET AND NUMBER 116 West DuPont Highway					101. ZIP CODE 19966						VHAT COUNTRY?			
š	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S.										madh. Ma	US		— American Indien.	
BY	1 Never Married 2 Married FORCES? 1 YES 2 3 Widowed 4 Divorced FYES, GIVE WAR OR DATE:				2 XNO If yee, specify			CENDENT OF HISPANIC ORIGIN? (Specify Yee or No— 14 pecify Cuben, Mexicen, Puerto Rican, etc.) 3 2 [XNO Specify:					Bleck	Bleck, White, etc. Specify: White	
8	YS. DEC	EDENT'S EDUC highest grade	CATION	16a. D	DECEDENT'S USUAL OCCUPATION					16b. KII	ID OF BUS				
COMPLETED	Elementary/Secondary (0 9th		College (1-4 or 5 -	,	(Give kind of work done during most of working life. Do NOT use retired.) Driver				ng	Suburban Propane Gas				Gas Co	
COM	17. FATHER'S NAME (First, M. Agustus C		ırn							ME (First, Midd	le, Maiden				
TO BE	18s. INFORMANT'S NAME (7)	ipe/Print)		16	Db. MAILING	ADDRES	S (Street a	and Number	or Rural F	Route Number, (City or Town	n, Stete, Zip	Code)		
-	Donald W. C		ırn		10 Me	est I	JuPo	nt Hi	Lghwa	ay, Mi	llsbo	oro,I	Delaw	are 19966	
ı	Onestion 5 Office (Apecty) Mills					CEANDDATE OF DISPOSITION (Name of Compatory or other place) SDOTO CEMETERY 10					DATE 20c. LOCATION — City or Town, Stata 10/1/91 Millsboro, Delaware				
-	21. SIGNATURE OF FUNENAL SERVICENSES				Melson Funeral Services, Ltd. Millsboro, Delaware 19966										
-	23 PART I Enter the di		ruce	\sim											
	23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart tailure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) SHOCK									Approximata Interval Batween Onset and Death					
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): LESTON LURINARY TRACE C. LURINARY TRACE C. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										o				
	PART II. Other significant	t resulting in the underlying cause given in				Part I. 24a. WAS AN AUTOPSY PERFORMED?				24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO					
MEDICAL	Senile Dementi					74					1 YES 2 NO			COMPLETION OF CAUSE DF DEATH?	
ž															
PHYSICIAN	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			OTHER		ACE DF DE	EATH (Che	ck only one)					
H YS	1 YES 2 NO	3 DOA 4 Nursing Home 5 Residence													
ВУ Р	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation					28b. TIME OF UNJURY AT WORK? M 1 YES 2 NO					28d. DEŞCRIBE HOW INJURY OCCURED				
	3 Suicide 8 Could not be detarmined 28e. PLACE OF INJURY — At hot building, etc. (Specify)					home, farm, street, fectory, office					281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLETE	29e. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee stated. MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, daath occurred at the time, date and place, and due to the cause(s) end menner ee stated.														
w II	29b. SIGNATURE AND TITLE				29c. LICE										
2 2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)										1 - 1-				
6	Michael At	Kius	1104 F	teathur	, Dr	5	Alb	burc	n	nd 2	1801				
OCT 0 3 1991 Shirty dien-Rindale															
		U									_			DWWW 16 Pour 1990	



m	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the best authority by the properties of the completely filled in by the best and the properties of the proper
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	9	fer
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1	1. DECEDENT'S NAME (First, Middle, Last		2. DATE OF D	DAY	YEAR	3. TIME OF DEATH					
J	FRANCIS L. 4. SOCIAL SECURITY NUMBER						r 9,199				
	216 03 4673 1-M 2 F 70 YRS. MONTHS DAYS HOURS MIN. (Month, Day							r 13'20 Maryland			
500	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 3811 Song Bird Circle Lansdowne Baltiomo										
O DINE	10s. STATE 10b. COUN	TY	10c. Cf	TY, TOWN OR LOCA			10d, INSIDE CITY LIMITS?				
į	10e. STREET AND NUMBER	STREET AND NUMBER					10g. Ci	1 _ YES 2 _ NST			
	3811 Song Bird	12. WAS DECEDENT EVER		13, WAS DE	21227 CENDENT OF HISP	ANIC ORIGIN? (Si	pecify Yes or No-		S . A . E — American Indian,		
5	1 Never Married 2 Married 3 Divorced	FORCES? 1- YE	S 2 NO	If yes, s	pecify Cuban, Maxie S 2 X NO Spec	can, Puarto Rican	, atc.)	Spe	ck, Whita, etc.		
1	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	16a. DECEDENT' (Give kind of	S USUAL OCCUPAT I work done during m use retired.)	ION lost of working	D OF BUSINESS/IN	BUSINESS/INDUSTRY					
	Shipping				Clerk D.C.A. 18. MOTHER'S NAME (First, Middle, Melden Surname)						
3	17. FATHER'S NAME (First, Middle, Lest) Con	rad	Del:	Deller 10. MOTHE				bins	on		
	19a. INFORMANT'S NAME (Type/Print) Lawrence F Delle		19b. MAILIN	G ADDRESS (Street	and Number or Rure	lowne Md	y or Town, State, Zip Code) OWNE Md 21227				
	20a. METHOD OF DISPOSITION 1 September 2 Cremation 3 Re	moval from State	20b. PLACE AND DA of cemetary, cremeto	TE OF DISPOSITION	N (Name	DATE	Balto	- City or 1	Town, State		
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE I		Dulaney	22. NAME /	Prother place) Valley Cemetery Balto., County, Mary 22. NAME AND ADDRESS OF FACILITY						
	Harry H Witzke Funeral Home Inc. 4112 Old Columbia Pikeellicott City										
	23. PART I. Enter the diseases, p. shock, pr heart fellure	r complications that cause. List priv one cause pr	eech line.	not enter the m	2 01d Co	lumbia uch es cardiec	Pikeell: or respiratory s	icoti	L City Approximete		
	23. PART i. Enter the diseases, particular shock, properties of the sho	s. DUE TO (OR AL	sed the desth. Do n eech line. The all the sech line. S A CONSEQUENCE S A CONSEQUENCE S A CONSEQUENCE	not enter the m	2 01d Co	lumbia uch es cardiec	Pikeell: or respiratory s	icoti	L City Approximete		
MEDICAL	shock, or heart failure IMMEDIATE CAUSE (Fine) disease or condition resulting in deeth) Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significent conditions	s. DUE TO (OR A)	S A CONSEQUENCE S A CONSEQUENCE S A CONSEQUENCE	npt enter the m	2 Old Co ode of dying, su	lumbia uch es cardiec CARALO In Part I. 244	Pikeell: or respiratory s	rost,	Approximate interval Betwee Onset and Date Onset an		
SOLDING CENTIFICATION	shock, or heart fellure IMMEDIATE CAUSE (Fine) disease or condition resulting in deeth) Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that inliteted events resulting in deeth) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	s. DUE TO (OR ALL DOES TO COR ALL DOES TO COR ALL DUE TO COR ALL DOES TO COR ALL DUE TO COR ALL DOES TO COR ALL DUE TO	S A CONSEQUENCE S A CONSEQUENCE S A CONSEQUENCE The but not resulting	npt enter the m	2 Old Co ode of dying, su Omy O	In Part I. 24e	Pikeell or respiratory s unfar was an autops: PERFORMED? yes 2 pro	rost,	Approximate interval Between Onset and Dass Discourse autopsy Finding AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
MEDICAL	shock, or heart failure IMMEDIATE CAUSE (Fine) disease or condition resulting in deeth) Sequentielly list conditions, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significent conditions PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL	S. DUE TO (OR AL DUE	S A CONSEQUENCE S A CONSEQUENCE S A CONSEQUENCE Thut not resulting Autpettant 3 DOA TY 265. T	OF): OTHER: 4 Nursing Ho	2 01d Co ode of dying, su Delace of Death (me 5 B flaskdence NURRY AT	In Part I. 24a Check only one) a 6 □ Other (Sp	Pikeell or respiratory s unfar was an autops: PERFORMED? yes 2 pro	icot: rrest,	Approximate interval Between Onset and Das O		
	shock, or heart fellure IMMEDIATE CAUSE (Fine) disease or condition resulting in deeth) Sequentielly list conditions, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initited events resulting in deeth) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending investigation	BODE TO (OR ALL) C. DUE TO (OR ALL) DOE TO (OR ALL) DOE TO (OR ALL) DUE TO (OR ALL) DUE TO (OR ALL) DUE TO (OR ALL) DUE TO (OR ALL) DUE TO (OR ALL) DUE TO (OR ALL) DUE TO (OR ALL) DUE TO (OR ALL) DUE TO (OR ALL) DUE TO (OR ALL) DUE TO (OR ALL) DUE TO (OR ALL) DUE TO (OR ALL) DUE TO (OR ALL)	S A CONSEQUENCE S A CONSEQUENCE S A CONSEQUENCE The but not resulting Authoritism 3 DOA TY 26b. T	orp: OF):	2 01d Co ode of dying, su Diagonal	in Part I. 244 Check only one) a 6 □ Other (Sc	Pikeell: Dr respiratory s Was an autops: PERFORMED? YES 2 J.MO Decity) BE HOW INJURY O	rest,	Approximate interval Betwee Onset and Das		
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FIED BI THISIOISM: MEDICAL	shock, or heart failure IMMEDIATE CAUSE (Fine) disease or condition resulting in deeth) Sequentielly list conditions, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significent conditions are successful to the significent conditions are successful. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending investigation invest	S. DUE TO (OR AL DUE	S A CONSEQUENCE S A CONSEQUENCE S A CONSEQUENCE The but not resulting Autpetlant 3 DOA Try Try At home, farm Try Try At home, farm Try Try Try Try Try Try Try Try Try Try	orp: OF): 26. If the underlying the number of the Number	2 Old Co ode of dying, st One	In Part I. 244 In Part I. 244 In Check only one) a 6 □ Other (Sp. 284. DESCRII 281. LOCATIO City or R. 284. Description of the time, data and time time, data and time time, data and time time.	Pikeell: Dr respiratory s Was an autops: Performed? YES 2 Mo IN (Street and Number of the control of the co	icoti rrest, 2 du 2 du ccureo rer or Rurai teted.	Approximate interval Betwee Onset and Das On		



the attending physician and completely filled in by the funeral director, page 5 should be I Mental Hygiene prior to burial, cremation, or removal. notified at be examiner medical the HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 event, traumatic or other Injury, n signed by the Health and N shows any TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requi TO THE FUNERAL DIRECTOR: After this certificate has been to be filed within 72 hours after death with the State Dept. of P. IMPORTANT: If Item 28 is marked, or Item 23 shor

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must

	FOR STATE REGISTRAR		STATE OF I	MARYLAND /	DEPAR ERTIF	TMENT	OF H	IEALTH DEAT	AND TH	MENTAL HYGIEI	NE	2	8734
	1. DECEDENT'S NAME (First, Helen		Drury								991	YEAR	3. TIME OF OEA
	213-18-8463 1 M 2 X F			6. AGE (In yrs. Ins	IF UNDER	1 YEAR DAYS	HOURS	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) June 21,	S. BIRTHPLACE (State or F Country)			
9a. FACILITY NAME (If not institution, give street and number) 434 George Street RESIDENCE OF DECEMENT							erst	OWN	ON OF DI	EATH		nty of D hing	
Maryland Washington						gers							10d. INSIDE CITY LIMITS? 1 YES 2
10e. STREET AND NUMBER 434 George Street 11. MARITAL STATUS 12. WAS DECEMENT EVER IN U.S. ARME									1740			IZEN OF V	VHAT COUNTRY?
Ŋ	III MARITAL STATUS		FORCESS 4	T EVER IN U.S. ARI	MED	13.	WAS DEC	ENDENT O	F HISPAP	NIC ORIGIN? (Specify Ye	e or No-	14. RACE	- American Indi

BY FUNERAL DIRECTOR NO en, 1 Never Merried 2 Married 1 YES If yee, specify Cuban, Maxicen, Puarto Ricen, etc.) Black, White, etc. IF YES, GIVE WAR OR DATES t | YES 2 | NO Specify 3 X Widowed 4 Olvorced white COMPLETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION (Specify only high 16b. KINO OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) homemaker home 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) unknown unknown BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mary E. Barr 40 Manor Drive Apt. 102 Hagerstown, Maryland 21740 20e METHOD OF DISPOSITION
1 X Buriel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Rose HIII. Cemetery 10/8 4 ☐ Donation 5 ☐ Other (Specify) Hagerstown, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Gerald N. Minnich 305 N. Potomac Street arve <u>Funeral</u> **Home** Hagerstown, Maryland 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or haart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Daath disease or condition therosc resulting in death) CERTIFICATION Sequantially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Entar UNDERLYING CAUSE (Diseasa or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa reaulting in death) LAST PHYSICIAN: MEDICAL PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? 1 YES 2 100 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER 1 YES 2 Ne 1 Inpatient 2 ER/Outpatient 3 OOA ng Home 5 Anaeldence S (Other (Specify) 27. MANNER OF OEATH 28e. OATE OF INJURY 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Natural BY 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, ferm, atreet, fectory, office building, etc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED S Could not be 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end mennar es stated. 2 MECICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(e) and menner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER BE LICENSE NUMBER 29d. OATE SIGNED (Month, Day, Year) 19 896

30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Martha A. Riggle

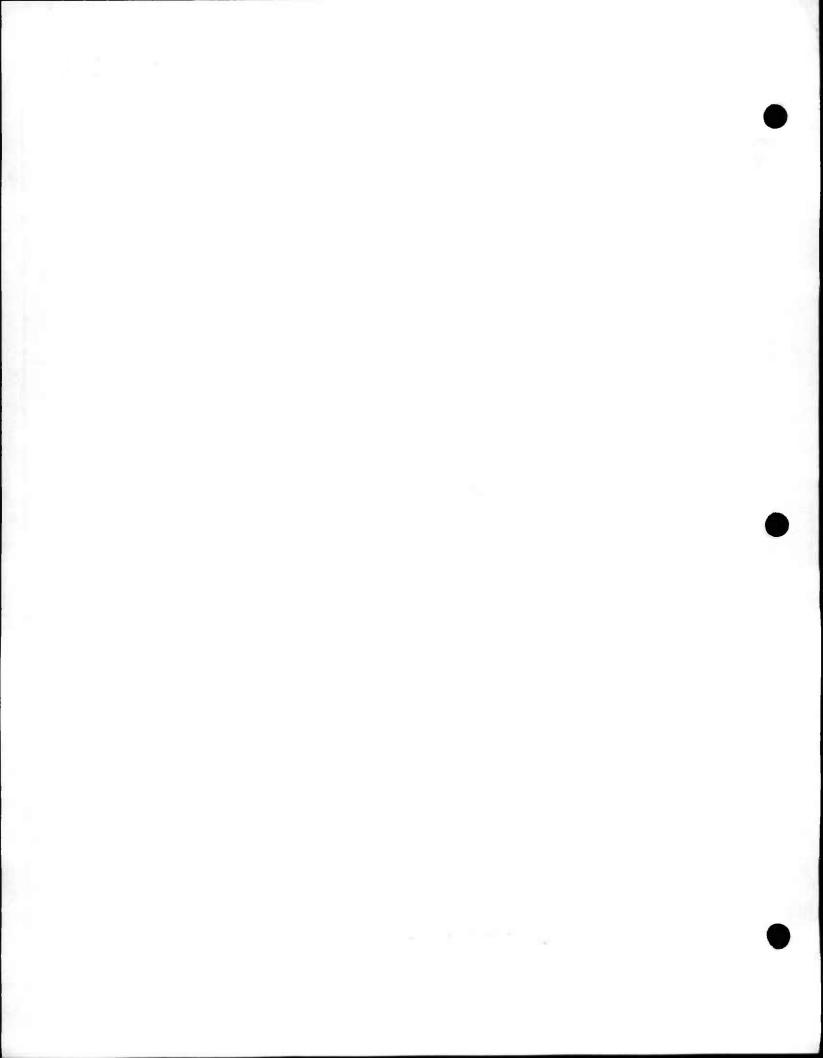
31. DOF PLED (MONING GON YOU!)

322 E. Antietam Street Hagerstown, Maryland

by registrar's signature in Davidson-Randale

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21740

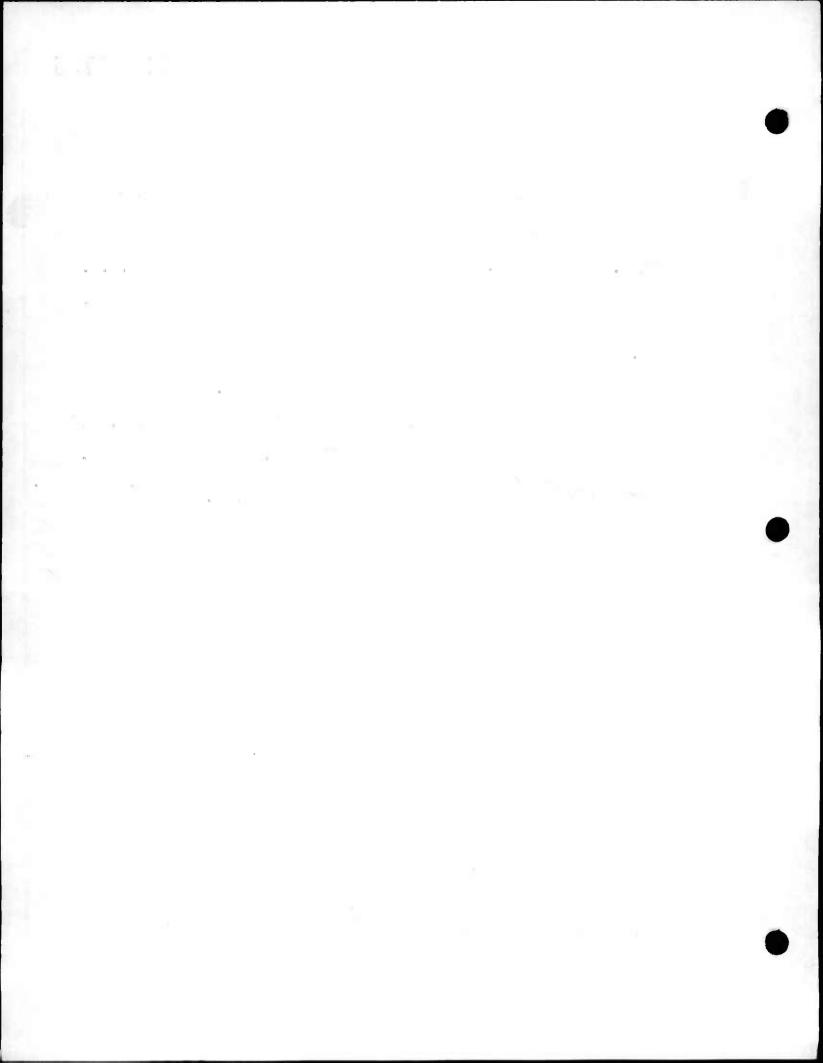


TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1	-	STATE REGISTR	AR
	D	ECEDENT'S	MAN

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

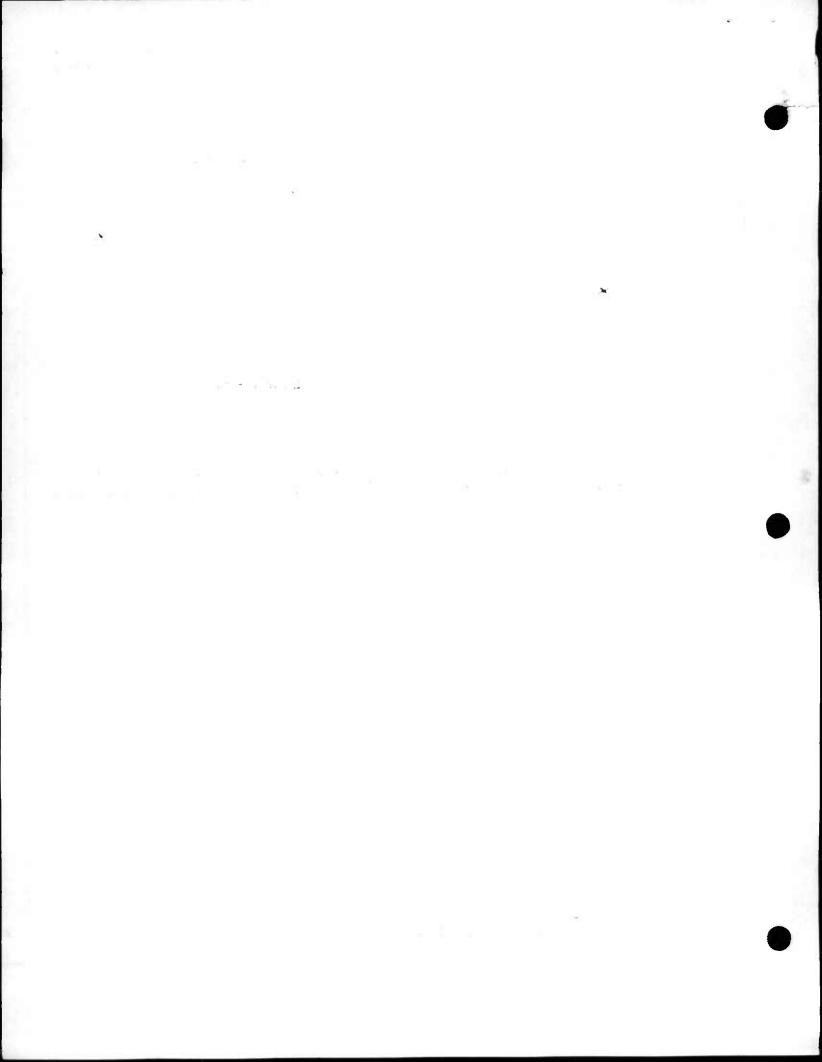
	TIEGIOTIAN		ENIIFI	CALEU	F DEATH	REG. NO).			
	1. DECEDENT'S NAME (First, Middle, Last) Beatrice.	DAVIS				2. DATE OF DEATH	AY O YEAR	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 5. SEX 1 - 30-56 40 1 1 M 2	6. AGE (In yrs. In:	st birthday)	IF UNDER 1 YEAR		7. DATE OF BIRTH	97 S. BIF	RTHPLACE (State or Foreign unitry)		
ji ji	9a. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOW	OR LOCATION OF		9c. COUNTY OF	FDEATH		
DIRECTOR	Holly House Nursing	Home		HAger	stown,	MD		hington		
Ä	16a. STATE 10b. COUNTY		10c. CITY	, TOWN OR LO				10d. INSIDE CITY		
	Md Washingto	nio		H	agersto	wn		LIMITS?		
FUNERAL	10e. STREET AND NUMBER				IOI. ZIP CODE	7.10	10g. CITIZEN OF WHAT COUNTRY?			
N N	11 W.Baltimore S					740		.S.A.		
B	1 Never Married 2 Married FORCES?	DENT EVER IN U.S. AR 1 YES 2 1 VE WAR OR OATES		If yes,	ECENDENT OF HISPA specify Cuban, Mexic ES 2 NO Spec	ANIC ORIGIN? (Specify Yesen, Puerto Rican, etc.)	BI	ACE — American Indian, ack, White, atc.		
	15. DECEDENT'S EDUCATION	16a. DE	CEDENT'S	JSUAL OCCUPA	TION	16h KINO OF BU	SINESS/INDUSTRY			
COMPLETED	(Specify only highest grade completed) (Sive kind of work done during most of working life. Do NOT use retired.) Elementary/Secondary (0-12) El em • (Sive kind of work done during most of working life. Do NOT use retired.) HOM em aker									
0	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, Middle, Maiden	Cumamal			
BE C	George S	cott				da L.	Lane			
0 B	19a. INFORMANT'S NAME (Type/Print)	191	b. MAILING	ADDRESS (Stree	t and Number or Rura	Route Number, City or Tow	n, State, Zip Code)			
ř	Fannie Keats					ve, Hagers		d.21740		
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	20b. PLACE A	AND DATE O	F DISPOSITION (Nama of	DATE 20c. LO	cation - city or	Town, Stata		
	21. SIGNATURE OF THERAL SERVICE LICENSEE		-	22. NAME	AND ADDRESS OF F	ACILITY		Bethel St.		
_	23. PART I. Entar the diseases, or complications	no			Tagerst	own Md.	27740			
CERTIFICATION	Sequantially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	TO (OR AS A CONSECT TO (OR	DUENCE OF	f.	Dies			Interval Batween Onset and Death William And The State of the State		
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. Therefore the failure with wearest 1 yes 2 no completion of cause of pearty? The provided in the underlying cause given in Part i. The provided in the underlying ca									
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			28.	PLACE OF DEATH (C	heck only one)				
Š	INUSPITAL	2 FER/Outpatlant 3		OTHER: 4 Nursing He	me 5 🗆 Rasidenca	6 Other (Specify)				
ву Рн	27. MANNER OP DEATH 1 Natural 5 Pending 2 Accident Investigation	28b. TIME INJU	OF 28c. II	JURY AT ORK? YES 2 NO	28d. DEŞCRIBE HOW II	NJURY OCCURED				
- 10		reaf, factory, off	Ica	281. LOCATION (Street a City or Town, State)	and Number or Rura	I Route Number,				
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the bei	it of my knowledge, de	eth occurred	l at the time, de	a and pleca, and du	a to the cause(s) and men	ner as stated.	(s) and manner as stated,		
BE	296. SIGNATURE AND TITLE OF CERTIFIER	X			28c. LICENSE NU	MBER	29d. DATE SIGNE	ED (Month, Day, Year)		
	Edwarf March	111			007	557	101	10/91		
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED OF	CAUSE OF DEATH (ITEM	1 27) (Type, F	ST. Ja	noe s/	1/000	11	1 1		
	31. DATE FILED HOTE, Gov. Tool 91 32. REQU	THE DEVISER	Randa	82	nes Vi	1195/1	10-1			



TO BE COMPLETED BY FUNERAL DIRECTOR TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION 1 -

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1. DECEDENT'S NAME (First	, Middle, Last)				A				2. DATE OF DEATH			3. TIME OF DEATH
01a M					Der	in	5		atober a		YEAR	COACE "
4. SOCIAL SECURITY NUMBER	BER	5. SEX	8. AGE (In yrs. les	t birthday)	IF UNDER 1	YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH	-	4 1	PLACE (State or Foreign
220-12-0	757	1 M 2 VF	66	YRS.	MONTHS	DAYS	HOURE	MIN.	"3" 2-25		Country	7)
9a. FACILITY NAME (If not in		treet and number)	40		9b. CITY, 1	OWN	OR LOCATIO	ON OF O	ATH	9c. COUNT		Md.
PENINSULA (GENERAL	L HOSPITA	I.				SBURY				COMI	
RESIDENCE OF DEC						***	DDOR	-	,	W.T.	COM	.00
10a. STATE	10b. COUNTY			10c, CITY	, TOWN OR							10d. INSIDE CITY LIMITS?
Md	Wo	rcester			Poc	om	oke	Cit	У			1 XYES 2 NO
10. STREET AND NUMBER	_					10	1. ZIP CODE			10g. CITIZI		HAT COUNTRY?
704 9th	St.	Pocomok	e City	, Md	n						USI	4
11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. AR	MED	13. W	S OEC	ENDENT O	F HISPAN	IC ORIGIN? (Specify Yes	or No-	4. RACE	- American Indian,
1 Never Married 2		IF YES, GIVE W			11	YES	2 NO	Specify	n, Puerto Rican, atc.)			, White, etc.
												DIK.
(Specify only	EDENT'S EDUC y highest grade	completed)	18a. DE	CEOENT'S L	JSUAL OCC	UPATION INC.	ON ost of working	g	16b. KIND OF BUS	INESS/INDU	STRY	
Elementary/Secondary (0	1-12)	College (1-4 or 5 d)						D.o.			
			Pr	oduc	LION	M	orke			ultry		
17. FATHER'S NAME (First, M									ME (First, Middle, Malden			
Eddie D		55							aafranci.		0	155
19a. INFORMANT'S NAME (7			191						Noute Number, City or Town	n, State, Zip C	lode)	
<u>Estella</u>								OW	Hill,Md			
204. METHOD OF DISPOSITION 1 D	ION on 3 ☐ Rame (Specify)	oval from Stata	20b. PLACE A	Patery or 9th	F DISPOSITI	e t	erv		10-12-9	CATION — CI		ckton, Md
21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE /	1				NO DORES	s or fa	Ојшту	0 00	-	
Hus	see	l-fa	H25		10	P.	88	BA	1574	Sall	Sp	ury Wa
23. PART I. Enter the di	seeses, or c	omplications that	ceused the de	eth. Do no	ot enter th	e mo	de of dvi	na. suc	ae cerdiec or respi	ratory erred	of .	Approximete
shock, or he IMMEDIATE CAUSE (Fin	BOIL TORUNG. I	List only one cau	se on each line							,	,	Interval Between
disease or condition	disease or condition											
resulting in deeth)		DUE TO	OR AS A CONSEC	UENCE OF		Cl			17716	NA		Mas
		A-Sc	WO									UZX
Sequentielly liet conditi If any, leading to immed		DUE TO	OR AS A CONSEC	UENCE OF)	:							71-3
ceuse. Enter UNDERLYI	NG											
CAUSE (Disease or inju that initiated evente		DUE TO	OR AS A CONSEC	UENCE OF)	:							1
resulting in deeth) LAS	T .											
DAST II Other clouding												
PART II. Other eignifice	nt condition	contributing to	deeth but not re	suiting in	the unde	rlying	g cauee gi	iven in	Pert I. 24a. WAS AN PERFOR			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
									1 □ YES \$	A		COMPLETION OF CAUSE OF DEATH?
									ľ			1 TES 2 NO
									_			
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:				28. PL	ACE OF DE	ATH (Che	ck anly one)		-	
1 TYES 2 NO			ER/Outpatient 3		OTHER:	g Hom	a 5 🗆 Rea	Idence	8 Other (Specify)			
27. MANNER OF DEATH		28a. OATE OF (Month, De		28b. TIME INJU	OF 28	c. INJ	URY AT		28d. OEŞCRIBE HOW IN	JURY OCCU	RED	
	Pending nvestigation	, , , , , , , , , ,	,,,	11400		-	ES 2	NO				
2 Suicide 8 Could not be 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28b. DLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)												
4 Homicide	fatarmined	bullating,	ite. (Specify)						City or Town, State)			
29a. CERTIFIER 1 CERTI	IFYINO PHYSIC	IAN: To the best of	my knowledge, des	th occurred	at the steer	-4-4-						
(Check only one) 2 MEDIC	CAL EXAMINER	G: On the besis of ax	aminetion and/or is	meticeton	In my only	, data	and place,	and dua	to the cause(a) and mani time, data and place, and	ner as stated.	•	
		-	and of It	gation,	an my opin	ou, de				due to the o	cause(a)	and manner as stated.
29b. SIGNATURE AND TITLE	OF CERTIFIER	1					29c. LICEN	NSE NUM	BER	29d. DATE S	IGNEO	Month, Day, Year)
20 HAME ME CONTROL	Jun						T)	0	900	/	0/	1/71
J.G. Sant	iano M	I.D.	100 Eig	thth S	St.	Pod	comok	e, M	id.			
31. DATE FILED (Month, Day, 1		32. REGISTRAN	S SIGNATURE	_								



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BALTIMORE, M	y be	age		-
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9	exe	an	d of	1
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2	ENC	3	ter (-
5	ATT	ECH	S al	0
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	O.	PIR	hou	Idea
	ITAL	PAL	2	2
	OSP	UNE	rithin	RAIT
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be ret	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 :	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MBOOTANT History 20 is monthed on Home 22 shares and lafered an address that months in an allest
	0 T	10	e file	MBA

	* REGISTRAR	CERTIFIC	ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last) James H. E.	ay, Edd	7	2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF DEATH 3				
-	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE 7 M 2 D F		UNDER 1 YEAR IF UNDER 24 HRS. ITHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)				
	9e. FACILITY NAME (If not institution, give etreet end number)		CITY, TOWN OR LOCATION OF D		10 Washington Co, Mc				
5 R	Washington County Hospital		Hagerstown		Washington				
DIRECTOR	10e. STATE 10b. COUNTY	10c. CITY, TO	WN OR LOCATION		10d. INSIDE CITY				
	Maryland Washington	Hanc			LIMITS?				
FUNERAL	211 Pennsylvania Avenue		101. ZIP CODE 21750		USA				
J. N.	11. MARITAL STATUS 1 Never Married 2 X Merried 12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED	13. WAS DECENDENT OF HISPAI If yes, specify Cuben, Maxico	NIC ORIGIN? (Specify Yee or N					
ВУ	3 Wildowed 4 Divorced IF YES, GIVE WAR OR	DATES	1 TYES 2 X NO Specif	y	Specify: White				
ETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY								
COMPLET	8 Farmer Agriculture								
	17. FATHER'S NAME (First, Middle, Last)	ME (First, Middle, Melden Surne							
) BE	194 INFORMANT'S NAME (SuperPrint)								
10	Helen R. Eddy		Ave. Hancock,						
	20a, METHOD OF DISPOSITION 1 IX Burlel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Society)	b.PLACE AND DATE OF DI Pretery, cremetory or other to NODELN CEMETE	SPOSITION (Name of		ON — City or Town, State				
	21. SIGNATURE OF FUNERAL SERVICE SCENSEE	rocar carete	22. NAME AND ADDRESS OF FA		burg, Pa.				
	*Kichen & Pre		Grove Funeral Hom	e 141 W.Main St	.Hancock,Md. 21750				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	A CONSEQUENCE OF: A CONSEQUENCE OF: A CONSEQUENCE OF:		anest	Approximate interval Between Onset and Death				
MEDICAL	PART II. Other significant conditions contributing to death	but not resulting in the			? AAILABLE PRIOR TO COMPLETION OF CAUSE				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	ОТ	26. PLACE OF DEATH (Chi	ack only one)					
HYS	1 VES 2 NO 1 Inpetient 2 ER/Out 27. MANNER OF DEATH 286. OATE OF INJURY		Nursing Home 5 Residence	8 Other (Specify) 28d. DESCRIBE HOW INJUR	N OCCUPED				
ВУ Р	1 Netural 5 Pending (Month, Dey, Year) 2 Accident Investigation	INJURY	M 1 YES 2 NO	The second of the second	COUNTRY				
<u>a</u>	3 Suicide 8 Could not be determined 28s. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, street ecily)	, factory, office	281. LOCATION (Street end Ni City or Town, State)	lumber or Rural Route Number,				
COMPLET	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my known one) 2 MEDICAL EXAMINER: On the basis of examination	wledge, death occurred at on and/or investigation, in	the time, data and place, and due my opinion, death occured at the	to the cause(e) and manner a	es stated.				
BE	29b. SIGNATURE AND TITLE OF CERTIFIER OF MALE		29c. LICENSE NUN		1. DATE SIGNED (Month, Day, Year)				
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DI 2 40 Fredrich ST-	1	seen emp 3	1240	10112				
	31. DATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGN 15. 15. 10.1	NATURE							

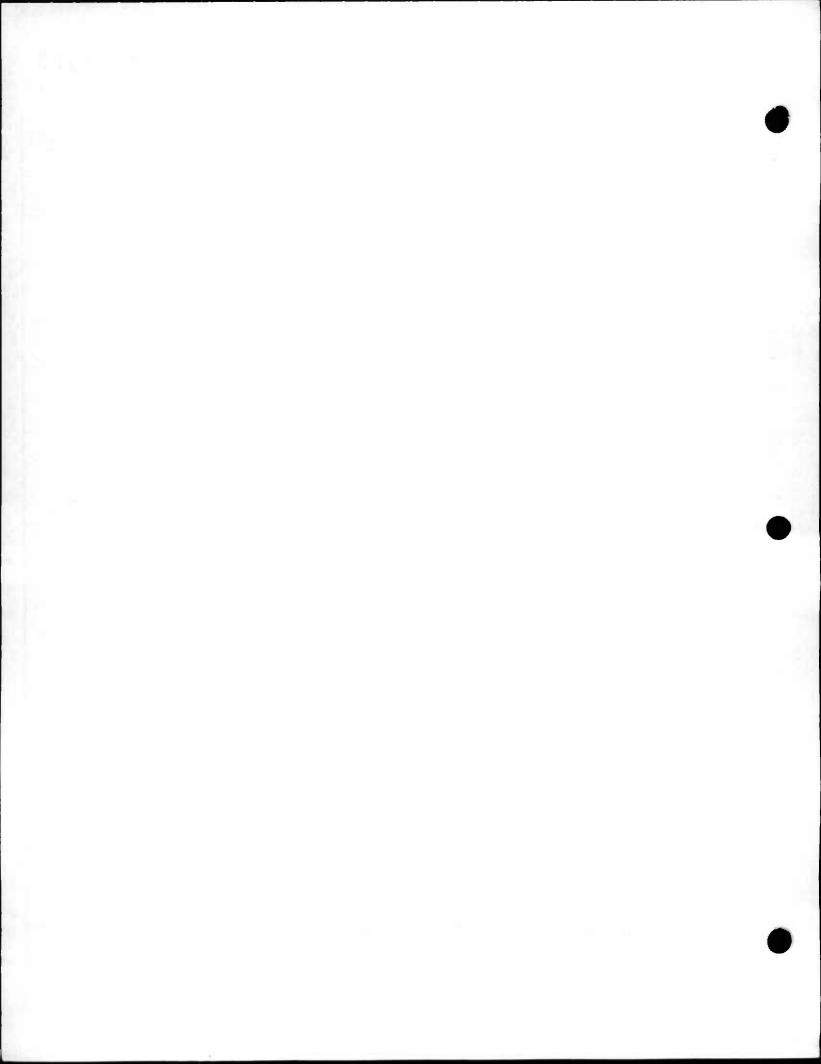
181	
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	F E S S
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IMPORTANT, it item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

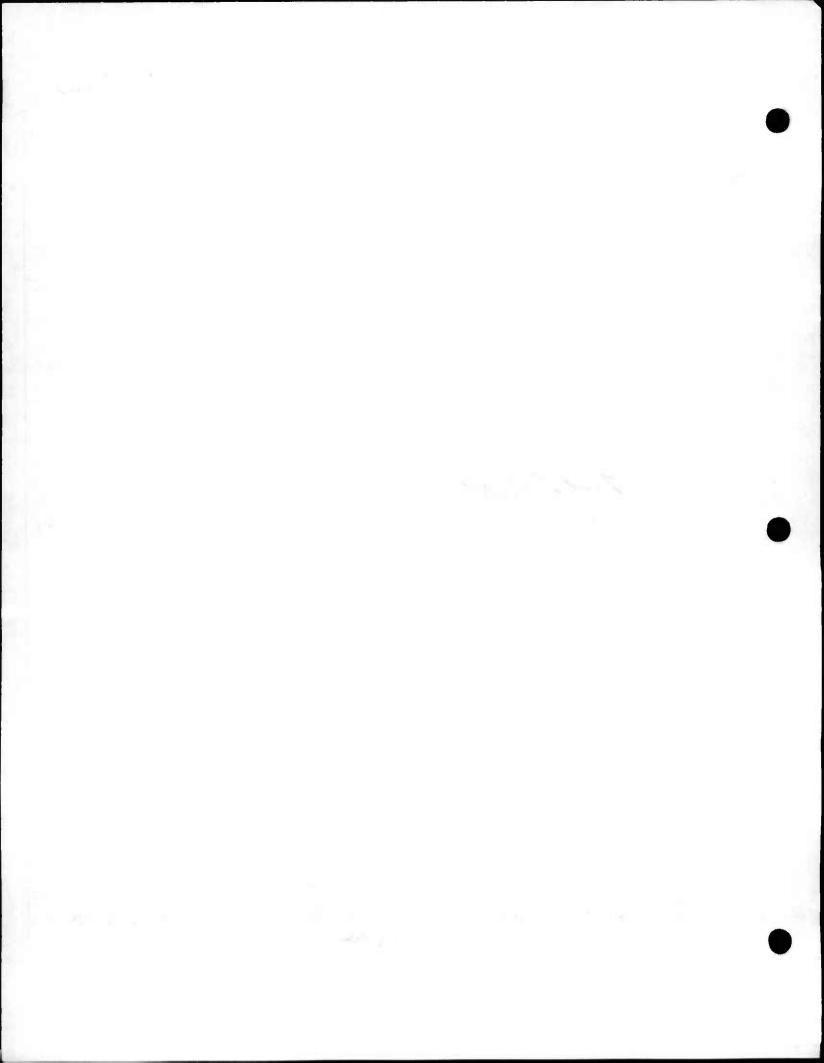
FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIF	ICATE OF	DEATH	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Lest)				2. DATE OF DEATH		3. TIME OF DEATH	
	VIOLA VIRGINIA EA	STERDAY			OCTOBER"	12 18	91 2:35 PM	
		(In yrs. last birthday)		IF UNDER 24 HRS.	2 0475 05 04000			
		86 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	4001	MARYLAND	
	9e. FACILITY NAME (If not institution, give street and number)	00			OCTUBER 3	, 190b	MARYLAND	
œ			1	OR LOCATION OF D	EATH	9c. COUNTY		
ᅙᅵ	WASHINGTON COUNTY HOSPITAL		HAGE	RSTOWN		W/	ASHINGTON	
DIRECTOR	10e. STATE 10b. COUNTY	100 CF	TY, TOWN OR LOCA	PION				
E	MARYLAND WASHINGTON						10d. INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER	Н	AGERSTOW				1 X YES 2 NO	
₹ I			10	f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?	
<u> </u>	1732 EDGEWOOD HILL CIRCLE			21740			U.S.A.	
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER 1 Never Merried № ₩ Married FORCES? 1 YES	IN U.S. ARMED	13, WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Specify Ye	or No- 14.	. RACE — American Indian,	
ВУ	1 Never Merried XX Married FORCES? 1 YES 3 Widowed 4 Divorced IF YES, GIVE WAR OR I		1 TYES	2 NO Specifi	n, Puerto Rican, etc.) y:		Black, White, etc. Specify:	
							WHITE	
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16e. DECEDENT'S	Work done during me use retired.)	ON ost of working	16b. KIND OF BU	SINESS/INDUS	TRY	
	Elementary/Secondary (0-12) College (1-4 or 5+)							
₽ I	12	HOME	MAKER		OWN HO	4E		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	ME (First, Middle, Maiden	Sumeme)		
BE	LEWIS HENRY BRANDEN	BURG		MELI	SSA		SUMMERS	
	19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code)							
2	HUBERT C. EASTERDAY 1732 EDGEWOOD HILL CIRCLE, HAGERSTON, MD. 21740							
	20s. PLACE AND DATE OF DISPOSITION DATE 20s. I OCATION - City of Town States							
	1 M Burial 2 Cremetton 3 Removal from State CHRIST REFORMED CHURCH CEM. 10-15-91 MIDDLETOWN, FRED., MD.							
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			ND ADDRESS OF FA			TOMITY! HEDI YHD!	
- 1	. R. hoel Braden		ANDRI	EW K. COF	FMAN FUNER	RAL HON	ME, INC.	
			40 E	ANTIETA	AM ST., HAG	SERSTON	WN.MD.21740	
	23. PART i. Enter the diseases, or complications that cause shock, or heart failure. List only one cause on a	d the death. Do	not entar tha mo	da of dying, suc	h as cardiac or reap	ratory arrest		
	IMMEDIATE CAUSE (Fine)						interval Batween Onset and Daath	
	resulting in death)	0- Res	pirate	ry a	rrest		5mile	
	DUE TO (OR AS	A CONSEQUENCE O	Ы.	ry a			Jima	
z I	To a cute 2	mioca	rdial	March	i'cu		3days	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	A CONSEQUENCE O	F):	. 1			3.0	
2	CAUSE (Disease or Injury	he he	art fa	ilure			5day8	
쁘Ⅱ	that initiated eventa DUE TO (ÓR AS	A CONSEQUENCE O	F):				4	
#	resulting in death) LAST							
	PART ii. Other aignificant conditions contributing to death to	wit not requision	In Afra and adult					
EDICAL	A A A		in tha undariying	g cause givan in	Part i. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO	
ă	diabetes mellet	us	D-		1 YES 2	NO	COMPLETION OF CAUSE OF DEATH?	
	hypothyridism;	hiere	reuna	1		, (1 YES 2 NO	
z I		0						
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			ACE OF DEATH (Ch	ock only one)			
S	1 YES 2 NO HOSPITAL:	patient 3 DOA	OTHER: 4 Nursing Hom	e 5 🗌 Residence	6 Other (Specify)			
동	27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year)	28b. TIN	IE OF 28c, INJ		26d. DESCRIBE HOW I	NJURY OCCUR	ED	
<u>~</u>	1 Netural 5 Pending 2 Accident Investigation			ES 2 NO				
- 12	3 Suicide 6 Could not be 28e. PLACE OF INJURY	- At home, farm,	street, factory, office	,	28f. LOCATION (Street of	and Number or F	Rural Route Number.	
۳ ا	4 Homicide determined building, etc. (Spe-	City)			City or Town, State)			
ון ב	29e. CERTIFIER (Check only 1 📈 CERTIFYING PHYSICIAN: To the bast of my know	ledge death seem						
COMPLETED	(Check only one) 2 MEDICAL EXAMINER: On the basis of examination	n and/or investigation	eo at the time, date	end place, end due	to the cause(e) end man	ner ee stated.		
8		T and or investigation	on, in my opinion, b	eath occured at the	time, date and place, an	I due to the ce	ruse(e) end menner ee stated.	
W	296. SIGNATURE AND TITLE OF CERTIFIER Pullvali, A	10		29c. LICENSE NUN	IBER	29d. DATE SIG	GNED (Month, Day, Year)	
2		- J		1202	_33	► 10·1	2.91	
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE BAFURAO PULIVARTI, M.D. 17	ATH (ITEM 27) (Type	Print) / A	A 110	anaL	11.0	217110	
	DITTURNO TACIDARIL, MAD.	14 Oak	HILL	1 1700	gerstown,	NIC	21 (40	
	31. DATE FILED (MOULT 199), 1995 '91 32. REGISTBARK SIG	avidson-Ray	ndell				· · · · · · · · · · · · · · · · · · ·	
- 11								

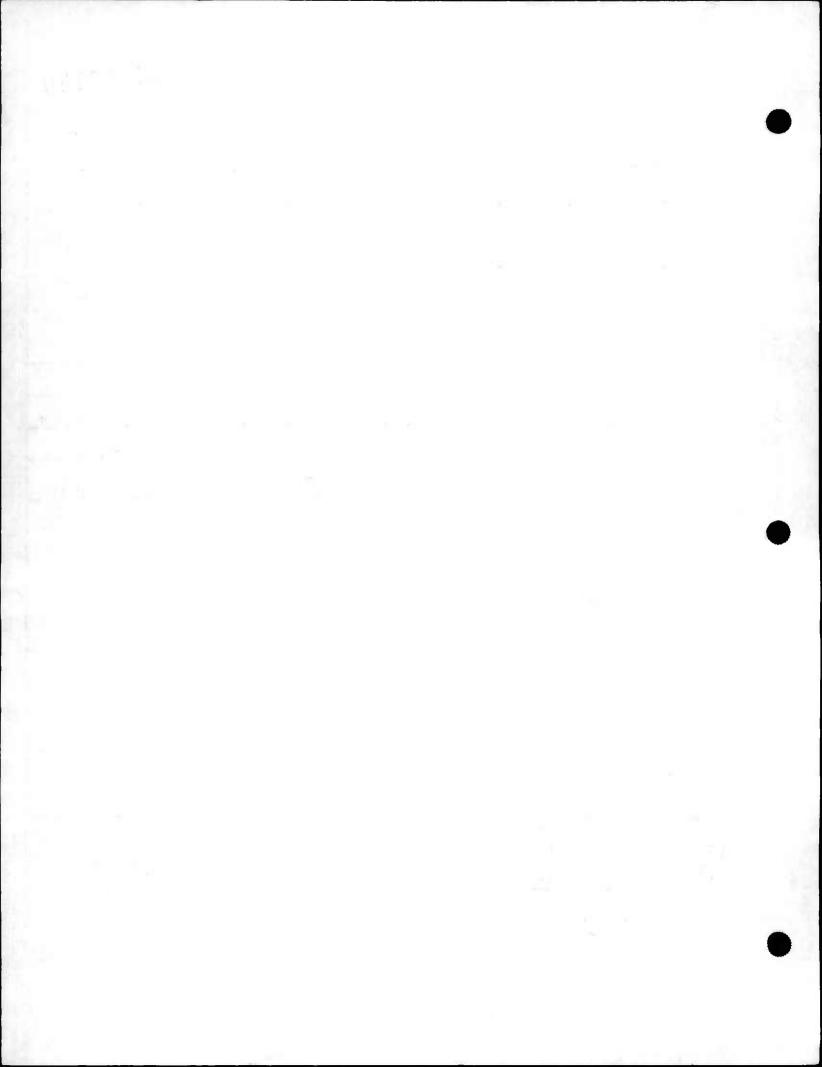


	JO C
	24
30,	within
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours
õ	pe
B	ale
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G,	death
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SECC	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be exec
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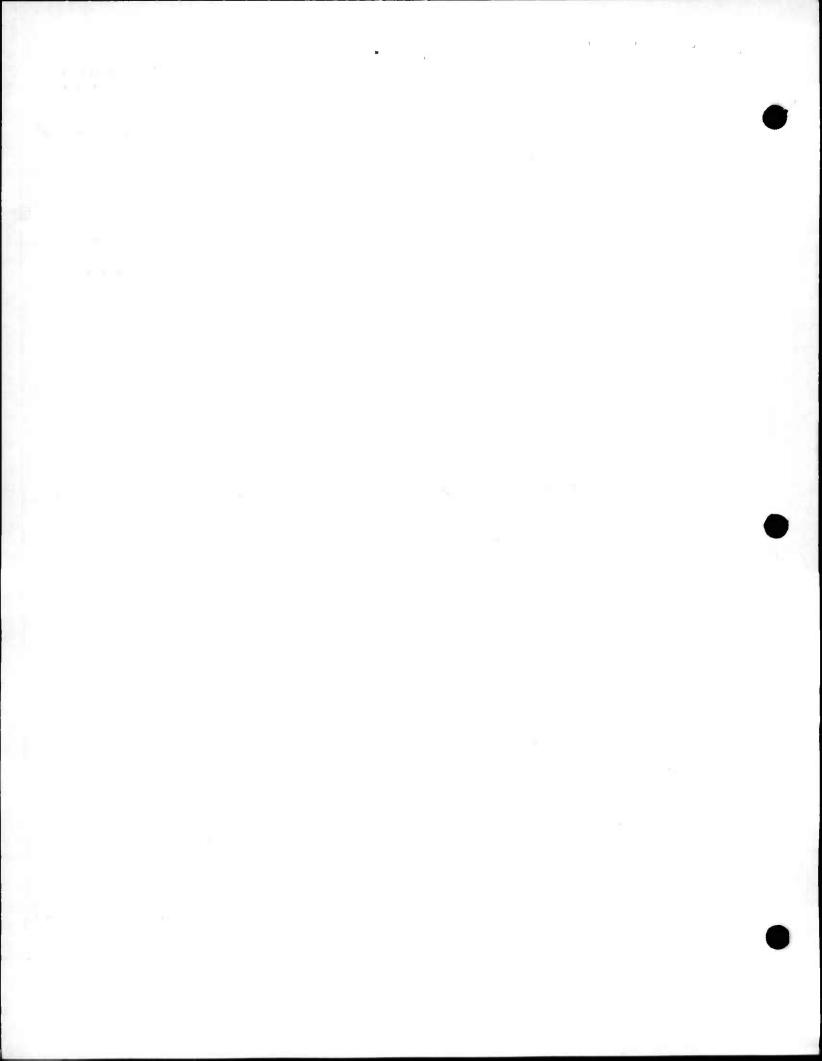
	FOR STATE REGISTRAR		STATE OF I		CERTIF	ICATI				MENT	AL HYGIE		1 2	28739
	1. DECEDENT'S NAME (First		JANET JANET	P. EVI	ERHART					MOI	TE OF DEATH	DAY	CYEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUME 216-30-356	3	5. SEX 1 M 2 XF	8. AGE (In yrs	(lest birthday)	IF UNDER	DAYS	IF UNDER	R 24 HRS. MIN.	7. DAT	E OF BIRTH onth, Day, Year)	932	Counti	IPLACE (State or Foreign y) yland
œ	90. FACILITY NAME (If not in Washington			21				OR LOCATI			ξ,	9c. COL	INTY OF D	EATH
010	RESIDENCE OF DEC	EDENT		aı					stown Washin				gton	
DIRECTOR	Virginia	Loud				urce								10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER		-			dice		, ZIP COD	DDE 10g. CITIZEN OF				IZEN OF V	1 YES 2 NO
NER	Route 1, Bo	ox 326							132				US.	A
BY FUNERAL	1 Never Married 2 🔀 3 Widowed 4 Divo			IT EVER IN U.S. YES 2	ARMED KNO		If you, sp	CENDENT (secify Cubi 2 2 NO	in, Maxicai	n, Puert	ilN? (Specify Yo o Rican, etc.)	ea or No	14. RACE Black Speci Wh:	
TED	15. DECEOENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working													
COMPLETED	unknown	Elementary/Secondary (0-12) College (1-4 or 5 +) IIIe. Do NOT use retired.) unknown homemaker												
BE CO	17. FATHER'S NAME (First, Middle, Last) Preston N. Phillips 18. MOTHER'S NAME (First, Middle, Malden Surname) Margaret Kaetzel													
0	198. NFORMANT'S NAME (Type/Print) Floyd A. Everhart 19b. Mailing ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Route 1. Box 326. Purcellyille, Va. 22132													
	20g, METHOO OF DISPOSITION 20b BLACE AND DATE OF DISCOSTRUM.													
	4 Donatton 8 Other (Specify) Hillsboro Cemetery 10/12 Hillsboro, Virginia													
	21, SIGNATURE OF FUNERAL		ENSEE Elesta					E . Wi		CILITY	Minn	ich]	Funer	al Home , Md 21740
ERTIFICATION	23. PART I. Enter the di ahock, or he iMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentially list condition if any, leading to immediate. Enter UNDERLYII CAUSE (Disease or injuithat initiated events resulting in death) LASI	ons, fliata	a. All Due to Due to C. All Call	OR AS A CON	SEQUENCE OF	12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NP	T b	ene	ZES		PRHY	nest,	Approximata Interval Batween Onset and Death
B		-	d	MISEL				nu						
PHYSICIAN: MEDICAL	PART II. Other significant participation of the par	ven/ry	a contributing to	death but no	t resulting I	n the un		ace of Di		_	24a. WAS AN PERFO	RMEO?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Sic	EXAMINER?		HOSPITAL:	ER/Outpatient	3 DOA	OTHER	₹:				er (Specify)			
BY PH		ending nvestigation	28a. OATE OF (Month, De		28b. TIM	-	28c. INJI WO	URY AT			SCRIBE HOW	INJURY OC	CURED	
		Could not be etermined	28e. PLACE Of building,	F INJURY — At etc. (Specify)	home, farm, s	treet, facto	ory, office			28t. LO C/t)	CATION (Street or Town, State)	and Number	or Rural R	oute Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTI	FYING PHYSIC	CIAN: To the best of R: On the basis of ex	my knowledge, amination end/	death occurre	nd st the ti	me, data pinion, de	and place, eath occur	and due t	to the ca	use(e) and ma a and place, ar	nner ag stal	ed. a Cause(s)	and manner as stated,
O BE	296. SIGNATURE AND TITLE	Th	Th	no ca				29c. LICE	A Q		a	29d. DAT	E SIGNEO	(Month, Day, Year)
	Robert 5.	Frace,	SR. MD	119	EA	Print)	tam	St.	1	that	gersta	wn,	MD.	21740
	31. DATE FILEO (Month, Day, Y	10'	91	Funa L	Tavidson	April	182							DHMH-18 Rev 1/89



	REGISTRAR		CERTIFIC	CALE OF	DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Las	it)				2. DATE OF DEATH MONTH DA	V V	3. TIME OF DEATH
	Stephen Fedor				- 1	09/ . 22		11 20
1	4. SOCIAL SECURITY NUMBER	5. SEX 6. A	AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.	BIRTHPLACE (State or Foreign
)	158-07-5158	1 € M 2 □ F	86 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 08/13/05		New York
/	9e, FACILITY NAME (If not institution, giv			9b, CITY, TOWN	OR LOCATION OF DEA		9c, COUNTY	
-					411 E-1211 317-31-318-			
DIRECTOR	Rt. 4. Box 238.	rey Rd.		Chest	ertown		Ken	
	10e. STATE 10b. COU		10c. CITY,	TOWN OR LOCA	TION			10d, INSIDE CITY
튀	Maryland Ker	it	Che	esterto	vn			1 YES 2 NO
1	10e. STREET AND NUMBER			10	of, ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
١	Rt. 4, Box 238,	Fey Rd.		2	21620		USA	
	11. MARITAL STATUS	12, WAS DECEDENT EV	ER IN U.S. ARMED	13. WAS DE	CENDENT OF HISPANI	C ORIGIN? (Specify Yes	or No.— 14	. RACE — American Indian.
	1 Never Married 2 Married	FORCES? 1 []	YES 2 XIO	If yes, s	pecify Cuban, Mexican			. RACE — American Indian, Black, Whita, atc.
	3 Widowed 4 Divorced	IF YES, GIVE WAN O	ON DATES	1 1 16	S 2 (NO Specify:			Specify: white
	15. DECEDENT'S E	DUCATION	16a. DECEDENT'S U	USUAL OCCUPAT	ION	16b. KIND OF BUS	SINESS/INDUS	TRY
	(Specify only highest gro Elementary/Secondery (0-12)	College (1-4 or 5+)	(Give kind of we	ork done during m retired.)	nost of working			
COMP. EL	Elemental yracondery (0-12)	2 years	School T	eacher	(shop)	Educati	ဂက်	
1	17. FATHER'S NAME (First, Middle, Last)	_ / 55.5	100.1001			E (First, Middle, Maiden		
	Joseph Fedor							
4	190. INFORMANT'S NAME (Type/Print)		406 4444 1414	ADDRESS OF	unknov	V [] oute Number, City or Tow	on Chart W- C	arda)
		0.14						
2	Helen Zlock Fed							n, MD 21620
	20a, METHOD OF DISPOSITION 1 Burial 2 Cremetion 3 R	ernoval from State	20b. PLACE AND DATE of cemetary, crematory of	or other place)		(y or Town, State
	4 Donation 5 Other (Specify)		Greensbo	ro Cem		9/26/91 (reens	boro, MD
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE			AND ADDRESS OF FAC		owal H	om e
	► 1A . 1. /	This				nbein Fun		
-	23. PART I. Enter the diseases, o					ve., Green		
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEQUENCE OF	7:	Consu	1		
	PART II. Other significant condit	lone contributing to de	ath but not resulting is	n the underlyi	na cause alven in i	Part I, 24e. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
	3011011	The state of the s	act rooming n		g waste grown in	PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUSE
						1 YES :	NO NO	OF DEATH?
								1 TES 2 NO
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				PLACE OF DEATH (Che	ck only one)		
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	NOutpetient 3 DOA	OTHER:	PLACE OF DEATH (Che			J
	EXAMINER?	HOSPITAL: 1 inpatient 2 EF	URY 285, TIME	OTHER: 4 Nursing Ho	ome 5 - Residence		INJURY OCCU	RED
and the second second	EXAMINER? 1	HOSPITAL: 1 Inpatient 2 EF	URY 285, TIME	OTHER: 4 Nursing Ho E OF 28c. II	ome 5 🗆 Residence	8 Other (Specify)	INJURY OCCU	RED
	EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Neturel 5 Pending Investigation	HOSPITAL: 1 Inpetient 2 EF 28e. DATE OF INJ (Month, Day, 1) 28e. PLACE OF IN	URY 28b. TIME INJU	OTHER: 4 Nursing Ho E OF 28c. II URY V 1	ome 5 Residence NJURY AT VORK? YES 2 NO	8 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street	end Number or	Rural Route Number,
	EXAMINER? 1	HOSPITAL: 1 inpetient 2 EF 28e. DATE OF INJ (Month, Dey, 1) 28e. PLACE OF IN building, etc.	URY 28b. TIME INJU	OTHER: 4 Nursing Ho E OF 28c. II URY V 1	ome 5 Residence NJURY AT VORK? YES 2 NO	8 Other (Specify) 28d. DE\$CRIBE HOW	end Number or	
בל בו רווו איפואוי. ויייו	EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Naturel 5 Pending Investigate 2 Accident Suicide Could not defermined	HOSPITAL: 1 Inpetient 2 EF 28e. DATE OF INJ (Month, Day, 1) 28e. PLACE OF IN building, etc.	URY 28b. TIME INJUNEY — At home, farm, s	OTHER: 4 Nursing Ho E OF 28c. II URY 1	ome 5 Residence NJURY AT YORK? YES 2 NO	8 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State	end Number or)	Rural Route Number,
בל בו רווו איפואוי. ויייו	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Neturel 5 Pending Investigate 2 Accident Investigate 3 Suicide 8 Could not determined 29a. CERTIFIER Check only 1 CERTIFYING PH	HOSPITAL: 1 Inpetient 2 EF 28e. DATE OF INJ (Month, Day, 1) 28e. PLACE OF IN be discrete the best of my	URY 28b. TIME INJU 1JURY — At home, farm, s (Specify) knowledge, death occurre	OTHER: 4 Nursing Ho E OF 28c. If URY 1 1 street, factory, off	NJURY AT YORK? YES 2 NO Note and place, and due	8 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State to the cause(e) and me	end Number or)	Rural Route Number,
	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Neturel 5 Pending Investigate 2 Accident Investigate 3 Suicide 8 Could not determined 29a. CERTIFIER Check only 1 CERTIFYING PH	HOSPITAL: 1 Inpetient 2 EF 28e. DATE OF INJ (Month, Day, 1) 28e. PLACE OF IN be discrete the best of my	URY 28b. TIME INJU 1JURY — At home, farm, s (Specify) knowledge, death occurre	OTHER: 4 Nursing Ho E OF 28c. If URY 1 1 street, factory, off	NJURY AT YORK? YES 2 NO Note and place, and due	8 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State to the cause(e) and me	end Number or)	Rural Route Number,
	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Neturel 5 Pending Investigate 2 Accident Investigate 3 Suicide 8 Could not determined 29a. CERTIFIER Check only 1 CERTIFYING PH	HOSPITAL: 1 Impetient 2 EN 26e. DATE OF INA (Month, Dey.) 26e. PLACE OF IN be building, etc. 1YSICIAN: To the best of my MINER: On the best of exam	URY 28b. TIME INJU 1JURY — At home, farm, s (Specify)	OTHER: 4 Nursing Ho E OF 28c. If URY 1 1 street, factory, off	NJURY AT YORK? YES 2 NO Note and place, and due, death occurred at the	8 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State to the cause(e) and me time, date and place, e	end Number or) inner ee stated nd due to the	Rural Route Number,
	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Naturel 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not deformined 4 Homicide deformined 29a. CERTIFIER (Check only one) 1 CERTIFYING Processing one)	HOSPITAL: 1 Impetient 2 EN 26e. DATE OF INA (Month, Dey.) 26e. PLACE OF IN be building, etc. 1YSICIAN: To the best of my MINER: On the best of exam	URY 28b. TIME INJU 1JURY — At home, farm, s (Specify)	OTHER: 4 Nursing Ho E OF 28c. If URY 1 1 street, factory, off	NJURY AT YORK? YES 2 NO Notice NJURY AT YORK? YES 2 NO Notice	8 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State to the cause(e) and me time, date and place, e	end Number or) inner ee stated nd due to the	Rural Route Number,
BE COMPLETED BY PHYSICIAN: MI	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Naturel 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not deformined 4 Homicide deformined 29a. CERTIFIER (Check only one) 1 CERTIFYING Processing one)	HOSPITAL: 1 Inpetient 2 EF 28e. DATE OF INJ (Month, Dey, 1) 28e. PLACE OF IN building, etc. 1 Strict Strict Strict Strict 1 Strict Strict Strict Strict Strict 1 Strict	URY 28b. TIME INJU JURY — At home, farm, s (Specify) knowledge, death occurre	OTHER: 4 Nursing He E OF URY M 1 street, factory, off	NJURY AT YORK? YES 2 NO Note and place, and due, death occurred at the	8 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State to the cause(e) and me time, date and place, e	end Number or) inner ee stated nd due to the	Rural Route Number,
IO BE COMPLETED BY PHYSICIAN: ME	EXAMINER? 1 YES 2 MO 27. MANNER OF DEATH 1 Natural 5 Pending Investigate 3 Suleide 8 Could not deformined 29a. CERTIFIER (Check only one) MEDICAL EXAMINED	HOSPITAL: 1 Inpetient 2 EF 28e. DATE OF INJ (Month, Dey, 1) 28e. PLACE OF IN building, etc. 1 Strict Strict Strict Strict 1 Strict Strict Strict Strict Strict 1 Strict	URY 28b. TIME INJU JURY — At home, farm, s (Specify) knowledge, death occurre	OTHER: 4 Nursing He E OF URY M 1 street, factory, off	NJURY AT YORK? YES 2 NO Note and place, and due, death occurred at the	8 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State to the cause(e) and me time, date and place, e	end Number or) inner ee stated nd due to the	Rural Route Number,
BE COMPLEIED BY PRISION. IN	EXAMINER? 1 YES 2 MO 27. MANNER OF DEATH 1 Natural 5 Pending Investigate 3 Suleide 8 Could not deformined 29a. CERTIFIER (Check only one) MEDICAL EXAMINED	HOSPITAL: 1 Inpetient 2 EF 28e. DATE OF INJ (Month, Dey, 1) 28e. PLACE OF IND be a	URY 28b. TIME INJURY — At home, farm, s (Specify) knowledge, death occurre ination and/or investigation OF DEATH (ITEM 27) (Type,	OTHER: 4 Nursing He E OF URY M 1 street, factory, off at the time, da n, in my opinion. Print)	NJURY AT YORK? YES 2 NO Note and place, and due, death occurred at the	8 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State to the cause(e) and me time, date and place, e	end Number or) inner ee stated nd due to the	Rural Route Number,
BE COMPLETED BY PATSICIAN: MI	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigate 3 Sulcide 8 Could not defermined 4 Homicide	HOSPITAL: 1 Inpetient 2 EF 28e. DATE OF INJ (Month, Dey, 1) 28e. PLACE OF IND be a	URY /ear) 28b. TIME INJURY — At home, farm, s (Specify) knowledge, death occurre instion and/or investigation OF DEATH (ITEM 27) (Type,	OTHER: 4 Nursing He E OF URY M 1 street, factory, off at the time, da n, in my opinion. Print)	NJURY AT YORK? YES 2 NO Note and place, and due, death occurred at the	8 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State to the cause(e) and me time, date and place, e	end Number or) inner ee stated nd due to the	Rural Route Number,



		1 PERSONAL TO THE PERSONAL PROPERTY OF THE PER		CERTI	FICALE C	DEATH	REG. NO).	
	200	1. DECEDENT'S NAME (First, Middle, La. ALFRED	HERBERT		EENE	y	-	Ď į	SI 7:47 PM
6		4. SOCIAL SECURITY NUMBER		(In yrs. last birthday	MONTHS DAY		7. DATE OF BIRTH (Month Doy, Year)		. BIRTHPLACE (State or Foreign Country)
(1)	0	9a. FACILITY NAME (If not institution, give	/ -	110	as CITY TOY	VN OR LOCATION OF D	1/29/		Pennsylvania
8	5						EATH	1	Y OF DEATH
2 2	СТОВ	HOLY Cross Hos				r Spring		Mont	gomery
Pages -	DIRE	10a. STATE 10b. COU			HTY, TOWN OR LOCATION				10d. INSIDE CITY LIMITS?
permit.		Maryland Moi	ntgomery	B	urtonsv			1 X YES 2 - NO	
	FUNERAL		- ·			101. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
DZO physician. burial-transit	1 5	3412 Greencastle		IN II S ADMED	42 WEG	20866			U.S.A.
DZC physi buria		1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 X YES	2 NO	If yes	, specify Cuban, Maxica		a or No—	I. RACE — American Indian, Black, White, atc.
Z15-UUZU attending physician. se as the burial-trar	BY	3 X Widowed 4 Divorced	World War	ĪĪ	1 ''	YES 2 (X NO Specif	у:		Spocing
	E I	15. DECEDENT'S E (Specify only highest gra	DUCATION ade completed)	18a. DECEDENT	'S USUAL OCCUP f work done during use retired.)	ATION a most of working	16b. KIND OF BU	SINESS/INDUS	
the hospital or detached for u	COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5 +)						
AND he hospit detached once.	W	Grade 12 17. FATHER'S NAME (First, Middle, Last)		Super	visor		NSA		
by the		James Richard Fo	30000				ME (First, Middle, Maiden	Surname)	
retained to 5 should notified	BE	19a. INFORMANT'S NAME (Type/Print)	serieg	19b. MAILIN	IG ADDRESS (Stre	Ella H	LCRS Route Number, City or Tox	- 0 7- 0	
2 2 2	임	Patrick Feeney							rginia 22308
may be or, page		20s. METHOD OF DISPOSITION	20	IN DI ACEAND DATE	OF DISBOSITION	(Mama of	20-10	0171011 01	
2 e e		1 X Burial 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from State	metery_cremetory or laruland	Veteral	ns Cometen	110-11 Che	eltenh	am, Maryland
h. Page eral direc		21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	/					more greater
		* Klelelitt	axten Ste		212	Talbott	reral Home	P.A.	
nours after of in by the or removal.		23. PART I. Enter the diseases, or	r complications that cause	ed the death. Do	not enter tha	mode of dylng, suc	b as cardiac or read	iratory arras	yland 20707
		shock, or heart failur IMMEDIATE CAUSE (Final	6. List only one cause on	each line.		_,,		manory errou	Interval Between Onset and Death
		disease or condition resulting in death)	.TRANSIT	TONAL	CELL	CARCINO	MA DE A	1. Aug	250
		,	DUE TO (OR AS	A CONSEQUENCE	OF):		71 01 13	-1.00	CE
executed and com o burial, matic en	8	Sequentially list conditions,	b						
e be execut sician and c nior to buri traumatic	CATION	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE	DF):				
phy phy	윤	CAUSE (Disease or Injury that initiated events	C. DUE TO (OR AS	A CONSEQUENCE	0F):				
	ERTIF	resulting in death) LAST	4						j
the death y the attend of Mental	O	DADT II Other significant on the							
ing th	DICAL	PART II. Other algnificant conditi	ons contributing to death i	but not rasulting	in the underly	ying cause given in	Part I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
1 5 2 5	ă						1 YES 2	ON 🗌	COMPLETION OF CAUSE OF DEATH?
of see	ME								1 TES 2 NO
law law bept.	AN	25. WAS CASE REFERRED TO MEDICAL	1						
N: The ficate State	SICIAN:	EXAMINER? 1 YES 2 NO	HOSPITAL:	noticet 2 Dos	OTHER:	PLACE OF DEATH (Ch			
SICIA certif	È ∥	27. MANNER OF DEATH	26a. DATE OF INJURY	28b. TI	ME OF 28c.	INJURY AT	6 Other (Specify) 28d. DESCRIBE HOW I	NUMBY OCCUR	OFO.
	ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	Al .	LURY	WORK? YES 2 NO		Noon occor	
ATTENDING ECTOR: After s after death		3 Suicide 8 Could not b	26. PLACE OF IN HID	Y At home, farm,	street, factory, o	ffica	28f. LOCATION (Street	and Number or	Rural Route Number,
OR ATTENDING DIRECTOR: After hours after death Item 28 is ma	ETE	4 Homicide determined	outling, are: jope	, cony)			City or Town, State)		s/U.
L OR A L DIREC	귤	29a. CERTIFIER 1 CERTIFYING PHY	SICIAN: To the best of my know	viedge, death occur	red at the time, d	late and place, and due	to the cause(s) and mar	ner as stated.	
HOSPITAL FUNERAL Within 72 I	COMPL	one) 2 MEDICAL EXAMI	NER: On the basis of examination	on and/or investigati	lon, in my opinion	n, death occured at the	time, data and place, an	d due to the c	ause(a) and manner as stated.
TO THE HOSPI TO THE FUNEF Be filed within	BEO	10	IER //			29c. LICENSE NUM			IGNED (Month, Day, Year)
E E E E	0 8	flux flow	naler			29	453	1 /0	18/91
_	=	30. NAME AND ADDRESS OF PERSON Y	HO COMPLETED CAUSE OF DE						7 07 - 7
9		HUAN CHANAU	28 1322	5 JHA	DY GRE	WE RO	RUCKUL	16	MO 20850
104		31. DATE FILED (Month, Day, Year) OCT. 0 991	32. REDISTRAR'S SIGN	ATURE Pande	ec.			-	
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TO BE COMPLETED BY FUNERAL DIRECTOR

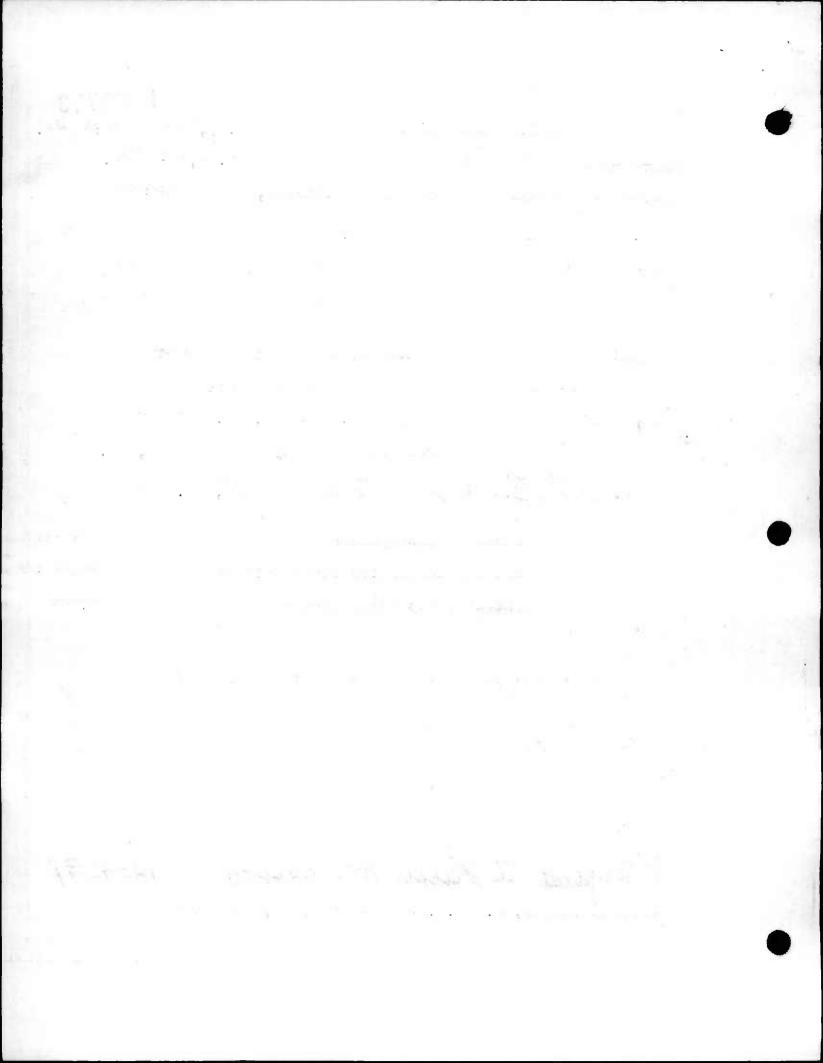
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death wit	28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

IMPORTANT: If Item

1. DECEDENT'S NAME (FI									2. DATE	OF DEATH	Y	YEAR	3. TIME OF DEATH
	ERNON	H. FELDER								tober		91	
SOCIAL SECURITY NU		1.5-4	8. AGE (In yrs. las		IF UNDER	1 YEAR	HOURS	MIN.		OF BIRTH	17	Country	
263 22 62		1 💢 M 2 🗌 F	74	YRS.				777		L 3,13			lorida
8511 Haysl						1 TOWN OF	ia LOCATIO	N OF DE	ATH			OWAT	
ESIDENCE OF DE	CEDENT												
e. STATE	10b. COUN			10c. CITY		umh i							10d. INSIDE CITY LIMITS?
aryland		vard			COT	_							1 TYES 2 NO
STREET AND NUMBER 8511 Hay		Lane				101.	ZIP CODE 210				10g. CIT	U.S.	A.
. MARITAL STATUS Never Married ** Widowed 4 D		12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2 N	10		If yes, spe		, Mexica	n, Puerio	N? (Specify Yes Rican, etc.)	or No—	14. RACE Black Specif	- American Indian, White, etc.
	ECEDENT'S ED		16a. DE	CEDENT'S	USUAL O	CCUPATIO	N		166	. KIND OF BUS	SINESS/IN	DUSTRY	
Elementary/Secondary	only highest grad (0-12)	College (1-4 or 5+)		ve kind of w Do NOT us Vice			t or working	,	C	hecker	Cab	Co	
FATHER'S NAME (First, Silius	Middle, Last) Feld	er					16. MOTH			Middle, Maiden dard	Surname)		
informant's name		er	191	511	ADDRES	s (Street et hed	d Number	or Rural I	Poute Num	aber, City or Tow	n, State, Zi 2104	Code)	
a. METHOD OF DISPOS		moval from Stata	20b. PLACE of cemetary				(Name		DAT	E 20c. LO	CATION —	City or To	on, State le Marylan
☐ Donation 5 ☐ Ott	ner (Specify)		Colum		Memo	rial			10/	14	Tark	SVII	ralylan
. SIGNATURE OF FUNE			-1				D ADDRES				Шот	o Tn	0
> Han	res !	H. Witz	Ke							in eral Pike			
equentielly list con- any, leading to im- euse. Enter UNDER AUSE (Disease or in hat initiated events esulting in deeth) L	nedlete LYING njury	b. DUE TO (OR AS A CONSE	HO DUENCE OF	6 F	BC		C	An	IF SA	n		
	icent condition	ons contributing to	desth but not i	resulting	In the u	nderlylng	j ceuse g	iven in	Part I.	24a. WAS AN PERFOI 1 YES 2	RMED?	24b.	WERE AUTOPSY FINDING AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
_ 49	1501					17-11							
EXAMINER?	TO MEDICAL	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHE	R:	ACE OF DI	_		ar (Specify)			
MANNER OF DEATH		28a. DATE OF		26b. TJM	E OF	28c. INJ	URY AT		_	SCRIBE HOW	INJURY O	CURED	
Matural 5 2 ☐ Accident	Pending Investigation		y. 10ai j	INI	M		PK? ES 2] NO					
- 5	Could not b	28a. PLACE OF	INJURY — At hords. (Specify)	ome, farm, :	street, fac	tory, office			281. LO	CATION (Street or Town, State	and Numbe	or or Rural F	Route Number,
contain only		/SICIAN: To the best of ax											and manner as stated
				vurigette	,	_,				- and prace, a			
b. SIGNATURE AND TI	LE OF CERTIF	5 6.0					29c, LICE)	29d, DA	IE SIGNED	(Month, Day, Year)
O. NAME AND ADDRESS	OF PERSON Y	WHO COMPLETED CAUS	E OF DEATH (ITE	M 27) (Type	Print)			4	111			10/10	12/ cott City, h
		any a	-RMI	M	0	2:41	OF	11/10	att (cater	Dr	FIL	Catt Ct
. DATE FILED (Month, D		/ 4	B'S SIGNATURE	1 1		1/6		1110	011	CITICI	1	٠,,,,,	w11 419,1

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART CERTIFIC			MENTAL	HYGIENE REG. NO.	91	28	371.3	
		Dollie Iren	e Goff			2. DATE O MONTH OCT	7, DAY	991	EAR	fime of beath 3:40 P	
	4. SOCIAL SECURITY NUMBER 236-03-5024	1 □ M 2 💢 F 7		IF UNDER 1 YEAR		Sep	Day, Man 1		Country) WV	CE (State or Foreign	
стоя	90. FACILITY NAME (If not institution, give Garrett Coun RESIDENCE OF DECEDENT				Oaklan		9		rofbeath		
DIREC	10e. STATE 10b. COUN	Tucker	10c. CITY,	Tho	mas,					LIMITS?	
FUNERAL	100. STREET AND NUMBER Rural rout				101. ZIP CODE 26292		1	0g. CITIZEI	N OF WHAT	COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Vidowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2. NO	If yes,	ECENDENT OF HISPA specify Cuben, Mexic ES 2 NO Speci	en, Puerto R		No- 14	Specify:	American Indian, hite, etc.	
LETED	15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12)	DUCATION de completed) College (1-4 or 5+)	Iffe. Do NOT use	ork done during r retired.)	most of working	16b.	KINO OF BUSIN				
COMPLI	10th 17. FATHER'S NAME (First, Middle, Last) Charles Va	ondou endon	пон	ne mak	16. MOTHER'S NA		liddle, Malden Sui	lome			
TO BE	190. INFORMANT'S NAME (Type/Print) Alvie Goff	andev ander		AODRESS (Stree	Graci cond Number or Rural Thoma	Route Numb	er, City or Town, S	State, Zip Co 26292			
	2037 METHOD OF DISPOSITION 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	moval from State	PLACE OF DISPOSI	TION (Name of c	emetery cremetory or		20c. LOCAT	TION — CIT	y or Town,		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Hinkle Funeral Home Box 186 Davis, WV. 26260 23. PART I. Enter the diseases, or complications that coused the death. Do not enter the mode of dying, such se cardiec or raspiratory erreat, Approximete										
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditione, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente resulting in death) LAST	DUE TO (OR AS A	ulmonar consequence of	tive	heart f		re			Interval Betwee Onset and Deat 1 hoo 10 - 12	
MEDICAL	part II. Other significent condition diabetes me chronic ren	llitus type				Part i.	240. WAS AN AU PERFORME 1 - YES 2	ED?	COL	RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETION OF CAUSE DEATH?	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	PLACE OF DEATH (C						
ВУ РН	27. MANNER OF BEATH 1 Natural 5 Pending Investigatio	28a. DATE OF INJURY (Month, Day, Year)	26b, TIME INJU	IRY \	NJURY AT WORK? YES 2 NO	28d. DES	CRIBE NOW INJ	URY OCCU	RED		
ETED B	3 Suicide 6 Could not b	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, st offy)	treet, factory, of	fice	20f, LOCA City o	ATION (Street end or Town, State)	Number or	· Rural Route	Number,	
MPL	onel	YSICIAN: To the best of my know NER: On the basis of examination								d menner ee stated.	
BE	296. SIGNATURE AND TITLE OF CERTIF	ex alk	aum	mo	29c. LICENSE NU	1MBER 657) 2	Pd. DATE S	SIGNED (Mo	onth, Day, Year)	
TO BE CO	Margaret Ka		.O.Box	486	0ak1and	, Md	21550				



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR	OTATE OF 1	4.5 D) (1.5 D. 1.5						21	(20/44
	1 - STATE REGISTRAR	SIAIE UF I	MAKYLANL) / DEPAI CERTIF	RIMENT O	F HEALTH AND	MENTAL	. HYGIEN REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)					J. DEATH		OF DEATH			3. TIME OF DEATH
	William H. G	reen					MONTH / O		YAY	YEAR	0730
	4. SOCIAL SECURITY NUMBER 213-12-7638	5. SEX 1 M 2 F	6. AGE (In yrs	: last birthday) YRS.	IF UNDER 1 YE		7. DATE C		Ī	e, BIRTH	IPLACE (State or Foreign
1	Se. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TO	WN OR LOCATION OF D		10/1	9c. COUN		
CTOR	Carroll County	Gen. H	ospit	al	West	minster			Car	rol	1
DIRECTOR	MD Ca	rroll		10c. CI1	West	minster				_	10d, INSIDE CITY LIMITS? 1 YES 2 NO
ERAL	100. STREET AND NUMBER 74 Ralph Stree	et		1		10f. ZIP CODE 2115	57		10g. CITIZ		VHAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1							14. RACE Black	Black, White, etc. Specify: DIack	
	15. DECEDENT'S EDU	ICATION	16.0	DECEDENTS	USUAL OCCUP	MICH	100	VIII 07 011			ack
ETE	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5		(Give kind of life. Do NOT u	work done during	most of working	100.	KIND OF BU	SINESS/IND	USTRY	
APL	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	50/10g6 (1-4 0f 5 f	' I	maint	enanc	e worker		hosp	ital		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	AME (First, M	_			
BE	James Green					Eliza					
0	19a. INFORMANT'S NAME (Type/Print)					eet and Number or Rural					
	Mrs. Edith Cla	rk Gree				Street, W					21157
	1 Buriel 2 Cremation 3 Rem 4 Donation 8 Other (Specify)	ioval from State	cemetery,	CEAND DATE	OF DISPOSITION	emetery	DATE	20c. LO	CATION — C	City or To	wn, Stata
	21. SIGNATURE OF FUNERAL SERVICE LIN	CENSEE	10011	III wes	22 NAM	F AND ADDRESS OF EA	ICH ITY				
	D = 1: 1 77	D • 1 1			Pri	tts Fune	eral				
	Robert K. 23. PART I. Enter the diseases, pr	Pritts.	Sr.	death De	412	Washing	gton	Rd.,	Wes	tmi	nster, MD
	enock, or neert failure.	List Dniy one ceu	se on each i	ilne.	not enter the	mode of dying, suc	ch es cardi	ec Dr reepi	ratory arre	est,	Approximata Interval Between
	iMMEDIATE CAUSE (Finei disease or condition resulting in death)	eMC	LTIE	LE	MYE	Loma					Onset and Death
7		DOE 10	OH AS A CON	SEQUENCE O	F):						,
CERTIFICATION	Sequentially ilst conditions, if any, leading to immediate	bDUE TO	OR AS A CON	SEOUENCE O	F):						
S	cause. Enter UNDERLYING CAUSE (Disease or injury	c									[
TIE	that initiated events	DUE TO	DR AS A CON	SEQUENCE O	F):						
Ë	Tourist III double) Exor	d		121							
_ 1	PART ii. Other significent condition	s contributing to	deeth but no	ot resulting	in the underl	ying ceuse given in	Part i.	24a. WAS AN		24b.	WERE AUTOPSY FINDINGS
MEDICA	CONGEST	VE H	EART	FAI	LURE			PERFOR			AVAILABLE PRIOR TO COMPLETION DF CAUSE
ME	ARTERIOSCLA	EROTIC	ItE	ART	DISE	ASE	_		<u> </u>	- 1	DF DEATH? 1 YES 2 NO
	INSULIN	DEPENDE	NT I	Drage	TES	MELLITU	_				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	PLACE OF DEATH (Ch	eck only one,)			
IYS	1 YES 2 -NO 27. MANNER OF DEATH	1 Pripatient 2			4 - Nursing I	iome 5 - Residence	8 🗆 Other	(Specify)			
	1 Netural 5 Pending	28a. DATE OF (Month, Da	INJURY ly, Year)	20b. TIM	URY	INJURY AT WORK?	20d. DESC	RIBE HOW I	NJURY OCC	URED	
BY	2 Accident Investigation 3 Suicide & Could not be	28a, PLACE OF	INJURY - At	home form	street, factory, o	YES 2 NO	201 1 0 0 1	71011 (0)			
回	4 Homicide determined	building,	etc. (Specify)	, , , , , , , , , , , , , , , , , , , ,	Arost, tablory, c		City or	TION (Street a Town, State)	na Number o	or Hurai H	oute Number,
COMPLETED	29a. CERTIFIER (Check only	CIAN: To the heat of	my knowledge	death occur	ed at the the	lete and store and d	40.45	-(0) 6 1			
MO	(Check only one) 2 MEDICAL EXAMINE	R: On the beels of ex	aminstion and/	or investigation	n, in my opinio	n, desth occured at the	time, data a	e(a) and man	ner ea state d due to the	G. Causals)	and manner as stated
	396 SIGNATURE AND TITLE OF CERTIFIES					29c. LICENSE NUM		,,			
BE (Vincent) offer	95-	1	MQ	7	63			U/8	(Month, Day, Year)
2	30 HAME AND ADDRESS OF PERSON WY	O COMPLETED CAUS	E OF DEATH (I	ТЕМ 27 (Туре,	Print)	ANCHO P	57	-		, ,	- //

8 ANCHOR

32. REGISTRAR'S SIGNATURE Junia Davidson-Andalle

31. DATE FILED (Month, Day, Year)
OCT 1 1 191

21157

MD

at . I fine , 11

IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	RTMENT OF	HEALTH AND	MENTAL HYGI		
	1. DECEDENT'S NAME (First, Middle, Last) MICHAEL 4. SOCIAL SECURITY NUMBER	EE GRAY,	SR.			2. DATE OF CEATE NONTH 10-7-199	H DAY	3. TIME OF DEATH 11:15 AM
1	218-76-9022 9a. FACILITY NAME (If not institution, give si	1 X M 2 □ F 3	(In yrs. last birthday) YRS.	IF UNDER 1 YEAR	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yea 5-6-195)	9	BIRTHPLACE (State or Foreign COUNTRY MARYLAND
СТО	PRINCE GEORGE'S GE	NERAL HOSPI	TAL	CHEVE	N OR LOCATION OF	OEATH		Y OF DEATH CE GEORGE'S
L DÍRECT	MARYLAND ST. N	IARY'S		CHANIC	SVILLE			10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	10 ESSER COURT				20659		10g. CITIZE	USA
B	11. MARITAL STATUS 1 Never Married 2 X Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 N YES IF YES, GIVE WAR OR D 1976-1979	ATES	If yes,	ECENDENT OF HISPA apacity, Cuben, Mexic ES 2 NO Spec	ANIC ORIGIN? (Specify can, Puarto Rican, atc. lify:	Yes or No — 14	4. RACE — American Indian, Black, Whita, atc. Specify: WHITE
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) Cotlege (1-4 or 5 +)	16a. DECEDENT'S (Give kind of a life. Do NOT us	work done during	TION most of working	16b. KIND OF	BUSINESS/INDUS	
OMP	12TH GRADE 17. FATHER'S NAME (First, Middle, Last)		AUTO ME	CHANIC				E DEALER
BE CO	GEORGE STERLING	GRAY, JR.				IRENE SO		
TO B	19a. INFORMANT'S NAME (Type/Print)				t and Number or Rura	l Route Number, City or	Town, State, Zip Co	
-	DEBORAH MAE GRAY 2. METHOD OF DISPOSITION					ANICSVILL		
	1 Buriat 2 Cremation 3 Ramo		PLACE AND DATE (LOCATION - CH	y or Town, Stata MARYLAND
	21. SIGNATURE OF THE ALL SEPTICE	Kensto	00857	22. NAME	AND ADDRESS OF F	ACILITYTHE HU	NTT FUN	ERAL HOME, INC. ND 20604-0156
CERTIFICATION	23. PART I. Enter the diseases, procedure. II in the process of th	DUE TO (OR AS A	acn line.	erro I Pi Kena			apiratory arrea	ft, Approximeta Interval Between Onaet and Death
PHYSICIAN: MEDICAL CE	PART II. Other eignificent conditions	contributing to death b	ut not resulting i	n the wordowy	ng cerse given in	PER	AN AUTOPSY FORMED?	24b. WERE AUTOPRY FINDINGS ANAILABLE BRIGH TO COMPLETION OF CAL'SE OF DEATH? 1 YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	MOSDITAL			PLACE OF DEATH (C	heck only one)		
IXSI	1 X YES 2 NO 27. MANNER OF GEATH	HOSPITAL: 1 Inpatient 2 ER/Outp			me 5 🗆 Rasidenca	6 Other (Specify)		
BY Pł	1 Netural 5 Pending 2 Accident Investigation	280. OATE OF INJURY (Month, Day, Year) 9-30-91	8:0	URY W	NURY AT PORK? YES 2 X NO	VICTUME W	AS ELINT	THE BRANCH RE
	3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF INJURY building, etc. (Spec				281, LOCATION (Street, Street, St. MECHANI	et and Number or	Rural Route Number, MARYLAND
COMPLETED	290. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINER	IAN: To the best of my knowl On the bests of exemination	edge, death occurre	ed at the time, de	te and place, and du	to the cause(s) and	manner as stated.	ause(s) and manner as stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	/			29c, LICENSE NU			IGNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CALLES OF DE	YU //YEM		D171	62_	10	18/91
	LINDA WHITBY, MD. 31. DATE FILEO (Month, Day, Year)	9556 CRAI	N HWY, U		RLBORO,	MD 20722		
	OCT 1 1 '91	32. REGISTRAR'S SIGN	And Rondal	L				

8-170. 15

- T

		1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE	
		1. DECEDENT'S NAME (First, Middle, Last) MARY /= GARMIER	2. DATE OF DEATH DAY	YEAR 3. TIME OF DEATH
8	1	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) FUNDER 1 YEAR FUNDER 24 HRS. 1 M 2 M F 7 YRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	B. BIRTHPLACE (State or Foreign Country)
(I)	1	9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF	OEATH 9	c. COUNTY OF DEATH
s 1, 2,	СТО	RESIDENCE OF DECEDENT	RACE	HARford
permit. Pages	DIRE	MD HARFORD Aberreal		10d. INSIDE CITY LIMITS? 1 TES 2 NO
. Jsu	FUNERAL	3/ Rooseve/+ Ave, 21001	, 10	Dg. CITIZEN OF WHAT COUNTRY?
215-0020 attending physician. se as the burial-transit	ВУ	11. MARITAL STATUS 1 Never Merried 2 Merried 1 Never Merried 2 Merried 1 VES 2 NO 1 YES	cen, Puerto Rican, atc.)	No— 14. RACE — American Indian, Black, White, etc.
D 2121 spital or atte	APLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4 or 5 +) 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)	16b, KIND OF BUSINE	SS/INOUSTRY
A the pe der	BE COMPL	17. FATHER'S NAME (First, Midglio, Last) Lee HASKINS 18. MOTHER'S N E/;	AME (First, Middle, Meiden Surr	25
E, R	5	Ida Haskins 21 2005e0elf. A	we Abe	rdoen 2100
e 6 m rector,		20a_METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Removel from State 4 Donation 5 Other (Specify) 21. SECHATURE FUNERAL SERVICE ACCESS.	10-12 1/	CON — City of Town, State Cropen MD
SALTI r death. P e funeral al. examin		harble hal P.O. Box	188 HD	6. MD 21901
68760, ecuted within 24 hours after and completely filled in by th burial, cremation, or removatic event, the medical	Z	23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, and shock, or heart fellure. Liet only one ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. CHI DULL TO (OR AS A COMMEDIATE CE DE CE OS):	ch as cerdiec or respirate	Approximete interval Between Onset and Death
P.O. BOX ith certificate be ex tending physician a it Hygiene prior to or other traum:	CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST	kneur	O
L RECORDS, law requires that the dea as been signed by the at bept. of Health and Meritz 23 shows any injury,	MEDICAL	PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in	Part I, 24e. WAS AN AUT PERFORMED	
The The	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 28. PLACE OF DEATH (C) OTHER: 4 Nursing Home 5 Residence		
D Fig this D	ву РНУ	27. MANNER OF DEATH 27. MANNER OF DEATH 28. INJURY (Month, Day, Veer) 29. Accident Investigation 10 Vest 10	6 Other (Specify) 28d. DESCRIBE HOW INJUR	RY OCCURED
O VISION OR ATTENDING DIRECTOR: After hours after death item 28 is ma	TED	3 Suicide 6 Could not be determined 26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)	281. LOCATION (Street and A City or Town, State)	Number or Rural Route Number,
= 24 E	COMPLE	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due one) 2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the	e to the cause(e) end menner time, data and piece, and du	as atsted. a to the cause(e) end menner as stated,
TO THE HOSP! TO THE FUNER De filed within IMPORTANT:	O BE	290. GIGNATURE AND TITLE OF CERTIFIER 290. LICENSE NUI OB CIEVE TO COM aclus M 2150	MBER 294	d. DATE SIGNED (Month, Day Year)
3		30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27 (Typa, Print)) Colored Co	of gard.	21088
		31. DATE FILED (Month, Day, Year) OCT 11 91 Guha Davidson-Randale		

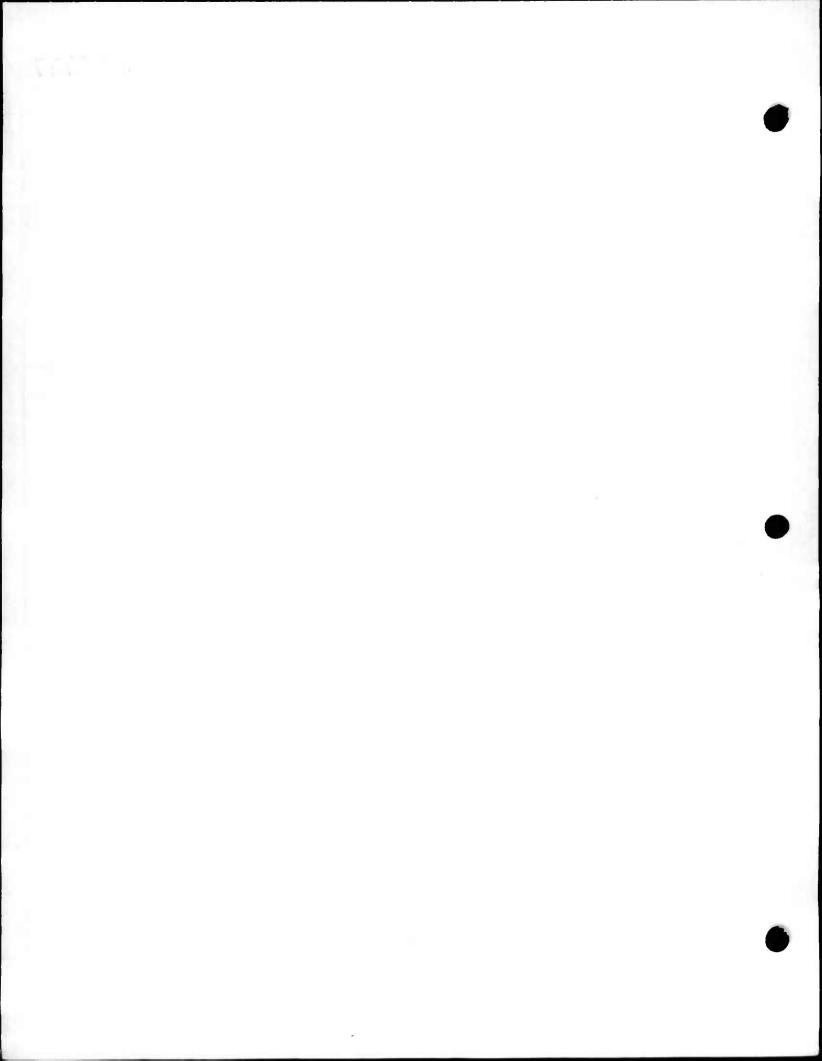
VE N. SINCESCAL Tara Secretaria Warran M. The transfer the Jan L. Marille MOUNT Experience that the second to CONTRACTOR OF THE PARTY OF THE

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burilatiran

31. DATE FILEQ (Month, Day, Year)
OCT 15 91

		1 - STATE REGISTRAR	STATE OF MARYI	AND /	DEPARTME	NT OF H	IEALTH AND DEATH	MENTA	L HYGIEI				*
		1. DECEDENT'S NAME (First, Middle, Last)	Ruby M		ove	20	Le	MONT	OF DEATH	DAY	YEAR	3. TIME OF DEATN	
}		4. SOCIAL SECURITY NUMBER 212-28-4481 9a. FACILITY NAME (If not institution, give s	1 M 2 🛣 F		65 PRS. MONTH		IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF E	7. DATE (Mon May	OF BIRTN		6. BIRTHE Country WMSP	ort, Md.	7
i	TOR	Washington County				agers		PEAIN		Wash			
	DIRECTOR	Penna. Fult			10c. CITY, TOWN	ordsb					- 1	10d, INSIDE CITY LIMITS? 1 YES 2 X NO	_
	FUNERAL	100. STREET AND NUMBER Box 58					. ZIP CODE 17267			USA	EN OF WI	HAT COUNTRY?	
	ВУ	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 🔀	MED 1	If yes, sp	ENDENT OF NISPA ecity Cuban, Mexic 2 X NO Speci	an, Puarto	Y? (Specify Yo Rican, atc.)	7 (Specify Yes or No. 14, RACE - American Indian.			
	PLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(G tife.	CEDENT'S USUAL ive kind of work don Do NOT use retired	ne during mo f.)	ON st of working	161		USINESS/INDL			
at once.	E COMPL	17. FATHER'S NAME (First, Middle, Last) Daniel R. Glad	hill		<u>cams LLes</u>	00	18. MOTNER'S N.			n Surname)	anut	acture	
notified	TO B	19a. INFORMANT'S NAME (Type/Print) John K. Grove					nd Number or Aural burg Roa	Route Num	ber, City or To	wn, State, Zip		17005	
must be		20a. METNOD OF DISPOSITION 1 M Burial 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)		. PLACE	AND DATE OF DISP	OSITION (Na	me of	/9/91	E 20c. L	OCATION — C	Ity or Tow	17225 rn, Steta	_
axaminer		21. SHISHATURN OF FUNERAL SERVICE LIC	ENSEE	OHCL	2	2. NAME AN	D ADDRESS OF F	ACILITY	Grove	Funer	al H		
il, cremation, or removal event, the medical		sinces, or near tenure, List only one cause on each line.										Approximate Interval Betwee Onset and Da	
and Mental Hygiene prior to burial, cremation, y Injury, or other traumatic event, the	CERTIFICATION	of war Michaelan											
of Health	MEDICAL C	PART II. Other significant condition	a contributing to death b	out not r	asulting in the	underlying	cause given in	Part i.	24a. WAS AF PERFO 1 YES	RMED?		WERE AUTOPSY FINDIN WAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? TYPES 2 NO	
the State Dept. or item 23	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ОТН		ACE OF DEATH (C)	heck only or	e)				
marked, or	PHY	1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	1 Inpatient 2 ER/Out	patient 3		28c. INJU WOI	RK7	1		INJURY OCCU	JRED		
after d	ETED BY										r Rural Ro	uta Number,	
만 =	COMPLE		CIAN: To the best of my know									and menner as steled	
MPORTANT: If	H	29b. SIGNATURE AND TITLE OF CERTIFIES			- m		39c. LICENSE NU					Aonth, Day, Yeer)	_
E G	5	30. NAME AND ADDRESS OF PERSON WIN	COMPLETED CAUSE OF DE	ATN (ITEN	1 27) (Type, Print)	54	Hare	AR	7474	1/1	17	19/	
- 1	- 1		1	- 74	1 1 1 1 1	/2.1	1 17	310	W.C		4	1140	

32 REGISTRAD'S SIGNATURE
Gilla Davidson-Randall



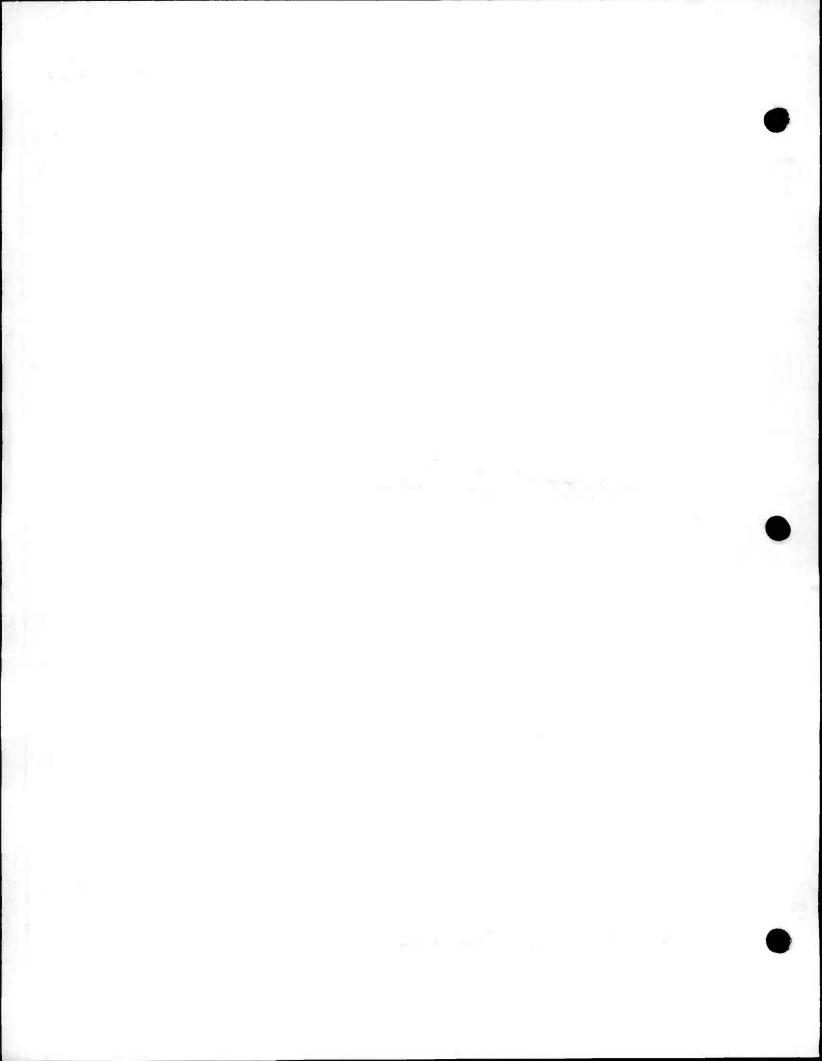
FOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once, DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT OF MEALTH AND MENTAL HYCHRIC

	1 - STATE REGISTRAR	OIAIL OI W	CE	RTIF	ICATE OF	DEATH	וא טאו א		G. NO.	E		
	1. OECEOENT'S NAME (First, Middle, Last)	FREDA VI	RGINIA (RIME	S	DEATT	_	2. DATE OF DE				3. TIME OF DEATH
	テル	CAA			GRIMI	3	1	MONTH	D	W//	YEAR	J. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les			_	-	10	/	7_	7/	8 / A M
				455-0-1	IF UNDER 1 YEAR MONTHS DAYS	HOURS 24	HRS.	7. DATE OF BIF (Month, Day,			6. BIRTH Count	IPLACE (State or Foreign
	214-09-0862A	1 🗆 M 2 💢 F	78	YRS.				March :	16,	1913		ryland
	9e. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TOWN	OR LOCATION					JNTY OF D	
E C	Washington County	Hospita	1		Часа	ratorm				.,		
5	Washington County				Hage	rstown			_	was	shing	ton
Ä	10a. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN OR LOCA	ATION						10d, INSIDE CITY
DIRECTOR	Maryland Washi	ngton		l Ha	gerstow	n						LIMITS?
	10e. STREET AND NUMBER			110		M. ZIP COOF						1 YES 2 NO
FUNERAL	1527 Prondfording	D 1					_			10g. CI		
2	1537 Broadfording					2174					USA	
윤	1 Never Married 2 Merried	12. WAS DECEDENT FORCES? 1	EVER IN U.S. AR	MED	13. WAS DE	CENDENT OF	HISPANIC	ORIGIN? (Spe Puerto Rican,	cify Yes	or No-	14. RACI	E — American Indian, k, White, etc.
BY	3 X Widowed 4 Divorced	IF YES, GIVE W					Specify:	ruerto rican,	arc.)			
		<u> </u>									whi	te
画	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16e, DE	CEDENT'S	USUAL OCCUPAT	ION		16b. KIND	OF BUS	INESS/IN	DUSTRY	
Щ	Elementary/Secondary (0-12)	College (1-4 or 5+	//fo	Do NOT us	retired.)	ost or working						
<u>a</u>			b	ar m	aid			for	nd a	nd d	lrink	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			_		10 MOTHE	D'C MASSE	(First, Middle,			LLIIN	·
0	George Nelson Me	sener								sumeme)		
BE	19e. INFORMANT'S NAME (Type/Print)	BBITCE					-	len Ca				
2					ADDRESS (Street							
	Charles DeLouney		1	537	Broadfo	rding	Rd.,	Hager	sto	wn,	Md.	21740
	20e. METHOD OF DISPOSITION 弘] Burlel 2 ☐ Cremetion 3 ☐ Rem	ound from Casts	20b PLACE A	NDDATE	DE DISPOSITION /A	lame of					City or To	
1	4 Donation 5 Other (Specify)	Oval from State	- Rest	netory or o Have	n Cemet	rv	1	0/17	1200	rete	T.773	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LI	ENSEE			22. NAME A	ND ADDRESS	OF FACIL	ITV	age	LSCC	, wii	maryranu
1	Scatt	61001		-12	MINNI	CH FUN	ERAL	HOME				
	July !	1 1 1	mme		415 E	. Wilso	on B	lvd.,	Hag	erst	own.	Md. 21740
	23. PART I. Enter the diseases, or	complications that	ceused the de	ath. Do r	ot enter the m	ode of dying	, such a	s cerdiec o	reeple	atory ar	rest,	Approximete
- 1	shock, or heert fellure. IMMEDIATE CAUSE (Finel	List only one ceue	e on each line.		-							Intervel Between
	disease or condition				4		0	1	1	06	1 1	Onset and Death
H	resulting in desth)	a. 1200	OR AS A CONSEC	10	1 voto	, 810	21	N/4 /2	ske	DYL	oly	day
						10.	1	h				. /
CERTIFICATION	Sequentielly list conditions,		tteres.			Try	reyle	en				Y15
Ĕ	if any, leeding to immediate	DUE TO (OR AS A CONSEC	UENCE OF	7).	00						
5	CAUSE (Disease or Injury	с										
는	that initieted events	OUE TO (OR AS A CONSEQ	UENCE OF	7:							
# 1	resulting in death) LAST	d										!
	DART II ON I MI MI											
DICAL	PART II. Other significent condition			eaulting I	n the underlyin	g cause give	en in Pa	rt I. 24a. V	MAS AN	WTOPSY	24b.	WERE AUTOPSY FINDINGS
용		la Prole	re						YES 2			AVAILABLE PRIOR TO COMPLETION OF CAUSE
	1.	the to						- ''	163 2	The		OF OEATH?
2		10-40						-			1	1 YES 2 NO
¥	25. WAS CASE REFERRED TO MEDICAL											
PHYSICIAN: ME	EXAMINER?	HOSPITAL:			26. P	LACE OF DEAT	TH (Check	only one)				
YS	1 TES 2 NO	1 Inpatient 2 🗆	ER/Outpatient 3	□ DOA	4 - Nursing Hon	ne 5 🗆 Reeld	ence 8 [Other (Speci	ffy)			
표	27. MANNER OF OEATH	28e. OATE OF I (Month, Day	NJURY v. Year)	28b. TIM		JURY AT	21	8d. DESCRIBE	HOW IN	JURY OC	CURED	
_	1 Natural 5 Pending	(,, ,,,,,	*****		YES 2 N	ю					
≥	2 Applicant Investigation	1			trant france add		21	Br. LOCATION (Street a	ad Numbo	or Burnt S	brush Mumbar
BY	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF	INJURY - At hor	ne, ferm, s	treet, rectory, offic							
	- C recident	28e. PLACE OF building, e	INJURY — At hor tc. (Specify)	ne, ferm, a	ireet, factory, offic		- 1	City or Town	, State)	1407120		Salo Hambol,
	3 Suicide 6 Could not be determined	ouliding, e	тс. (Specify)					City or lown	, State)			
	3 Suleide 4 Homicide 6 Could not be determined 29e. CERTIFIER (Check only	CIAN: To the best of n	ny knowledge, dea	th occurre	d at the time, date	end plece, en	nd due to	the ceuse(e) e	, State)	ner ee ata	ted,	
	3 Suleide 4 Homicide 6 Could not be determined 29e. CERTIFIER (Check only	CIAN: To the best of n	ny knowledge, dea	th occurre	d at the time, date	end plece, en	nd due to	the ceuse(e) e	, State)	ner ee ata	ted,	
COMPLETED	3 Sulcide 4 Homicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of n	ny knowledge, dea	th occurre	d at the time, date	end plece, en	nd due to	the ceuse(e) e	, State)	ner ee ata	ted. ne ceuse(e	end menner as stated.
BE COMPLETED	3 Suleide 4 Homicide 6 Could not be determined 29e. CERTIFIER (Check only	CIAN: To the best of n	ny knowledge, dea	th occurre	d at the time, date	end plece, endeath occured	at the time	the ceuse(e) e	, State)	ner ee ata	led, ne ceuse(e	end menner as stated.
BE COMPLETED	3 Sulcide 4 Homicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TIPLE OF CERTIFIER	CIAN: To the best of m. R: On the best of exa	ny knowledge, dea mination end/or in	th occurre	d at the time, date	end plece, endeath occured	nd due to	the ceuse(e) e	, State)	ner ee ata	led, ne ceuse(e	end menner as stated.
COMPLETED	3 Sulcide 4 Homicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of m. R: On the best of exa	ny knowledge, dea mination end/or in	th occurre	d at the time, date	end plece, en Seath occured 29c, LICENS	at the time	the ceuse(e) e	nd meni	due to the	ted, ne couse(e	end menner as stated.
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			CERTIFIC	CATE OF	DEATH	MENTAL HYGIEN REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Las		T. 1100			2. DATE OF DEATH DA	y yı	3. TIME OF DEATH			
4	4. SOCIAL SECURITY NUMBER	LOUISE HAS		F UNDER 1 YEAR	IF UNDER 24 HRS.	10 - 5	- 91	BIRTHPLACE (State or Foreign			
	222-22-5754	1 M 2 X F		ONTHS DAYS	HOURS MIN.	(Month, Day, Year) 09/13/0	3	Maryland			
	9e. FACILITY NAME (If not institution, give		-	b. CITY, TOWN C	OR LOCATION OF D		9c. COUNTY				
Í	Salisbury Nurs	ing Home		Salis	bury		Wico	mico			
	RESIDENCE OF DECEDENT 10a. STATE 10b. COU		10c, CITY, 1	TOWN OR LOCAT	TION			10d. INSIDE CITY			
	Maryland W	licomico	Sa	lisbu	ry			LIMITS?			
	10s. STREET AND NUMBER			101	1. ZIP CODE		10g. CITIZEN	N OF WHAT COUNTRY?			
1	Salisbury Nu				21801			U.S.A.			
	11. MARITAL STATUS 1)(Never Merried 2 Merried	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	If yes, sp	ecify Cuben, Mexic	NIC ORIGIN? (Specify Yee an, Puerto Ricen, etc.)	or No— 14	. RACE — American Indian, Black, White, etc.			
1	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	ATES	1 U YES	2 NO Speci	ily:		Specify: White			
	15. DECEDENT'S E (Specify only highest gr	EDUCATION rade completed)	16a. DECEDENT'S US (Give kind of wor	k done during mo		16b. KIND OF BUS	BINESS/INDUS	TRY			
	Elementary/Secondary (0-12)	College (1-4 or 5+)	School		hon	Edu	catio	n			
	17. FATHER'S NAME (First, Middle, Last)	4 yrs.	3011001	Teac		AME (First, Middle, Maiden	Sumama)				
, 1	Howard L.	Hastings				ie Wheatl					
2	19e. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow					
	Ms. Nancy Ka	· ·						PA 19342			
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 R	lemoval from State of d	pemetary, crematory or	other place)				y or Town, State			
ı	4'Diponetion 5 Dither (Specify) Galestown Cemetery 10// Galestown, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY										
	Framptom-Hawkins-Eskow Funeral Home										
	PO Bx 43. Federalsburg. MD 21632										
- 1		or complications that caused re. List only one cause on as						t, Approximata interval Betw			
Z	ahock, or heart fellu IMMEDIATE CAUSE (Final disease or condition resulting in daath)	re. List only one cause on as	ach lina.	e anter the mo	oda of dying, au		ratory arres	t, Approximate			
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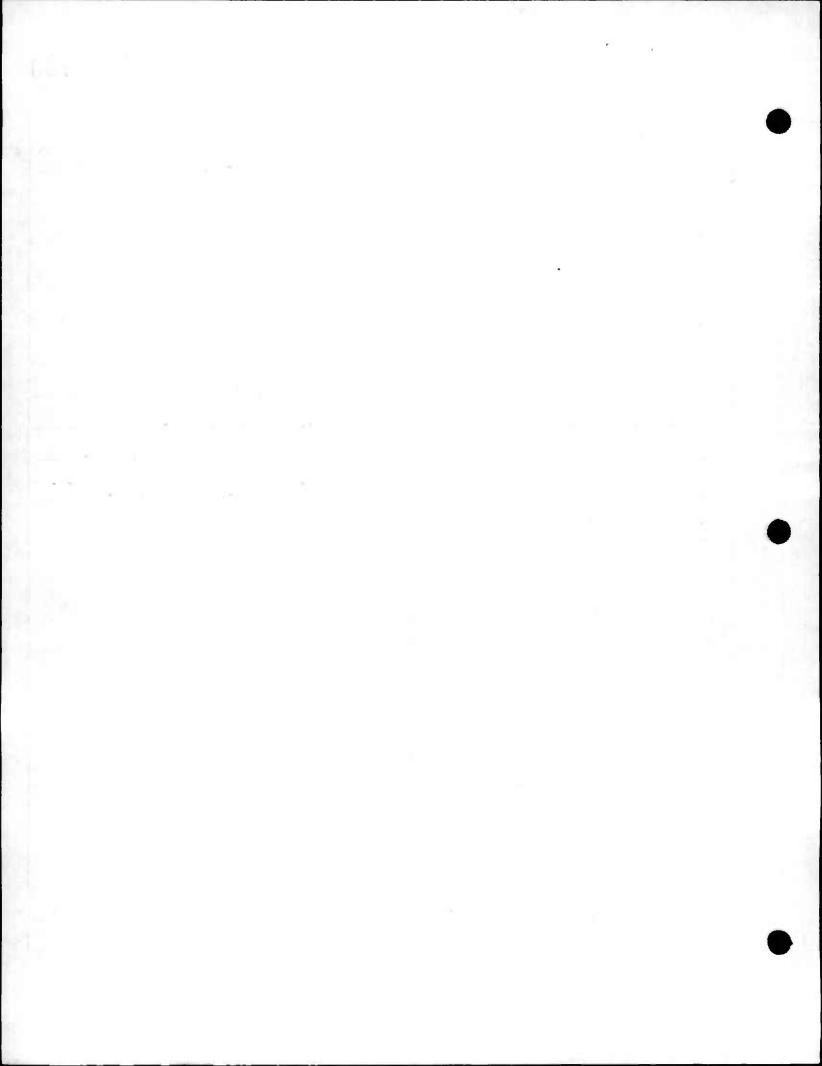
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Day, Year)

	1. DECEDENT'S NAME (First, Middle, Last WALTE	R /+	R LAUR	AN	HICI			2. DATE MDNT		AY 2	YEAR	3. TIME OF DEATH
1	4. SOCIAL SECURITY NUMBER 044-28-6018	5. SEX	6. AGE (In yrs. les	t birthday) YRS.	MONTHS 1	DAYS	HOURS MIN.	(Mont	OF BIRTH			
,	9e. FACILITY NAME (If not institution, give		5/	ins.	9b. CITY. 1	TOWN O	R LOCATION OF O		. 7,1		TY OF DE	ewich, Ca
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DIRECTOR	RESIDENCE OF DECEDENT 100, STATE 10b, COUN			I 100 CIT	Y, TOWN OR	LOCATI	ON			7,	1	tod, INSIDE CITY
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3	15. DECEDENT'S ED (Specify only highest gra-		16a. DE	CEDENT'S	USUAL OCC	CUPATIO	N at of working	168	, KIND OF BU	SINESS/IND	USTRY	
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COMPL	12 17. FATHER'S NAME (First, Middle, Lest)		PC	ostma	ın		18. MOTHER'S NA		JS Pos		ervic	ce
_	Laurence Embr	~v I	Hickman				Vera	(nmr	` -			
BE	19e. INFORMANT'S NAME (Type/Print)			b, MAILING	ADDRESS ((Street an	nd Number or Rural				Code)	
2	Vera Day Hickman		3	33 Cc	lumbu	ıs A	ve., Gre	eenwi	ch, C	onn.	06830)
	20e. METHOD OF DISPOSITION 1 X Burlet 2 Cremation 3 X Re	moval from State	20b. PLACE	AND DAT	E OF DISPO	SITION	(Name	DAT	E 20c. LC	OCATION —	City or Tow	rn, State
1	4 Donation 5 Other (Specify)		Putna	im Ce	meter	-y	10-3	15–91	Gre	eenwi	ch, C	Conn.
	21. SIGNATURE OF FUNERAL SERVICE											
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IFICATION	23. PART I. Enter the diseeses, p shock, pr heert failure immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that intitated events)	r complications there. List only one cau s. Action DUE TO b. OUE TO	se Dn eech line	OUENCE C	Ho 13 not enter t	ware 317 (d K. McC Cokesbui de of dying, suc	Comas Cy Ro	dlec or resp	lratory sm	al Hon, Mo	Approximate Interval Betw Onset and D
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral direct has find within 72 hours after death with the State hard of Health and Mental Hodelle prior to burial, cremation, or removal.	IMPORTANT; If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner m
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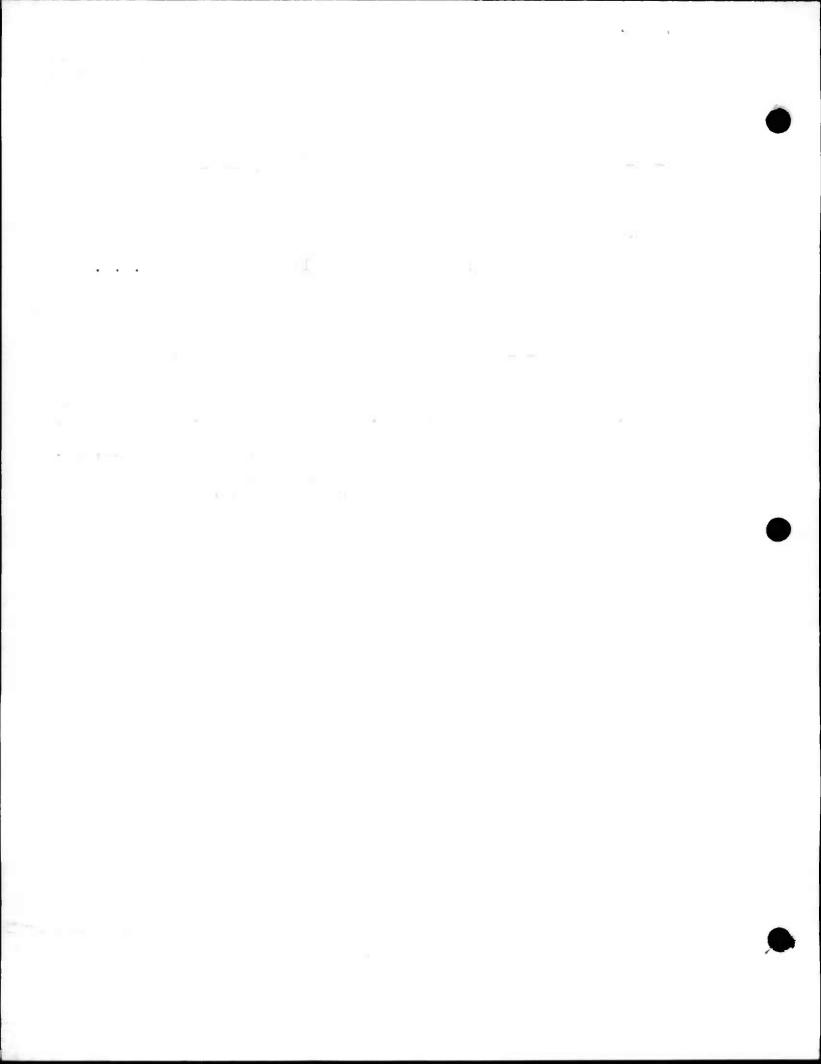
FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF CEATH YEAR reston 138 HOWGRO Edna 91 5. SEX 6. AGE (In yrs. last birthday, 7. DATE OF BIRTH (Month, Day, Year) 5/11/1 4. SOCIAL SECURITY NUMBER 8. BIRTHPLACE (State or Foreign Country) IF UNDER 1 YEAR | IF UNDER 24 HRS. DAYS 181-01-9240 Marvl 9e. FACILITY NAME (If not institution, give 9b. CITY, TOWH OR LOCATION OF DEATH 9c. COUNTY OF DEATH FAllston GENERAL Fallston Hospital RESIDENCE OF DECEDENT DIRECT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Penna. York Stewartstown 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 17363 South Main Street U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, atc. 1 Never Merried 2 Merried 3 Wildowed 4 Divorced If yes, specify Cuben, Mexicen, Puerto Ricen, atc.)

1 YES 2 NO Specify: IF YES, GIVE WAR OR DATES ВУ Caucasian ED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 15. OECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade COMPLET Elementery/Secondery (0-12) College (1-4 or 5+) 77 Sewing Clothing 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Charles Calvin Preston May Nora Tucker BE 190. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 21050 2 Doris M. Kefauver 1320 W. Jarrettsville Rd. Forest Hill. Mo 20a METHOD OF DISPOSITION
1 A Burlal 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State Vernon Cemetery ☐ Donation 5 ☐ Other (Specify) White Hall Md 21. SIGNATURE OF FUNERAL SERVICE LIGENSEE 22. NAME AND ADDRESS OF FACILITY Kurtz Funeral Home ▶ # Jarrettsville, Maryland 23. PART i. Enter the diseases, or complications that course the death. Do not enter the mode of dying, euch es cerdiac or respiretory arrest, Approximate ahock, or heart fellure. List only one cause on each line. interval Between **Onset and Death** IMMEDIATE CAUSE (Final diseese or condition___ Condicio Standstil reculting in death) DUE TO (OR AS A CONSEQUENCE OF) Distage Wholy provay CERTIFICATION Sequentially list conditione, DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate cause. Enter UNDERLYING P MI CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated evente resulting in death) LAST PART il. Other aignificant conditione contributing to deeth but not resulting in the underlying cause given in Pert i. 24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 | YES 2 | NO 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) 1 YES 2 NO Inpatient 2 - ER/Oulpatient 3 - DOA 26a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 6 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, streel, factory, office building, etc. (Specify) 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 8 Could not be determined COMPLETED 4 Homicide 1 CERTIFY NG PHYSICIAN: To the best of my knowledge, death occurred at the time, date end placa, end due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and manner ee stated 296. SIGNATURE AND TITLE OF 29c. LICENSE NUMBER 29d. DATE SIONEO (Month, Day, Year) BE 122843 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

FONEST HILL,

mis

21050

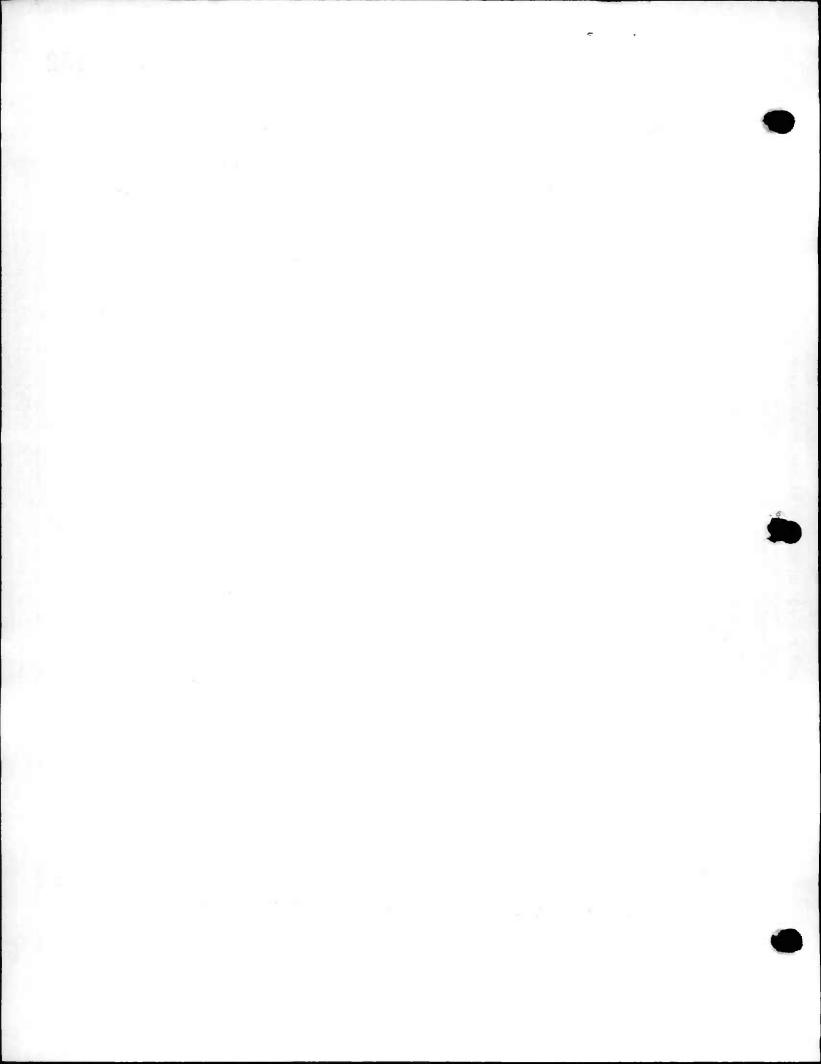


TO BE COMPLETED BY FUNERAL DIFFCTOR

BALLIMORE, MARYLAND	irs after death. Page 6 may be retained by the hosp	where in by the funeral director, page 5 should be detachedon, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withing	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely med in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - FOR STATE REGISTRAR	STATE OF MAI	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.							
1. DECEDENT'S NAME (First, Mid Morris					2. DATE OF DE MONTH October	2. DATE OF DEATH OCTOBER 7, 1991 S. TIME OF DEATH 10:14			
4. SOCIAL SECURITY NUMBER 306 16 1295	<u>₩</u> M 2 □ F	AGE (In yrs. last birthday) 71 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS, HOURS MIN.	7. DATE OF BIR (Month, Day, 11-24-	1919	B. BIRTHPLACE (State or Foreign Country) Indiana		
90. FACILITY NAME (If not institute of DECEMBER 1) 90. FA	ea Drive		Lanhan	OR LOCATION OF DE	ATH		e Georges		
10e, STATE 10	Princes George		Lanhan				10d. INSIDE CITY LIMITS? 1 YES 2 K NO		
100. STREET AND NUMBER 6217 Bri	ghtlea Drive		10	20706		10g, CITIZ	EN OF WHAT COUNTRY?		
11. MARITAL STATUS 1 Never Married 2 Mar 3 Widowed 4 Divorced	ARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify of It yes, specify Cuban, Maxican, Puerto Rican, atc.) 1 YES 2 NO Specify:			Yea or No- 14. RACE — American Indian, Black, White, etc. Specify: White		
(Specify only high	NT'S EDUCATION thest grade completed) College (1-4 or 5 +)		rork done during mo e retired.)	ast of working	100	OF BUSINESS/INOU			
12 17. FATHER'S NAME (First, Middle				oply Officer Veteran 18. MOTHER'S NAME (First, Middle, Malden			ns Administration		
Morris Luther Howe				Mary Dickerson					
Mrs. A. Ann				and Number or Rural I					
1VIPS . A . AIIII 20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation 4 Donation 5 Other (Sp	3 Removal from State	20b. PLACE OF DISPOS other place) Wesleyan	ITION (Name of cer			20c. LOCATION — C			
21. SIGNATURE OF FUNERAL S		westeyati	22. NAME A	ND ADDRESS OF FA	CILITY				
►W.Devá	S. Smire	T.	Havr	nell-Smitl e de Gra	ace, M	D 21078	3-3197		
ehock, or hear iMMEDIATE CAUSE (Final disease or condition resulting in death)	sees, or complications that control tellure. List only one cause s	on each lina.	Co				interval Between		
Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	a	AS A CONSEQUENCE OF							
PART II. Other significent	conditiona contributing to de	sth but not resulting i	n the underlyIn	g ceuse given in	'	MAS AN AUTOPSY PERFORMED? YES 23/23/NO	24b. WERE AUTOPSY FINOINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO M	EDICAL HOSPITAL:		26. P	LACE OF DEATH (Ch	eck only one)				
1 TYES 2 KNO		VOutpetient 3 DOA	4 - Nursing Hon	ne 5 🏋 Realdenca			Inco		
X Natural 5 Per 2 Accident Investigation	Year) INJ	INJURY WORK? 1 YES 2 NO			DESCRIBE HOW INJURY OCCURED LOCATION (Street and Number or Rural Route Number,				
	ild not be building, atc.	(Specify)	areat, lautory, office		City or Town	, State)	r rurer route (varios),		
000)	ING PHYSICIAN: To the best of my								
29b. SIGNATURE AND TITLE OF	0			29c. LICENSE NUI	MBER	29d. DATE	signed (Month, Day, Year) tober 7. 1991		
30. NAME AND ADDRESS OF P	ERSON WHO COMPLETED CAUSE				. 1 1		Lober 7. 1991		
Mushtag Ahmad 31. DATE FILEO (Month, Day, Yea	Shan, M.D.		er Park	way, Gre	enbelt,	Maryland			
OCT 10°C	Guna Da	HOLON-Handy	Jun	5					



	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	JR A	IREC	SINC	Em
	MLC	AL D	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	E
	SPI	NER	min	Ë
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	H C	HI C	e file	2
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31. DATE FILED (Month, Day, Year) 001 15 91

_	1 - FOR REGISTRAR	STATE OF MARY	CERTIFI	CATE OF	HEALTH AND F DEATH	MENTAL HYGIEI		1 20153
	1. DECEDENT'S NAME (First, Middle, Last) Be/VG	Edna Be	elva Edna	Hixon			DAY	3. TIME OF OEATN
	The second secon	1 🗌 M 2 🖎 F	E (In yrs. lest birthday) 68 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) March 24	1923 I	BIRTNPLACE (State or Foreign Country) Hancock, Md.
DIRECTOR	Washington County				or location of c	DEATH		y of DEATN Shington
	Maryland Washi	ngton		TOWN OR LOC INCOCK				10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	3336 Deneen Road				21750		USA	N OF WNAT COUNTRY?
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER FORCES? 1 \subseteq YES IF YES, GIVE WAR OR	2 X NO	If yes, s	ECENDENT OF NISPA specify Cuben, Mexic S 2 X NO Spec	NIC ORIGIN? (Specify Yean, Puarto Rican, etc.)	ns or No— 1	4. RACE — American Indian, Black, White, atc. Specify: White
COMPLETED	15. OECEDENT'S EDUCA (Specify only highest grade oc Elementery/Secondery (0-12)	FION mpleted) College (1-4 or 5+)		ork done during n retired.)	TON nost of working	16b. KIND OF BL	JSINESS/INDU	
BE COM	17. FATHER'S NAME (First, Middle, Last) George Coffman		Homen	aker	18. MOTHER'S N	AME (First, Middle, Melder Bishop	n Surname)	
101	Berman Lee Hixon				and Number or Rural	Route Number, City or To.		2 17 50
	20g METNOD OF DISPOSITION 1 A Burlei 2 Cremetion 3 Removi 4 Donation 5 Other (Specify)		ph. PLACE AND DATEON Inetery cremetory or of t. Thomas	Epis.Ce	emetery 1	.0/11/91 Han	cock, M	eryland
	1 Kich	Low		Grove I	AND ADDRESS OF F	ne 141 West M	kin St.I	Hancock,Md. 21750
	23. PART i. Enter the diseases, proposed shock, pr heer fellure. Lift IMMEDIATE CAUSE (Final disease or condition resulting in death)	My y	osch line. O Card	ot enter the m	ode of dying, such	the se cerdlec or reep	piratory arres	Approximata Intervei Between Onsat and Daati
TION	Sequentially list conditions, if any, leading to immediate	6000	A CONSEQUENCE OF	6/1	lire	æ		
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE DF)	2056				
MEDICAL	PART II. Other algorificent conditions. Description Coronals Coronals	contributing to deeth	but not resulting in	the underlying	ng ceuse given in	Pert I. 24a. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? 1 YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:		OTHER:	LACE OF DEATH (C			
ву РНҮ	27. MANNER OF DEATN 1 Netural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	2ab. TIME	OF 28c, IN	JURY AT ORK? YES 2 NO	8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCU	RED
	3 Suicide a Could not be determined	28a. PLACE OF INJUR building, atc. (Spo	Y — At home, farm, str	reet, lectory, offic	ca	28f. LOCATION (Street City or Town, State	and Number or	Rural Route Number,
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAL EXAMINER:	N: To the best of my known on the basis of examination	wiedge, death occurred on and/or investigation	at the time, date,	e and place, end du death occured at the	to the cause(e) and me	nner as atated.	ause(s) end mannar es stated.
TO BE C	296. SIGNATURE AND JETLE OF CENTIFIED	10			29c. LICENSE NU			IGNED (Month, Opy, Year)

28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined 29c, LICENSE NUMBER 26 8 6 32. DEGISTRABIS SIGNATURE
Juna Davidson-Randale OHMH-18 Rev 1/89

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TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

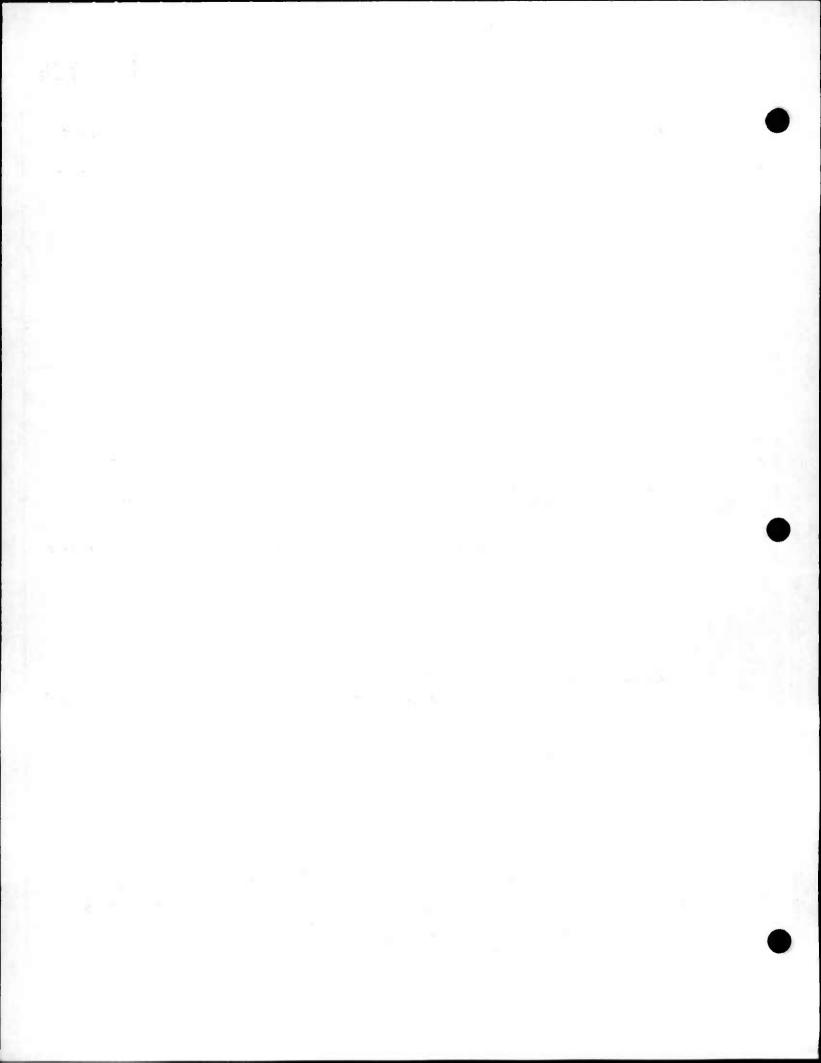
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	HEGISTHAH			HIII	ICALE	OF	DEAL	TH	REG. NO).		
	1. DECEDENT'S NAME (First, Middle, Last) MANTHA R.	Marth HIXON	na A.	Hix	on				2. DATE OF DEATH MONTH	DAY 0 6	YEAR	3. TIME OF DEATH 22 45 M
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. last	birthday)	IF UNDER 1		IF UNDER		7. DATE OF BIRTH		6. BIRTHP	LACE (State or Foreign
		1 □ M 2 XXF	8	6 YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) Sept. 28,	1905	Hanc	cok.Md.
<u>_</u>	9e. FACILITY NAME (If not institution, give st		-		9b. CITY, T			ON OF OE	ATH		NTY OF DE	
FUNERAL DIRECTOR	Washington Count	y Hospita	.1		Hag	ers	town			Was	hingt	on
35	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR	LOCATE	ION					10d. INSIDE CITY
5	Maryland Wash	ington		Ha	ncock						- 1	LIMITS? 1 YES 2 X NO
₹ Z	10e. STREET AND NUMBER					10f.	ZIP CODE	E		10g. CIT		HAT COUNTRY?
Ä	14211 Hixon Road					1 2	21750)		US	A	
	11. MARITAL STATUS 1 Never Merried 2 Married		YES 2XX	MED	13. WA	S DECE	ENDENT O	F HISPAN	IC ORIGIN? (Specify Yen, Puerto Rican, etc.)	e or No-	14. RACE - Black,	- American Indien, White, etc.
B	3 🔀 Widowed 4 🗌 Divorced	IF YES, GIVE WA	A OR DATES		1 [YES	2 XXNO	Specify:			Specify	White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION	16e. DEC	EDENT'S	USUAL OCC	UPATIO	N		16b. KIND OF BU	SINESS/IN	DUSTRY	willte
	Elementary/Secondary (0-12)	College (1-4 or 5 +)	Man	Do NOT us	vork done dur se retired.)	ring mos	t of workin	g				
₩ P	8		O ₁	mer	Opera	ator			Hixo	ns I	nn	
8	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	IER'S NAM	ME (First, Middle, Malder	Sumeme)		
BE	Hayes Zies 190. INFORMANT'S NAME (Typo/Print)						Flo	orenc	ce Bishop			
2									loute Number, City or To			
	JoAnn Baily		20b. PLACE A	609 1	west S	Sout	ther	n.#3	55 Tempe	rizo	na 8	5282
	20s. METHOD OF DISPOSITION 1 A Burlal 2 Cremetion 3 Remo 4 Donation 5 Other (Specify)	oval from State	cemetery crem	natory or of	Presh	W TA	ri an	10	/10/91 Ha	DOOD!	City or Town	n, State
Î	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE A	////OLL	700	22. NA	ME AND	ADDRES	S OF FAC	CILITY			
	Kich	M	Len		141	W.	Mai	n St	Grove .Hancock,	Funer Md	al Ho	me
	23. PART I. Enter the diseases, or dishock, or heart fellurs. I	emplications that	csused the dea	ith. Do n	ot snter th	a mod	s of dyle	ng, auch	ss cardisc or resp	irstory an	rest,	Approximate
	IMMEDIATE CAUSE (Finsi	Liet Dilly Olis Caus	e un esch iina.									intarval Bstween Onset and Dsath
	disease or condition resulting in death)	DUE TO (C	BAAL	VASC	ULAN	-	+Cc	1000	U/-			1 DAY
		DUE TO (C	OR AS A CONSEC	UENCE OF	ን:							
CERTIFICATION	Sequentially list conditions, if any, isading to immediate	DUE TO (C	OR AS A CONSECU	UENCE OF	n:					-		
CAT	cause. Enter UNDERLYING											İ
Ē	CAUSE (Disease or injury that initiated svents	DUE TO (C	OR AS A CONSECU	UENCE OF):							
H	resulting in dasth) LAST	l										
	PART ii. Other significant conditions	contributing to d	aath but not ra	sulting I	n the unde	riying	cause q	ivsn In F	Part I. 24s. WAS AF	AUTOPSY	24b W	VERE AUTOPSY FINDINGS
MEDICAL	ANTENIO SCLEM								PERFO	RMED?		WAILABLE PRIOR TO
	with c								1 ☐ YES	2 EMO		OF DEATH?
=						/-			_		,	YES 2 HO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PLA	CE OF DE	EATH (Chec	ck only one)			
VSIC	1 YES 2 70	HOSPITAL:	ER/Outpatient 3	DOA	OTHER:	g Home	5 🗆 Res	sidenca 8	B Cher (Specify)			
H	27. MANNER OF DEATH 1 Autural 5 Pending	28e. DATE OF IN (Month, Day,		28b. TIME	OF 26	Bc. INJUI	RY AT		28d. DESCRIBE HOW	NJURY OC	CURED	
à	2 Accident Investigation				М	1 🗌 YE	S 2 🗌	NO				
	3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF building, et	INJURY — At home. (Specify)	ie, farm, s	treet, fectory	, office			28f. LOCATION (Street City or Town, State	end Number	or Rural Rou	ite Number,
COMPLETED	29e. CERTIFIER											
MP	(Check only											
8	2 MEDICAL EXAMINER	t: On the beals of exa-	mination end/or in	veatigation	n, in my opin	lon, das	eth occure	d at the ti	Ime, data end place, a	nd due to th	e cause(e) e	and mennar as stated.
W W	296. SIGNATURE AND TITLE OF CERTIFIER					- 1	29c. LICE	NSE NUME	BER	29d. DAT	E SIGNED (N	fonth, Day, Year)
၉	30. NAME AND ADDRESS OF PERSONALING	COMPLETED CALLER	OF DEATH STEAM	27) /3	(Defant)		V	010	40	/	0-01	7-91
	296. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO BARRY M. (OFFEE) 31. DATE FILED (Month, Day, Year) OCT 11 '91	0,1040-	E CHB	Publ	D 7.	110	6,6	MOE	ENSTRUM,	MB	217	40
	31. DATE FILED (Morth, Day, Year) 01 191	32. REGISTRA	SSIGNATURE	מל .	1.00		101					
	00111.91	July	ma wandso	m-yai	hank							



	FOR STATE REGISTRAR	STATE OF N					EALTH AND I	MENTA	REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last) Helen K. Hove:		Katheri		VERMI	LL		MONT	of DEATH DA	199	YEAR	9:00 A.M.
	4. SOCIAL SECURITY NUMBER 214-09-5247	5. SEX 1 M 2 X F	8. AGE (In yrs. le	est birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	(Monti	of BIRTN h, Day, Year) y 14,1		Country)	
5	99. FACILITY NAME (If not institution, give Coffman Nursing						R LOCATION OF OI			9c. COUNT		ATH
DIMECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT			10c. CI	ry, town o	R LOCAT	ION				1	IOd. INSIDE CITY
	Maryland Wash	ington		Н	agers	_	n zip code			10- 000		YES 2 NO
LONEDAL	384 Key Circle					101	21740			10g. CITIZE	USA	IAT COUNTRY?
101	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2		- 1	yes, sp	ENDENT OF NISPAI scify Cuban, Mexica 2 NO Specif	ın, Puerto I		or No- 1	4. RACE - Black, Specify Whi	American Indien, White, atc.
COMPLETED	15. OECEOENT'S EDI (Specify only highest grad Elementary/Secondery (0-12)	completed) College (1-4 or 5	- F	Give kind of le. Do NOT u		lurin g m o	at of working	16b	. KIND OF BUS			
	17. FATHER'S NAME (First, Middle, Last) George W. Kuhn	0		1000	serv	rice	16. MOTHER'S NA	, ,	_		iuca	tion
	190. INFORMANT'S NAME (Type/Print) Donna Hovermill		1				nd Number or Rural od Dr.,	Route Num	ber, City or Tow			40
	20a. METHOD OF DISPOSITION 1 🛂 Burlet 2 □ Cremation 3 □ Ren 4 □ Donation 5 □ Other (Specify)	noval from State	ol cemetar	y, cremator	en Ce	lace)		10/		cation — ci		, C410
	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE	mili	R	33 M	M 1	CH FUNER	АЦТ Н	OME			Md. 21740
	immediate cause (Finei disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C	OR AS A CONS		OF):	(la	reinsus	U				?
	PART II. Other significant condition AS VA	ons contributing to		resulting	In the un	deriyin	g csuse given in	Part i.	24a. WAS AN PERFOF 1 YES 2	MED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ОТНБИ		ACE OF DEATH (C	heck only o	ne)			
	1 TYES 2 THO 27. MANNER QE DEATN	1 Inpatient 2	NJURY	28b. TI	4 E Nun	ang Hom 28c. INJ	e 5 🗆 Residence		SCRIBE NOW I	NJURY OCCL	JRED	
	1 Pending 2 Accident Pending				M	1 🗌	PRK? YES 2 NO					
- 11	3 Suicide 6 Could not be 4 Nomicide determined	28e, PLACE C building,	OF INJURY — At I , atc. (Specify)	home, farm	, street, fact	ory, offic		28f. LOC City	CATION (Street or Town, State)	end Number o	r Aural Ac	oute Number,
	29e. CERTIFIER (Check only one) 1 CERTIFYING PNY:	SICIAN: To the best of e										and menner ee stated.
100	296. SIGNATURE AND TITLE OF CERTIFIC	HAN, MI	0				29c. LICENSE NU	IMBER		29d. DATE	SIGNED O	Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON W	MA RD	HAG	TEM 27) (Typ	faun	h	10 21	1740)		/	
	31. DATE FILEO (Month, Day, Year)	Fulia Dav	AR'S SIGNATUM	delle								

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Dage		be
director,	the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	, or item 23 shows any injury, or other traumatic event, the medical examiner must be notifi
funeral		xamine
the	Mal	100
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CERTIFICATION

MEDICAL

PHYSICIAN:

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After

TO THE HOSPITAL OR ATTENDING TO THE FUNERAL DIRECTOR: Afte be filed within 72 hours after deal IMPORTANT: If Item 28 Is m

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	FOR STATE REGISTRAR		STATE OF I	MARYLAND / CE	DEPAR RTIF	TMENT ICATE	OF I	EALTH DEAT	AND TH	MENTAL HYGIEN REG. NO.	E		28756
	1. DECEDENT'S NAME (First	C. 1	Hefelf	inger						2. DATE OF DEATH DO		YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUM 189-09-5005		5. SEX	6. AGE (In yrs. les)	birthday) YRS.	IF UNDER	YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIFITN (Month, Day Year) OCT. 21, 1		8. BIRTH	PLACE (State or Foreign
TOR	90. FACILITY NAME (# not # Washington RESIDENCE OF DEC	County		1				town	ON OF DE	EATN		NTY OF D Shin	
DIRECTOR	Mary land	10b. COUNTY	ington			r, TOWN OF		TION					10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	434 S. Poto	mac St	reet					1. ZIP CODI 1740	E		10g. CIT		WHAT COUNTRY?
BY FUR	11. MARITAL STATUS 1 Never Married 2 3 3 Widowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	T EVER IN U.S. ARN YES 2 X NO WAR OR DATES	IED O	11	yes, sp	ENDENT Cocify Cuba	F HISPAI n, Mexica Specify	NIC ORIGIN? (Specify Yearin, Puarto Rican, etc.)	or No-	Black	E — American Indian, k, White, atc. //y: White
	15. DEC	EDENT'S EDU	CATION completed)	(Giv	EDENT'S to kind of w	USUAL OC rork done de retired.)	CUPATIO	ON ost of workin	ng .	16b. KIND OF BUS	INESS/IN	DUSTRY	
COMPLETED	Elementary/Secondery (I)-12)	1 vear	F)	ev Di	ınch	one	rato	r	U. S. A	rmv		

18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grad Elementary/Secondery (0-12) College (1-4 or 5+) 12 years year U. S. Army key punch operator 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Jacob Calvin Wagner Minnie Florence Weary 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2520 Spring Road Carlisle, Pennsylvania 17013 Robert E. Highlands 20e. METNOD OF DISPOSITION
1 X Burial 2 Cremation 3 C
4 Donation 8 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State Waggoners U. Ch. Cemetery 10/15 Carlisle, Penna. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Gerald N. Minnich 305 N. Potomac Street Funeral Home Hagerstown, Maryland 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, auch as cardiac or respiratory arrest, Approximate ahock, or heart failure. List only one cause on each line Interval Batween IMMEDIATE CAUSE (Final **Onset and Death** disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): 2 days. anterior myocardial infarction Acute Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): If any, leading to Immediate cause. Enter UNDERLYING DUE TO FOR AS A CONSEQUENCE OF: HNOX 1e CAUSE (Disease or Injury that initiated eventa resulting in death) LAST Hypertensive arterioscleratic cardiovascular PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE mellitus 1 YES 2 TO NO OF DEATH? 1 YES 2 110 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL:
1 Impatient 2 ER/Outpatient 3 DOA OTHER: 1 YES 2 NO ng Nome 5 - Realdence 8 - Other (Specify) 4 - Nursi 27. MANNEB OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 . YES 2 . NO 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicida Could not be determined 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Nomicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and place, and dua 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Juland E. Amitt, M.D. DIO 10/10/91 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

E. Smith , M.D 708 DAK H.11 Hagerstown

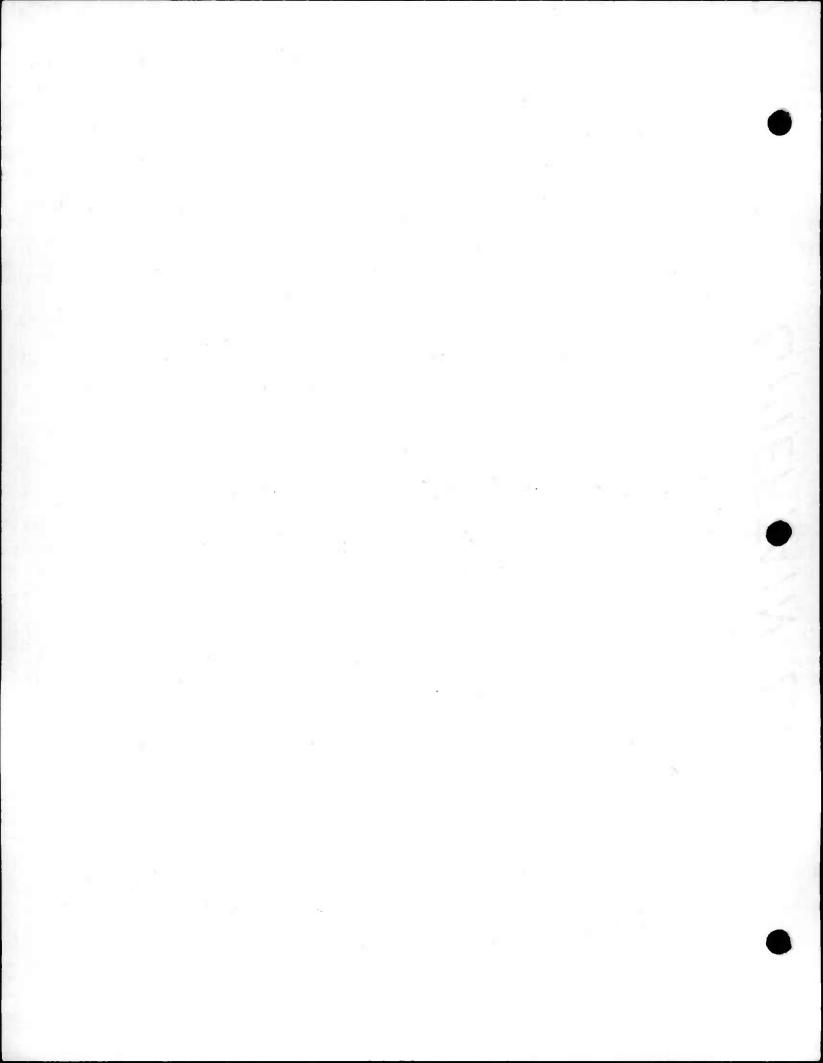
31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE who Davidson Randall

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ISION OF VITAL RECORDS, P.O. BOX 68760,	TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hr
200	FENDING
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	DECEDENT'S NAME (First, Middle, Last, EMMA C . H	ALL			ICATE OF		2. DA	REG. NO		YEAR	TIME OF DEATH
1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	hirthday	IF UNDER 1 YEAR	- more e		TE OF BIRTH	199		13:50 C
Ŋ.	218-16-5196		W. AGE (III yis. less	YRS.	MONTHS DAYS	HOURS 24	MIM (M	onth, Day, Year)		Country)	ACE (State or Foreign
V	9a. FACILITY NAME (If not institution, give				9b. CITY, TOWN C	R LOCATION		29/19		Dela Y OF DEAT	ware
CTOR	PENINSULA GENERA	L HOSPITA	AL			BURY	- JEAN			COMIC	
DIREC	10a. STATE 10b. COUN			10c. CIT	Y, TOWN OR LOCAT	ION				10	d. INSIDE CITY
		omico		W:	illards					1	LIMITS?
ERAL	100. STREET AND NUMBER Route # 1	Des	1 (1)		101	ZIP CODE			10g. CITIZI	EN OF WHA	T COUNTRY?
FUNE	11. MARITAL STATUS	Box I	LOLM NT EVER IN U.S. ARM	150		218			<u> </u>	U.S	
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	YES 2 NO)	If yes, spe	ecify Cuban,	Mexican, Puer	GIN? (Specify Yes to Rican, etc.)	s or No 1	Specify:	American Indian, hite, etc.
9	15. DECEDENT'S ED	JCATION e completed			USUAL OCCUPATIO		1	6b. KIND OF BU	SINESS/INDU		100
LET	Elementary/Secondary (0-12)	College (1-4 or 5	Edm. J	Do NOT us	e retired.)	st or working					
COMPL	1.2 17. FATHER'S NAME (First, Middle, Lest)		Sea	amst	ress				t Co	•	
	Harvey HenryH	ideon					SC11	t, Middle, Maiden			
BE	19a. INFORMANT'S NAME (Type/Print)	adson	19h	MAILING	ADDRESS (Street at				Morr		
5	Frederick M. H	Hall Jr.			ne as 1		nuriii noute Ni	imber, City or low	n, State, Zip C	iode)	
	20s. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Ren		20b. PLACE AP	ID DATE (F DISPOSITION (Nat	me of	D	ATE 20c. LO	CATION CI	ty or Town.	State
	4 Donation 5 Oher (Specify)		cemetery crem	atory or o	s Ceme	tery	10	/5 Wil			
	21. SIGNATURE OF EUNERAL SERVICE LI	CENSEE	0		22. NAME AN		OF FACILITY				-
	Quald (1 Br	unx		Bound	s Fur	nera1	Home.	Sa 1	ishu	ry, Md.
	23. PART I. Enter the diseases, or shock, or heart failure.	complicatione tha	it caused the dee	th. Do r	ot enter the mod	de of dying	, auch as co	erdiec or reepi	retory erre	ıt,	Approximate
	IMMEDIATE CAUSE (Final	cist only one cat	use on eech line.								Interval Between Onset and Death
	disease or condition resulting in deeth)	a. DIABE	STIC PE	ET	OACIDOS	15					
		DUE TO	(OR AS A CONSEOL	JENCE OF	7:						
NO.	Sequentielly list conditions,	b	(OR AS A CONSEQU	IENCE OF	٠.						
CATIO	If any, leading to immediate couse. Enter UNDERLYING	552.10	TON NO A CONSECU	PENCE OF	1:						
RTIFIC	CAUSE (Disease or injury thet initiated events	DUE TO	(OR AS A CONSEQU	ENCE OF	j:						
ERT	resulting in deeth) LAST	d									
AL CE	PART II. Other eignificent condition	na contributing to	deeth but not re-	eulting i	n the underlying	ceuse alv	n In Part I	T 24- MMC 4N	ALIZODOV		
2	sepsis			Juliung 1	in the underlying	ceuse give	m ranti.	PERFOR	MED?	AVA	RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETION OF CAUSE
MEDIC/								1 TYES 2	□ NO	OF	DEATH?
1								1		10	YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	1			26. PL/	ACE OF DEAT	H (Check only	one)			
YSICI	1 TES 2 NO	HOSPITAL:	ER/Outpatient 3	DOA	OTHER: 4 Nursing Home	5 🗆 Resid	ence 6 🗆 Ot	her (Specify)			
РНҮ	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF (Month, D		28b. TIME	OF 28c, INJU	IRY AT	_	ESCRIBE HOW II	NJURY OCCU	RED	
B	1 Netural 5 Pending 2 Accident Investigation				M 1 🗆 YI	ES 2 N	0				
	3 Sulcide 8 Could not be 4 Homicide datermined	28e. PLACE O building,	F INJURY — At home etc. (Specify)	e, farm, a	treat, factory, office		281. LC	CATION (Street a y or Town, State)	nd Number or	Aural Route	Number,
<u> </u>	20. CERTIFIE										
MPLET	(Check only 1 CERTIFYING PHYS	ICIAN: To the beat of	my knowledge, deati	h occurre	d at the time, date of	end place, en	d due lo the c	ause(a) and man	ner es stated		
႘	2 MEDICAL EXAMINI		xamination end/or inv	reatigation	i, in my opinion, de	ath occured	it lhe time, de	te and place, en	d due to the o	euse(a) and	f menner as stated.
8	29b. SIGNATURE AND TITLE OF CERTIFIE	0 D	^ ^			29c. LICENS				/ /	nth, Day, Year)
임	30. NAME AND ADDRESS OF PERSON WIT	O COMPLETED CASIS	SE OF DEATH STEEL	27) /km-	Poleti	029	168		101	3/9/	
_	SOBERT A	(EN W	1546) (CVER	side	= D	S	sks	Y.	nop
-		Dan Lordina	A STORY OFF								1
	OCT 0 4 1991	Sucha Dois	H'S SIGNATURE	36							

	DIRECTOR
	FUNERAL
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1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPARTI			MENTAL HYGIE				
1. DECEDENT'S NAME (First, Middle, Last FRANCIS JAMES	HERZINS SR.				2. DATE OF DEATH MONTH Oct.	DAY 2 199	YEAR	3. TIME O	F OEATH
4. SOCIAL SECURITY NUMBER 164-05-7634	%□M2□F 83	3 YRS.	F UNDER 1 YEAR ONTHS DAYS		7. DATE OF BIRTH (Month, Day, Year) Aug. 15,		Pa.	γ)	te or Foreign
90. FACILITY NAME (If not institution, give 1133 Riverside D	Same and the		ы сіту, тоwn о Salisbu	r LOCATION OF DE	EATH	Wicor		EATH	
100. STATE 10b. COUN			TOWN OR LOCAT	ON				10d. INSID LIMIT VES	
100. STREET AND NUMBER 1133 Riverside	Drive		10%	ZIP CODE 21801		USA		WHAT COUN	TRY?
11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 _ YES IF YES, GIVE WAR OR	S 2 X NO	If yes, spe		IIC ORIGIN? (Specify) n, Puerto Rican, atc.) /:	se or No	Speci	E - America k, White, eld My: White	2
15. DECEOENT'S ED (Specify only highest gra-	de completed) College (1-4 or 5+)	life. Do NOT use i	k done during mos		Westvac	STILL SECTIONS	USTRY		
17. FATHER'S NAME (First, Middle, Last)	4	Engineer			paper p	en Surneme)			
Charles Herzins 19a. INFORMANT'S NAME (Type/Print)				nd Number or Rural	(Maiden u	own, State, Zip	Code)	erzin	S
Wanda Herzins 20e. METHOD OF DISPOSITION 1X Buriel 2 Cremation 3 Re 4 Donation 5 Other (Specify)	emoval from State	1133 R. Ob. PLACE OF DISPOSIT other place) Springhil	ION (Name of cen	netery, cremetory or		Md. 2. LOCATION - ron, N	City or To	own, State	
23. PART I. Enter the disesses, of abook, or heart failure immediate Cause (Finel disesse or condition resulting in death)	a. List only one causa on	ed the death. Do not anoth line. Le Canuma A consequence of:	Short P.O. B	ox 204 D	Home, Inc elmar, De h as cardiac or rea	. 1994		Inta	roximata rval Batwo et and Da
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	D. OUE TO (OR AS	2 1)~.						
PART II. Other significent condition. Attain His G. A.		but not resulting in	the underlying	cause given in	Part I. 24e, WAS PERF	AN AUTOPSY ORMED?	246	AVAILABLE	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		THER:	ACE OF DEATH (Ch	8 Other (Specify)				
27. MANNER OF CEATH 1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	26b. TIME	OF 28c. INJ	-	28d. DESCRIBE HON	V INJURY OC	CURED		
2 Accident investigation 3 Suicide 6 Could not b 4 Homicide determined	28e PLACE OF INJUI	RY — Al home, farm, str becify)	set, factory, office		281. LOCATION (Stree City or Town, Sta		or Rural	Route Numb	ėr,
anal .	YSICIAN: To the best of my known							e) end manr	ner as stated
29b. SIGNATURE AND TITLE OF CERTIF	TER STONE	~ . A.		D 15	MBER 192	29d. OAT	E SIGNED	(Month, Da	y Year)
30. NAME AND ADDRESS OF PERSON V	WHO COMPLETED CAUSE OF I	DEATH (ITEM 27) (Types, P	rint) B. EA	stopus	shore D	2,5	46.	SBUR	in
31. DATE 1 COMMON 30, 1991	gina Luu door	angressedance.							



TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146.

examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
al.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. Cremation, or removal.
he funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fined in by the funeral director, page 5 should be detached
or death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within
מונים וועוווי לחומוויוים	

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

VILE MAN

32. REGISTRAR'S SIGNATURE
Fruita Davidson-Randolle

NORMAN

31. DATE FILED (MONTH, Day, Year)

OCT 0 9 '91

FOR 1 - STATE	STATE OF MARYLAND /					9 E	1 20133
REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	CI	EKIIFI	CATE OF	DEATH	REG. NO.		
MARGARET KIM	MEDIE				MONTH DA		
4. SOCIAL SECURITY NUMBER					9-30-9		3:30 pm
217-18-9955	5. SEX 1		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 06-18-1	C	PURTHPLACE (State or Foreign punth)
99. FACILITY NAME (If not institution, give st RIVERVIEW NUR RESIDENCE OF DECEDENT				SEX	EATH	BA	OF DEATH
10e. STATE 10b. COUNTY	HimORE		TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER EASTERN B	Ivd.		10f.	212	21	10g. CITIZEN	SA
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AF FORCES? 1 YES 2 IF IF YES, GIVE WAR OR DATES	MED NO	If yes, spe		NIC ORIGIN? (Specify Yee in, Puerto Rican, etc.) y:	or No 14. F	RACE — American Indian, Black, White, etc. Specify WhitE
15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	completed) (G	ive kind of w Do NOT use		at of working	16b. KIND OF BUS	INESS/INDUSTF	RY
17. FATHER'S NAME (First, Middle, Last)	Brandt	OME	MAKEI		ME (First, Middle, Meiden	0.	tner
190, INFORMANT'S NAME (Type/Print)		b. MAILING	ADDRESS (Street e	nd Number or Rural	Route Number, City of Town		
20e NETHOD OF DISPOSITION Buriel 2 Cremation 3 Reme 4 Donation 5 Other (Specify)	20b. PLACE	OF DISPOSI	ITION (Name of cen	netery, cremetory or	TO THE	CATION — City of	or Town, State
21. SIGNATURE OF BUNERAL SERVICE LIC	March	h	HOF	MAN -	SKARDA UOSAN S	F.H.	21224
23. PART I. Entar the diseases of a shock, or heart fellure.	List only one cause on each line	n.				ratory arrest,	Approximata Interval Batweer Onset and Daati
disease or condition resulting in death)	Conce	STIV	E HE	AAT.	FAILURE		1 week
	DUE TO (OR AS A CONSE	OUENCE OF):				
Sequentially list conditions,	LO PI	2,					10 40
If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSE	YSE M					7-01
CAUSE (Disease or injury that initiated events reaulting in death) LAST	DUE TO (OR AS A CONSE						20 gs
PART II. Other algolificant condition	a contributing to death but not	reaulting li	n tha undarlying	cause given in			24b. WERE AUTOPSY FINDINGS
					PERFOR		AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (C	neck only one)		
1 YES 2 NO	1 Inpatient 2 ER/Outpatient	DOA DOA	4 - Nursing Hom		6 Cher (Specify)		
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	JRY WO	URY AT RK? 'ES 2 NO	26d. DESCRIBE HOW II	NJURY OCCURE	D
3 Suicide 6 Could not be determined	26e. PLACE OF INJURY — At he building, atc. (Specify)	ome, term, at	treat, tectory, office		28f. LOCATION (Street of City or Town, State)	and Number or Ru	ural Route Number,
29e. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my knowledge, de	eath occurre	d at the time, date	end place, end due	to the cause(e) end men	ner se stated.	

29c. LICENSE NUMBER

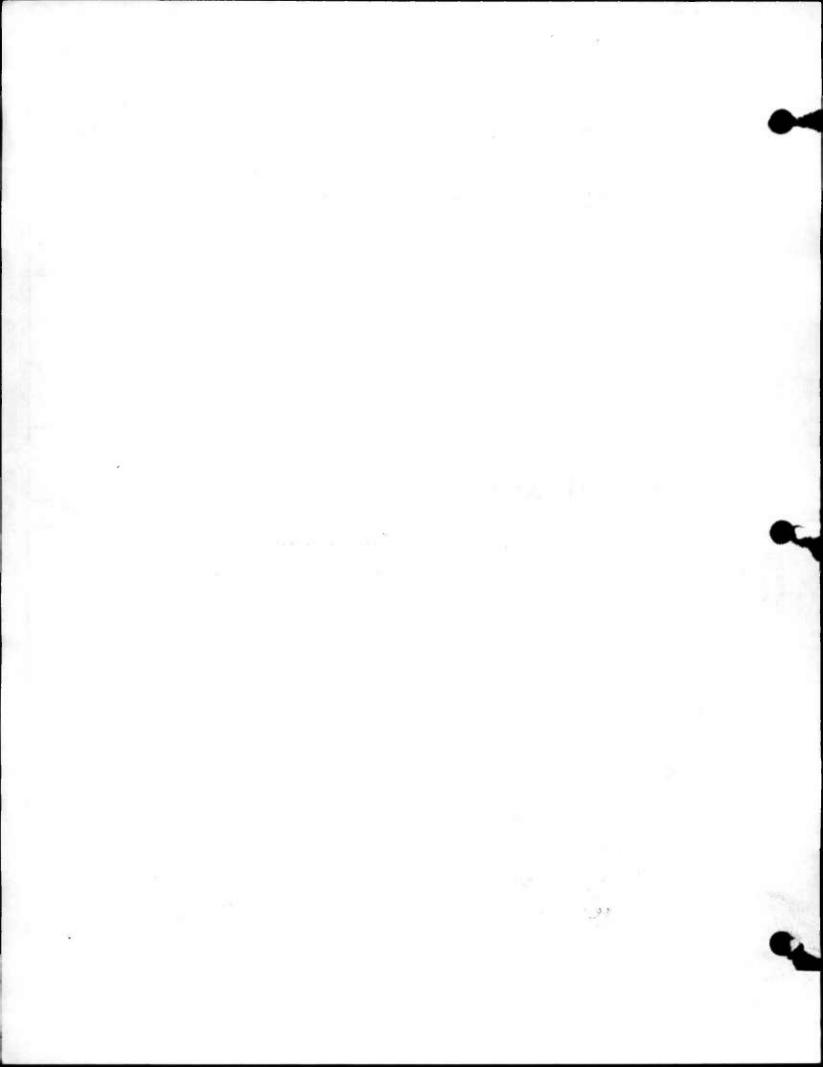
D.09.019,

MD, -3803 Edmondon Nove

29d. DATE SIGNED (Month, Day, Year)

ange parties Televas ages

	1.	DECEDENT'S NAME (First,	Middle, Last)	1. 1.			520	RU	MONTH	-	0	EAR	3. TIME OF DEATH
	H	SOCIAL SECURITY NUMBER	FR FR	5, SEX	2000	s. fast birthday)	IF UNDER † YEAR	IF UNDER 24 HRS.	7. DATE 0		91	BIDTUD	LACE (State or For
		214-18-		A.	76		ONTHS DAYS	HOURS MIN.		Day, Year)	111	Country)	• Otale of For
1	10	. FACILITY NAME (If not ins	-	4-7	Donie C	inal a	9b. CITY, TOWN	OR LOCATION OF I	DEATH	09	9c. COUNTY	Y OF DE	ATH
点		4	24	circle	Oris C	ficte	alu	elen			la	Rose	d
DIRECTO	-	ESIDENCE OF DEC			700						- 6	_	
IRE		Oe. STATE	10b. COUNT				TOWN OR LOC	ATION				- 1	10d. INSIDE CITY LIMITS?
		Maryland	ŀ	Harford -	-	Ab	erdeen	of, ZIP CODE			10a CITIZE		1 YES 2 1
RA		424 Doris	Ciral	10									IAI COUNTRIT
FUNERAL	11	. MARITAL STATUS	CIICI	12. WAS DECEDE	INT EVER IN U.S	B. ARMED	13. WAS DE	21001 ECENDENT OF HISP	ANIC ORIGIN	(Specify Yee	U.S	A. RACE	— American India
	13	☐ Never Merried 2 ☐			1 X YES 2			specify Cuban, Mexic		Icen, etc.)		Black, Specify	White, etc.
ВУ	3	₩idowed 4 Divor	rced	V317.7 (Se/2.									ite
COMPLETED	L		EDENT'S EDI highest grad		16a	(Give kind of wo	irk done during n		16b.	KIND OF BUS	INESS/INDUS	STRY	
Ä		Elementary/Secondary (0-	-12)	College (1-4 or 5	5+)	Ille. Do NOT use							
M	H	8 7. FATHER'S NAME (First, Mi	(eletto (ace))	0		Civil	Service	18, MOTHER'S N		.S. Go		-	
	1	Emory K		11							sumeme)		
BE	15	e. INFORMANT'S NAME (7)		u		105 MAILING A	DDRESS /Street	and Number or Rura	resa E		State 7in C	ode)	
2		Arthur A. K		71			Doris (leen, M			21001
	2	De. METHOD OF DISPOSITI	ION		20b. PL	ACE AND DATE	OF DISPOSITIO		DATE		ATION - CI		
	17	⊠ Burtal 2 ☐ Crematio ☐ Donation 6 ☐ Other		moval from State	of ceme	rlingto	r other place)				lingt	on	Maryla
	2	. SIGNATURE OF FUNERAL	L SERVICE L	ICENSE	7 200		22. NAME	AND AODRESS OF	ACILITY				
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ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after de-	DR: After this certificate has been signed by the attending physician and completely filled in by the for
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTA	AL HYGIENE
TRAR	CERTIFICATE OF DEATH	REG. NO.
T'S NAME /First Middle Loot)		

	1 - STATE REGISTRAR	STATE OF MARYL	ND / DEPART	MENT OF H	EALTH AND	MENTAL HYGIENE			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATN	
	John Dennis KO	OGLE, Sr.				October 12	. 1991	м	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (II	yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIFTH	8. BIRTI	IPLACE (State or Foreign	
	219-05-2290	1 🔀 M 2 🗆 F 7		NONTHS DAYS	HOURS MIN.	Aug. 2, 19	21 Ma	arvland	
~	9a. FACILITY NAME (If not institution, give s	street end number)		9b. CITY, TOWN (R LOCATION OF		9c. COUNTY OF D		
DIRECTOR	Washington Count	y Hospital		Hage	erstown		Washir	ngton	
REC	10a. STATE 10b. COUNT		10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY	
٥		nington	На	agersto	m		LIMITS?		
FUNERAL	10e. STREET AND NUMBER			ZIP COOE		VHAT COUNTRY?			
N.	1112 Rose Hill A				21740	SA			
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IE VEC CIVE WAS OR DAT			ENDENT OF NISPA Holfy Cuben, Mexic 2 X NO Spec	ANIC ORIGIN? (Specify Yes o sen, Puerto Rican, stc.) ily:	Black	E — American Indian, c, Whita, etc. 17: 11: e	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. DECEDENT'S U	SUAL OCCUPATION	IN	16b. KIND OF BUSIN			
91	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	rk done during mo retired.)	st of working				
MP	7	0	owner	& oper	ator	auto ra	adiator	service	
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, Middle, Meiden Su	rname)		
BE	George H. Koogle	<u>}</u>	Minimum Manager			Cashman			
2	John D. Koogle,	Ir				Route Number, City or Town,		01705	
	20s. METHOD OF DISPOSITION	206	PLACE AND DATE OF			Williamspo:			
	1 Departer 2 Cremetton 3 Rem 4 Donatton 5 Other (Specify)	oval from Stata ceme	tary, crematory or other Rose Hill	Cemete	rv		2.74	wn, Steme	
	21. SIGNATURE OF PURETAL SERVICE LIC	ENSEE	4	22. NAME AN	D AODRESS OF F	ACILITY	SCIBCOWI	i, naryland	
	200	#//Dem	uch			RAL HOME n Blvd., Hag	zerstoum	Md 217/0	
	23. PART I. Enter the diseases, or a	complications that caused	the deeth. Do no	t enter the mo	de of dying, su	ch as cerdiec or reapiral	tory erreat.	Approximate	
	IMMEDIATE CAUSE (Finel	Liet only one cause on ee	ch line.					Interval Between Onset end Death	
	diseese or condition resulting in deeth)	DUE TO (OR AS A C	adory	Failur	r				
								6 month	
CERTIFICATION	Sequentially list conditions,	DUE TO (OR AS A)	CONSEQUENCE OF):					6 month	
SAT	If any, leeding to immediate cause. Enter UNDERLYING		, , , , , , , , , , , , , , , , , , ,						
Ĕ	CAUSE (Disease or injury thet initiated events	OUE TO (OR AS A	CONSEQUENCE OF):						
H	resulting in death) LAST	d	. 1						
CALC	PART II. Other eignificent condition	s contributing to death bu	t not recuiting in	the underlying	ceuse given in	Part I. 24s. WAS AN AU	TOPSY 24b.	WERE AUTOPSY FINDINGS	
Š						PERFORME	E0?	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
MEC							NO	OF DEATN?	
PHYSICIAN: MEDIC						_			
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PL	ACE OF DEATH (C	neck only one)			
IYS	1- YES 2 NO 27. MANNER OF DEATN	1 Inpatient 2 ER/Outpat	lant 3 DOA 4	☐ Nursing Nome		8 Other (Specify)			
	1 Natural 5 Pending	(Month, Day, Year)	28b. TIME (Y WOF	IK?	28d. DEŞCRIBE NOW INJU	URY OCCUREO		
BY	2 Accident Investigation	26s. PLACE OF INJURY -	- At home, term, etra	M 1 V	ES 2 NO	281 LOCATION (Co			
COMPLETED	4 Nomicide detarmined	3 Suicide 8 Could not be detarmined 28. PLACE OF INJURY — At home, tarm, street, tactory, office building, stc. (Specify) 28. LOCATION (Street and Number or Rural Route No City or Town, State)							
片	29e. CERTIFIER 1 CERTIFYING PNYSH	CIAN To the best of my knowled	doe, death occurred	of the time, date	and place, and du	to the source(s) and many			
8	one) 2 MEDICAL EXAMINE	R: On the basis of examination a	and/or investigation,	In my opinion, de	ath occured at the	time, date end place, and d	lua to the cause(s)	and menner as stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU		9d. DATE SIGNEO		
TO BE	Michael Me	hund			0146	1	10/1	4/51	
-	30. NAME AND ADDRESS OF PERSON WHO		N (ITEM 27) (Type, Pr	int)				-("	
	Michael Med	The state of the s		well	Road	Harryh	un M	0 21740	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNAT	_						
	- 01	John Davidon B	nd-00						

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24, and the death. Page 6 may be retained by the hospital or attending pt	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the by	HOL	Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

HOSPITAL FUNERAL I WITHIN 72 H

TO THE HOSPITE
TO THE FUNERA
De filed within 77
IMPORTANT: 1

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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

NUShine

32. REGISTRAR'S SIGNATURE

Lulia Davidson

Junemeno

'91

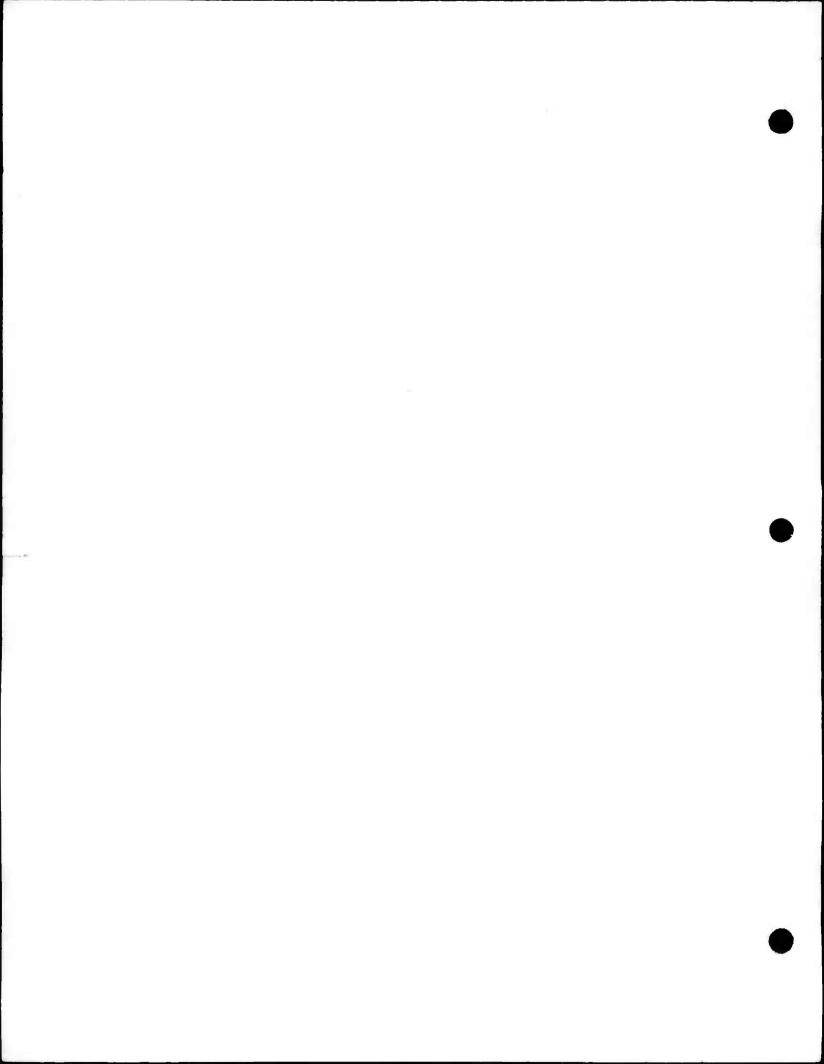
31. DATE FILED (Month, Day, Year)

OCT 15

91 28762 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) Helen Viola KIRACOFE 2. DATE OF DEATH 3. TIME OF OEATH 1846 HELEN KIRALDFE 10 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (in yrs. last birthday) 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 1 - M 2 X F MD 216-80-8148 84 YRS. 7-18-190 9a. FACILITY NAME (if not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Co WASH. HAGERSTOWN DIRECTOR WASHING TON RESIDENCE OF DECEDENT HOSPITAL 16b, COUNTY 10c. CITY, TOWN OR LOCATION 10a. STATE 10d. INSIDE CITY Maryland Washington Hagerstown 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 101, ZIP CODE 320 Avon Road 21740 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Puarto Rican, atc.)

1 YES 2 NO Specify: 1 Never Married 2 Married ΒY 3 🔣 Widowed 4 🔲 Divorced white E 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high (Give kind of work done life. Do NOT use retired.) E College (1-4 or 5+) Elementary/Secondary (0-12) homemaker COMPL 8 0 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Harry C. Snook Julia V. Ridenour 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 2 H. Jean Kiracofe 320 Avon Road., Hagerstown, Md. 21740 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State Rest Haven Hagerstown, Maryland Cemetery 21. SIGNATURE OF FUNERAL SERVICE LICENSEE MINNICH FUNERAL HOME 415 E. Wilson Blvd., Hagerstown, Md. 21740 Inne 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or haert fallure. List only one cause on each line. interval Betwe Onaet and Death IMMEDIATE CAUSE (Final disease or condition resulting in deeth) 'eumo DUE TO (OR AS A CONSEQUENCE OF): IN FECTION RACT ON Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CERTIFICAT CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? MONTAR EMBOLIS 1 ☐ YES 2 17NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL:
1- Inpetiant 2 - ER/Outpetiant 3 - DOA OTHER: 1 YES 2 NO rsing Home 5 - Realdance 6 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 26c. INJURY AT WORK? 26d, DESCRIBE HOW INJURY OCCURED 286. TIME OF 1 Netural 5 Pending 1 YES 2 NO BY investigation 2 Accident 26a. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide LETED 6 Could not be 4 🔲 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. COMP 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Ybar) BE

7 86 VO S



TO THE HOSPIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attend TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1. DECEDENT'S NAME (First, Ruth Y.										OF DEATH	ΑY	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMB		5. SEX	a AGE (In um	. last birthday)	I - inne	R 1 YEAR		9 24 HRS.			1		
219-22-08	69	1 M 2 X F	76		MONTHS	DAYS	HOURS	MIN.	7. DATE	OF BIRTH	15	O. BIRTH	IPLACE (State or Foreign y)
90. FACILITY NAME (If not in:			10		9b. CIT	r. TOWN 6	OR LOCATI	ON OF D		1//10	9c. COUR		
Carroll (Hospi	tal	1		mins				1	rro	
RESIDENCE OF DEC	EDENT					-		, 001			1 00	110	
10e. STATE	10b. COUNTY			10c. CIT	Y, TOWN								10d. INSIDE CITY LIMITS?
MD 100. STREET AND NUMBER	va	rroll			wes		nste						1 YES 2 NO
1630 The	Stro	nd Arron	220			101	2IP COD						WHAT COUNTRY?
11. MARITAL STATUS	Dura	12. WAS DECEDEN		ADMED	10		211					.S.	
1 Never Married 2 📉	Married	FORCES? 1	YES 2	NO		II yes, sp	ecity Cube	m, Mexica	in, Puerto	N? (Specify Ye Rican, atc.)	e or No-		— American Indian, c, White, etc.
3 Widowed 4 Divor	ced	IF YES, GIVE Y	WAR OH DATES			1 YES	2 NO	Specif	y:			Speci	hite
15. DECL (Specify only	DENT'S EDUC	CATION COmpleted	16a.	DECEDENT'S	USUAL O	CCUPATIO	ON		161	. KIND OF BU	SINESS/IND		
Elementary/Secondary (0-		College (1-4 or 5	+)	(Give kind of life. Do NOT u.	se retired.)	aunng mo	St of Workii	ng					
			q	ersor	nel	re	erui	ter		oil	comp	any	
FATHER'S NAME (First, Mi										Middle, Malden			
Dr. J. B.		rner								Swan			
Den INFORMANT'S NAME (Ty		T								ber, City or Tow			
Dr. Thoma		Lewis		1630				ld A	ve.	, Wes	tmin	ste	r, MD 21
METHOD OF DISPOSITION Buriel 2 Cremation	3 🗆 Reme	oval from State	20b. PLA	CEAND DATE	OF DISPOS	SITION (Na	me of		DAT	E 20c. LC	CATION —	Ity or To	wn, Siste
☐ Donation 5 ☐ Other (FNCEE	- Spr	ingii	ета	Ce	mete	ery	10/	14 Sy	Kesv	ill	e, MD
					P	rit	US I	une	ral	Home	& C	hap	el
Robert	K. P.	ritts,	Sr.		4	12	Wash	ing	ton	Rd.	Wes	tmi	nster, M
resulting in death) Sequentially list condition of any, leading to immedicause. Enter UNDERLY! CAUSE (Disease or injurithat initiated evental resulting in death) LAST	late IG y	DUE TO CARRO	(OR AS A CON	SEQUENCE OF	n: SHO (n:			***	•				
PART II. Other algnificer	t condition	e contributing to	deeth but no	ot resulting	n the un	derlying	ceuse g	lven in	Pert I.	PERFOR	MED?	24b.	WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE
										1 YE\$ 2	XIII		OF DEATH?
									_				TES TYPES
5. WAS CASE REFERRED TO EXAMINER? . 4	MEDICAL					26. PL	ACE OF D	EATH (Che	eck only or	e)			
1 TES 2 TO		HOSPITAL:	ER/Outpatient	3 DOA	OTHER		5 🗆 Ra	aldence	6 🗆 Othe	r (Specify)			
MANNER OF DEATH		28a. DATE OF (Month, D	INJURY tv. Year)	28b. TIM		28c. INJU	JRY AT			CRIBE HOW I	NJURY OCC	URED	
1 Netural 5 P	ending vestigation		A	1143	M	1 Y	ES 2	NO					
3 Suicide 6 C	ould not be	28e. PLACE O	F INJURY — At etc. (Specify)	home, farm, s	treel, fect	ory, office			28f. LOC	ATION (Street	and Number o	or Rural A	oute Number,
4 Homicide d	itermined		, () , (City	or Town, State)			
Check only	YING PHYSIC	CIAN: To the best of	my knowledge,	death occurre	d at the ti	me, data	end place.	end due	to the car	sa(a) and mar	nor en etete	d	
one) 2 MEDIC	AL EXAMINER	R: On the beele of as	samination and/	or investigatio	n, In my o	pinion, de	esth occur	ed at the	lime, date	end place, en	d due to the	cause(e)	and menner ee stated.
H. SIGNATURE AND TITLE O							29c. LICE						
	3.1.2	Me						166			100 mg	191	(Month, Day, Year)
1. ()	WILL	2 4 4 1 200											
L NAME AND ADDRESS OF		9 -	E OF DEATH (I	TEM 27) (Type,	Print)						19 1	()	
D. NAME AND ADDRESS OF THOMAS		COMPLETED CAUS				I G T			-	STMIN	STOR		21157
30. NAME AND ADDRESS OF THOMAS 31. DATE FILED (MONTH, Day, YA OCT 1 1 'Q	GA L	COMPLETED CAUS		LWAS		u G त			-	STMIN	STOR		21157

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FOR STATE REGISTRAR

Roy

4. SOCIAL SECURITY NUMBER

214-09-9884

1. DECEDENT'S NAME (First, Middle, Last)

A.

9e. FACILITY NAME (If not institution, give street end number)

Lumm

5. SEX

1 😾 M 2 🗌 F

1 -

	CTOR	Clearview Nursing Home				Hagerstown				
8	EC.	10a. STATE	10b. COUNTY			10e. CITY,	TOWN OR LOCA	TION		
	DIREC	Maryland	Washi	ngton		На	gersto	wn		
Jermi Jermi	A	10e. STREET AND NUMBER					10	r. ZIP CODE	-	
Usit	띮	2320 Dixie	Drive					21740)	
filled in by the funeral director, page 5 should be defached for use as the burial-transit permit. no, or removal. ne medical examiner must be notified at once.	BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 🔀 3 Widowed 4 Divo	Merried	2. WAS DECEDENT EV FORCES? 1 1 1 IF YES, GIVE WAR (YES 2X	ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yes, specify Cuben, Mexicen, Puerto Rican, etc.) 1 ☐ YES 2 ★ NO Specify:				
88		15. OEC	EDENT'S EDUCAT	TION moiste di	16a. I	DECEDENT'S U	SUAL OCCUPAT	ION	161	b. KIND OF B
ned for us	COMPLETED	Elementary/Secondary (6		College (1-4 or 5 +)	'	(Give kind of work done during most of working life. Do NOT use relied.) draftsman				
be detach at once.	E CON	17. FATHER'S NAME (Flost, M Oscar Asa			18. MOTHER'S	NAME (First,				
5 should notified	00		19a. INFORMANT'S NAME (Type/Print) 19i					and Number or Ru		
noti	2	Jean Donne	11					m Road,		
page 1		20e. METHOD OF DISPOSIT	E OF DISPOSIT		emetery, crematory		20c. L			
must		1 Burlel 2 ☐ Cremetic Comparison 5 ☐ Other	Bea	ver Cr	eek Ch	urch Cer	netery	7 На		
tuneral dir I. examiner		21. SIGNATURE OF FUNERA	L SERVICE LICEN	22. NAME AND ADDRESS OF FACILITY MINNICH FUNERAL HOME				IOME		
or removal. medical exa		COUNTRACE 415 E. Wilson Blvd								rd., H
as been signed by the attending physician and completely filled in by the lept, of health and Mental Hygiene prior to burial, cremation, or removal. 23 shows any injury, or other traumatic event, the medical	MEDICAL CERTIFICATION	Sequentielly list condit if any, leading to imme cause. Entar UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS	diete ING ury ST	OUE TO (OR	AS A CONS	EQUENCE OF)		act o		24a. WAS / PERF. 1 U YES
shor s		Marit	Acris	Lund	ene	mel	2 /	towart	-	1
the State Dept. of the State Dept. of or item 23 sho	IAN	25. WAS CASE REFERRED 1	O MEDICAL	- August			28.	PLACE OF DEATH	(Check only a	(10)
ortificate has the State D	SIC	EXAMINER?		HOSPITAL:	/Outpetient		OTHER:	me 6 🗆 Residen	ce 6 🗆 Oth	er (Specify)
with with	Y PHYSICIAN:		Pending Investigation	26a. DATE OF INJ (Month, Day, Y		28b. TIME INJU	OF 28c. IP	JURY AT YORK?		SCRIBE HOV
s after death	тер ву	2 Accident 3 Suicide 6 4 Homicide	Could not be determined	28e. PLACE OF IN building, etc.	JURY — At (Specify)	home, farm, st	reet, factory, off	lce	281. LO	CATION (Street or Town, Sta
VERAL DIRI Nin 72 hour VT: If item	COMPLETED	anni	CARL THE STREET	AN: To the best of my On the basis of exami						
TO THE FUNERAL DIRECTOR: After be filed within 72 hours after death IMPORTANT: If item 28 is man	TO BE C	29b. SIGNATURE AND TITLE	Sherr	of the	9			29c. LICENSE	NUMBER 7857	-
		EDSON	MODDY,	MD CAUSE O	1.	10 MH		Rp.	t	ING-

132 REGISTRAN'S SIGNATURE DOLLAR

Roy Asa LUMM

8. AGE (In yrs. lee! birthday)

80

CERTIFICATE OF DEATH

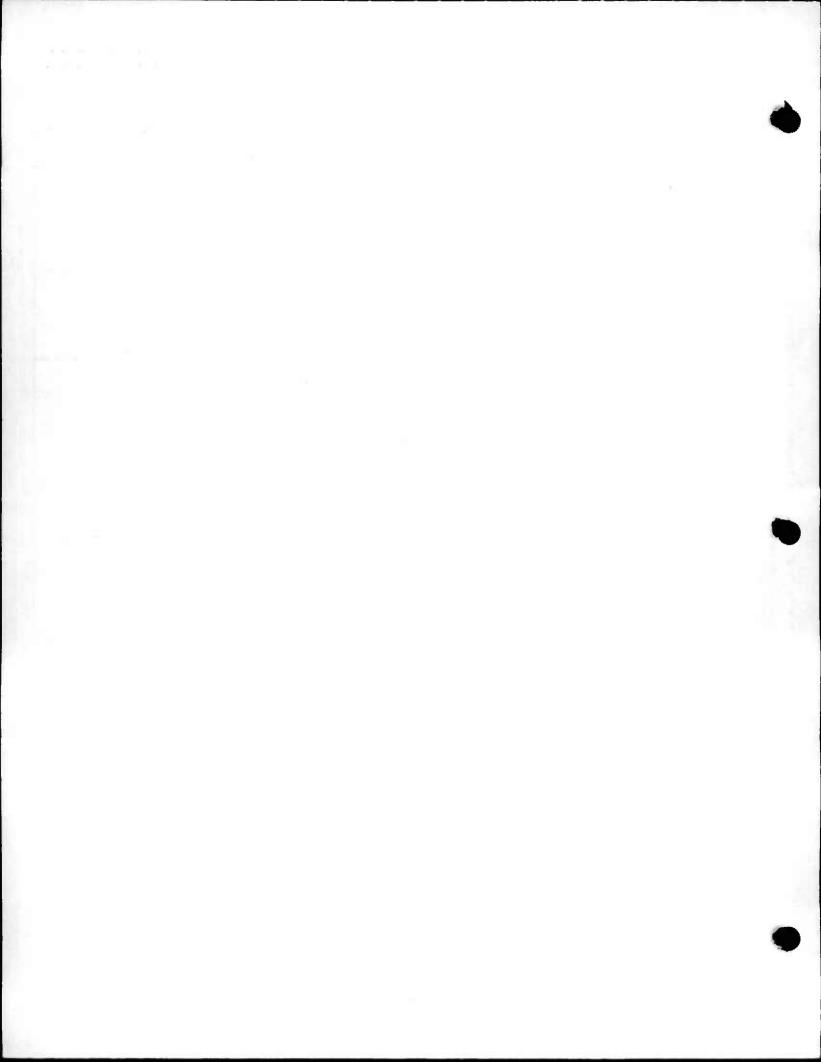
IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS

9b. CITY, TOWN OR LOCATION OF DEATH

10

91 28764 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO. 2. DATE OF OEATH MONTH 3. TIME OF DEATH YEAR 315 91 7. DATE OF BIRTH (Month, Day, Year)
Dec. 15,1910 B. BIRTHPLACE (State or Foreign Country) Maryland 9c. COUNTY OF OEATH Washington 10d. INSIDE CITY LIMITS? 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? USA fee or No-14. RACE — American Indian, Black, White, etc. Specify: white SUSINESS/INDUSTRY organ en Sumame) Summers own, State, Zip Code) . 20707 LOCATION -- City or Town, State gerstown, Maryland lagerstown, Md. 21740 piratory arrest, Approximate Interval Between Onset and Death Kouses 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE AN AUTOPSY ORMED? 2 NO OF DEATH? 1 | YES 2 | NO V INJURY OCCURED et and Number or Rural Route Number, nanner se stated. end due to the ceuse(e) and manner ee stated

29d. DATE BIGNED (Month, Day, Year)

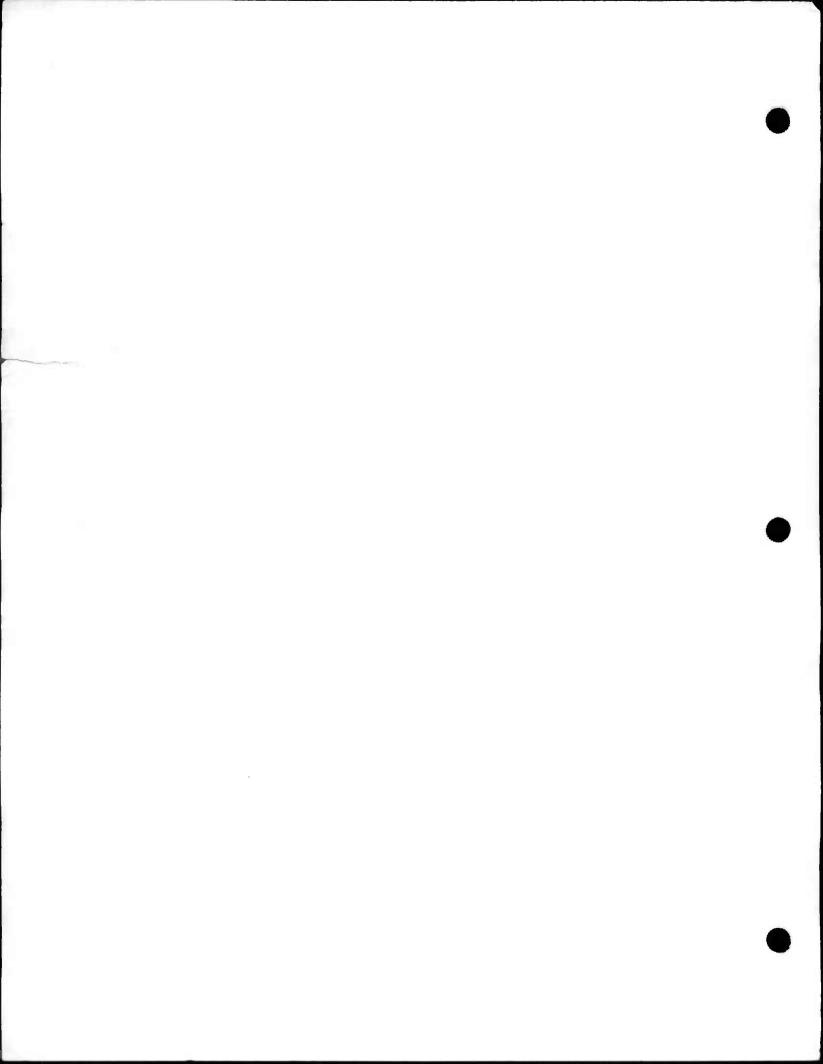


TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 medias after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages is filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPA	RTMENT OF HI		ENTAL HYGIENI REG. NO.	E	20700		
	1. DECEDENT'S NAME (First, Middle, Last)	1 1			2. DATE OF DEATH	W WEAR	3. TIME OF DEATH		
	Lonnie Lee	futher			9-15-DA	9/ YEAR	9:30 AM		
	4. SOCIAL SECURITY NUMBER 267-25-8350	5. SEX 6. AGE (In yrs. lest birthdey) 1 M 2 F 7 YRS.	MONTHS DAYS	F UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) /2-/6-5	a. Bif	ATHPLACE (State or Foreign		
	9a. FACILITY NAME (If not institution, give str	reet and number)	9b. CITY, TOWN O	R LOCATION OF DEA	/- /	9c. COUNTY OF	F DEATH		
TOR	480/ COWSON	Ave.	Balt	imore		Ball	timore		
DIRECTOR	10a. STATE 10b. COUNTY	20 0A 10c. CI	ITY, TOWN OR LOCATI	170	10d. INSIDE CITY LIMITS2				
	10a, STREET AND NUMBER	uce.	Dallino	ZIP CODE		10+ CITIZEN O	1 TES 2 NO		
FUNERAL		Ave		2/20/	10g. CITIZEN OF WHAT COUNTRY?				
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO		ENDENT OF HISPANIC	ORIGIN? (Specify Year Puerto Rican, etc.)	or No- 14. R/	ACE — American Indian, lack, White, atc.		
ĭ B	1 Never Merried 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES		2 NO Specify:	i dallo illoan, alon		Decity: 3/K		
	15. DECEDENT'S EDUC (Specify only highest grade	completed) (Give kind o	'S USUAL OCCUPATIO	N it of working	18b. KINO OF BUS	INESS/INDUSTR	Y		
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+) 24 Ch	and Le		Bus	Transp	octation		
MO	17. FATHER'S NAME (First, Middle, Last)		C.C.	18. MOTHER'S NAM	E (First, Middle, Maiden	T.			
BE C	Robert Lu	ther		Ollie	B. Lu	ithe			
TO B	19a. INFORMANT'S NAME (Type/Print)	19b. MAILIN	NG ADDRESS (Street as	nd Number or Rural Ro	oute Number, City or Tow	n, State, Zip Code)	1 (1)		
-	Office B. Lut	her Kt	11/1000	X 156 L	-agewoo	durch	- Jalisbury		
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	oval from Stata other place)	OSITION (Name of com	etery, cremetory or	J. 20c.10	CATION + City of	Town, State		
	21. SIGNATURE OF FUNERAL SERVICE LIC		1	D ADDRESS OF FACI	ILITY	11/1	200 7		
	1	100	WE	ST RO	UNERA SAL	15BU	cy, mD.		
		complicatione that caused the death. Do	not anter the mod	de of dying, auch	ae cardiac or reep	ratory arrest,	Approximate Interval Between		
	IMMEDIATE CAUSE (Finel			1		0 1	Onset and Death		
	disease or condition resulting in death)	ucquirea	mmur	odefic	rency -	syra	ione		
		DUE TO OR AS A CONSEQUENCE	OF):		U	U			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEQUENCE	OF):						
\¥	cause. Enter UNDERLYING CAUSE (Disease or injury	G							
E	thet initiated events	DUE TO (OR AS A CONSEQUENCE	OF):						
H	resulting in deeth) LAST	d		•					
	PART ii. Other aignificent condition	a contributing to daeth but not reaulting	g in the undarlying	cause given in F			24b. WERE AUTOPSY FINDINGS		
ICAL					PERFOR	. /	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
PHYSICIAN: MED					_		1 YES 2 NO		
ä									
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26, PL OTHER:	ACE OF DEATH (Che	ck only one)				
YS	1 TES 2 NO	1 Inpatient 2 - ER/Outpatient 3 - DOA		5 Pasidence					
	27. MANNER OF DEATH 1 Natural 5 Pending	28s. DATE OF INJURY (Month, Day, Year) 28b. T		RK?	28d. DEŞCRIBE HOW	NJURY OCCURE	0		
BY	2 Accident Investigation	28s. PLACE OF INJURY — At home, ferm		rES 2 NO	28f. LOCATION (Street	and Number of De	and Charles Marshare		
COMPLETED	3 Suicide a Could not be 4 Homicide datermined	building, etc. (Specify)	n, street, factory, office		City or Town, State;		Nai roote Number,		
Ä	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my knowledge, death occu	urred at the lime, date	and place, and due I	o the cause(s) and ma	nner sa stated.			
M	cond only	R: On the besis of examination and/or investigs					se(a) and manner as stated.		
	29b. SIGNATURE AND TITLE OF CERTIFIE	1000		29c. LICENSE NUM	BER	29d, DATE SIG	NECIJ (Month, Djay, Year)		
) BE	Carla	4 alexande	10	0270	87	D 9	1/27/91		
٩	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF OEATH (ITEM 27) (7)	ype, Print)	,			1		
4	101 West Read	1 5treel - Balt.	m. 21	20/					
IVA	31. DATE FILEO (Month, Day, Year)	32. RECISTRAR'S SIGNAURE.							

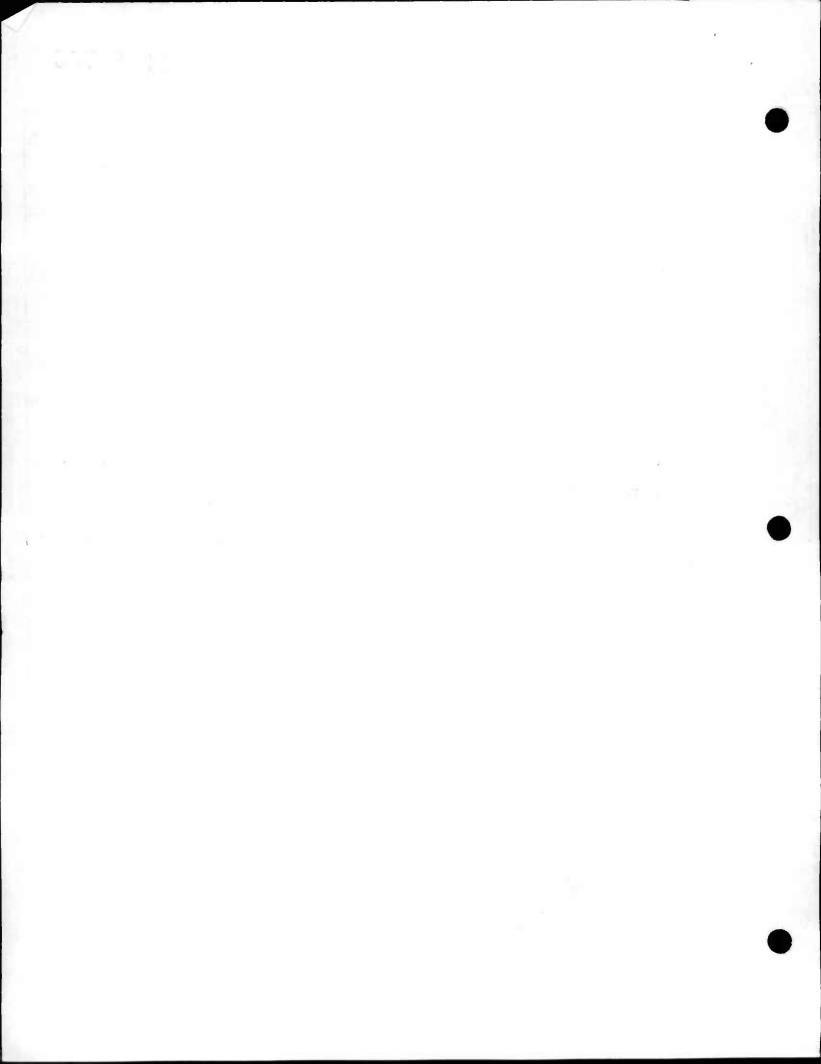


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hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be not
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ation.	the
crem	natic event, the medica
unial,	tic e
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Shor	trau
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ygie	5
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Menta	Injury, or of
and	-
atth	an
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State	or item 23 shows any
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HOURS	tem 28 is marked,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

IMPORTANT: IL

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF I	HEALTH AND	MENTAL HYGII				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		YEAR	3. TIME OF DEATH	
	Alfred 4. SOCIAL SECURITY NUMBER	Lyle	Mea			MONTH 9		TAR	6:51 Pm	
	213-03-9824	1 № M 2 🗆 F 7	n yrs. lest birthday) 2 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Weer, Dec. 13,	1918	Country M	PLACE (State or Foreign	
OB	9a. FACILITY NAME (If not institution, give: Memorial Ho	street and number) Ospital		Eastor	OR LOCATION OF D		9c. COUNT	alb	ot	
EC	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT	rv	10c CIT	Y. TOWN OR LOCA						
DIRECTOR	Md. Care	oline		ederals					10d. INSIDE CITY LIMITS? 1 TES 2 NO	
FUNERAL	104. STREET AND NUMBER			10	, ZIP CODE			HAT COUNTRY?		
INE	R.D. 1 Box 5				21632			SA		
BY FU	1 Never Married 2 Married 3 Widowed 4 Divorced	12, WAS DECEDENT EVER IN FORCES? 1, YES IF YES, GIVE WAR OR DA	2 NO	If yes, sp	ecify Cuban, Mexica 2 NO Specific	NIC ORIGIN? (Specify in, Puerto Rican, etc.) y:	Yea or No — 1-	RACE Black Specif	- American Indian, White, etc.	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	le completed)	USUAL OCCUPATION CONTROL OCCUPAT	ON st of working	16b. KIND OF	BUSINESS/INDU	STRY	WILLE		
MPLE	Elementary/Secondary (0-12)	College (1-4 or 5 +)	engir	,		Plast	ic Mo.	ldi.	n o	
S	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maid		20.70	,,,,	
BE	HONTH A 19a. INFORMANT'S NAME (Typo/Print)	Mead	- Drawnson			n Bryant				
5	Rose Mead					Route Number, City or 1			01120	
	20a. METHOD OF DISPOSITION	20b.	PLACE AND DATE O	F DISPOSITION (No		deralsbu				
	1 Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	noval from State ceme	etary, crematory or oti	her placel		ern Shor			.,	
	21, SIGNATURE OF FUNERAL SERVICE LI	CENSEE		22. NAME AN	ID ADDRESS OF FA	CILITY			R. Mu.	
	010					Funeral				
	23. PART I. Enter the diseases, or shock, or heart failure	complications that caused List only one cause on as	tha daath. Do n	ot anter tha mo	de of dying, auc	h as cardiac or rea	piratory arrea	t,	Approximata	
	iMMEDIATE CAUSE (Final disease or condition reaulting in death)	RECIPLED		ARDIN'	724	RETION			interval Between Onset and Death	
		DUE TO (OR AS A	CONSEQUENCE OF):						
CERTIFICATION	Sequantially list conditions, if any, leading to immediate Due TO (OR AS A CONSEQUENCE OF):									
S	cause. Enter UNDERLYING CAUSE (Disease or injury	c								
FI	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):						
EH		d								
CAL	PART II. Other significant condition	ns contributing to death bu	it not resulting in	n the underlying	cause given in		AN AUTOPSY		WERE AUTOPSY FINDINGS	
						1 🗀 YES	ORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
PHYSICIAN: MEDI						_			1 TYES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL									
Sic	EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (Che					
Ŧ	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME			8 Other (Specify) 28d. DESCRIBE HOV	/ IN ILIDY OCCUR	en.		
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJU	M 1 Y	RK7 'ES 2 NO	and begoning not	Machi Occor	NED.		
	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)									
COMPLETE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.									
띪	296. SIGNATURE AND TITLE OF CENTIFIER	of other	Mo		29c. UCENSE NUM	IBER	29d. DATE S	Z9	Modith, Day, Year)	
일	JE NAME AND ADDRESS OF PERSON WHI	O COMPLETED CAUSE OF DEAT	TH (ITEM 27) (Type, I	Print) DUIG	tuan's	LANE E	EASTIN)	M	02/601	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNAT	TURE Prode 00			, ,	~ ~ ~ ~ ~	, ,,	.001	



IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	STATE OF	MARYLAND / DEPARTMENT OF HEALTH AN CERTIFICATE OF DEATH	ID MENTAL HYGIENE REG. NO.
NAND	ROY	MILLER	2. DATE OF DEATH MONTH DAY Sept. 26.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF H	EALTH AND	MENTAL	HYGIENE REG. NO.		
	1. DECEOENT'S NAME (First, Middle, Lest) FERDINANE	D ROY MIL	LER			2. DATE O MONTH Sept	OF DEATH DAY	9 9 1	3. TIME OF OEATH
	4. SOCIAL SECURITY NUMBER 215-07-5388	1 🕅 M 2 🗆 F	8 3 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE O		8. BIRTH Countr	PLACE (State or Foreign
TOR	90. FACILITY NAME (If not institution, give s 5002 Universit			Federa	1 s b u r g	DEATH		arol	
DIRECTOR		oline		ederal					10d. INSIDE CITY LIMITS? Y(X) YES 2 NO
FUNERAL	5002 Universi			10f	21632			. S . A	PHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, spe	ENDENT OF HISPA pelfy Cuban, Maxic 2 X NO Speci	an, Puarlo Ric	(Specify Yea or No—can, atc.)	Black	- American Indian, , white, atc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 1 2 t h	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S U (Give kind of we life. Do NOT use Comptr	ork done during mos retired.)	N st of working		ito Deal		ip
BE COM	17. FATHER'S NAME (First, Middle, Last)	Miller			18. MOTHER'S NA	AME (First, Mic	ddle, Malden Sumame) Becker		•
TO B	19a. INFORMANT'S NAME (Type/Print) Katharina K. M	Miller	196. MAILING A	NOORESS (Street ar	nd Number or Rural	Apts.	, City or Town, State, Zij	alsb	21632 urg,MD
	20e. METHOD OF DISPOSITION 1 © Burlal 2 Cremation 3 Rame 4 Donation 5 Other (Specify)	oval from Stata ceme	PLACE AND DATE OF	or place) St Cem	eterv	9/28	Federa	City or Tox	vn, Stata
	21. SIGNATURE OF FUNERAL SERVICE LIC	Esken		Framp	tom-Ha	wkins		Fune	ral Home
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. Cardiac F DUE TO (OR AS A Carcinoma OUE TO (OR AS A Carcinoma OUE TO (OR AS A	CONSEQUENCE OF:		de of dying, auc	ch as cardia	c or reaptratory an	reat,	Approximate interval Between Onset and Death O 3mth 5 yr
PHYSICIAN: MEDICAL	PART II. Other significant condition:	s contributing to death bu	it not reaulting in	the underlying	cause given in		4a. WAS AN AUTOPSY PERFORMED?		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	ACE OF DEATH (Ch				
BY PHYS	27. MANNER OF DEATH 1 Natural 5 Pending	1 Inpetient 2 ER/Outpa 28s. DATE OF INJURY (Month, Day, Year)	26b. TIME	OF 28c. INJU	IK?		Specify)	CURED	
	2 Accident investigation 3 Suicide 6 Could not be datermined 28s. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 28s. PLACE OF INJURY — At home, term, street, factory, office City or Town, State)								
COMPLETED	29a. CERTIFIER (Check only one) 1 🔀 CERTIFYING PHYSIC 2 MEDICAL EXAMINER	CIAN: To the best of my knowle R: On the besis of examination	dge, death occurred and/or investigation,	at the time, data a	ind place, and due	to the cause time, data an	(s) and manner as stated	ed, e cause(a)	and manner as stated.
TO BE (29b. SIGNATURE AND TITLE OF CERTIFIER	and	of m	D	29c. LICENSE NUM		29d. DAT	SIGNED (Month, Day, Year)
	30. NAME AND AGORESS OF PERSON WHO	M.D., 128	Bloomi				alsburg	MD	21632
	SEP 30 91	32. REGISTRAR'S SIGNA	TURE						

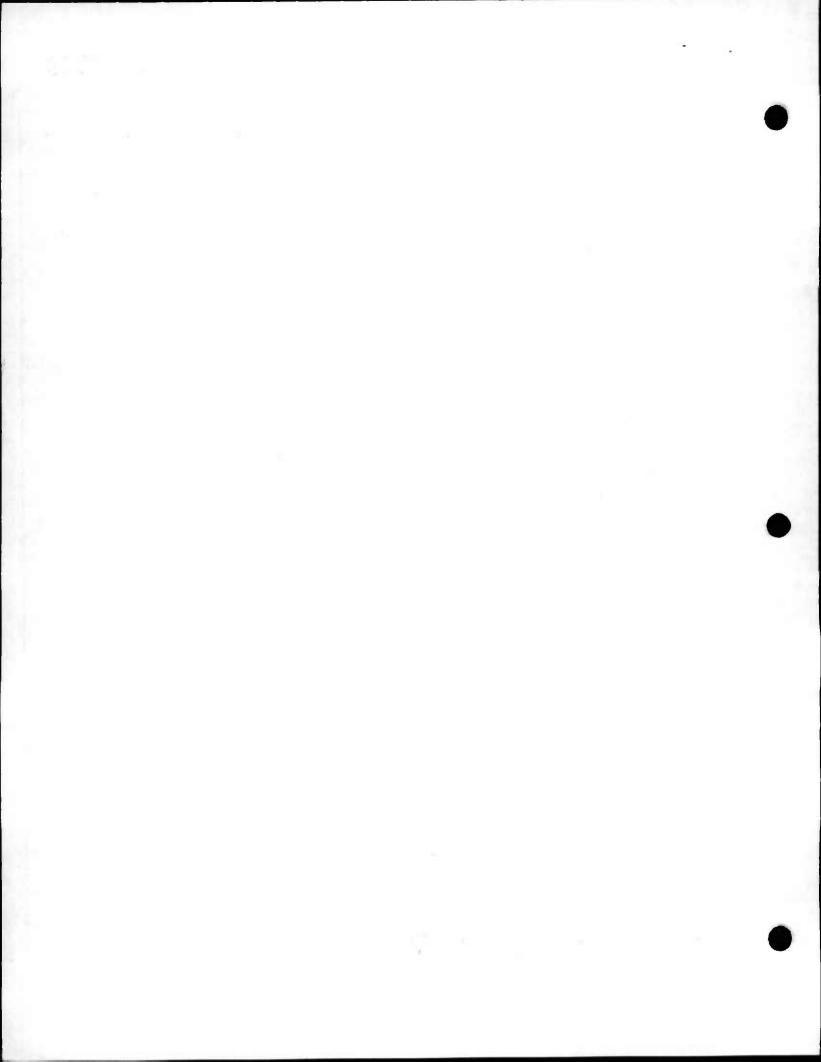
BALIIMURE, MARTLAND ZIZIS-0	d by the hospital or attending	ild be detached for use as the
IMORE, MAI	Page 6 may be retaine	al director, page 5 shou
BALI	24 hours after death.	filled in by the funer- ion, or removal.
ECORDS, P.O. BOX 88760,	quires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending	n signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the if Health and Mental Hygiene prior to burial, cremation, or removal.
ECC X	quires that	n signed by f Health and

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last) ROSANIA F. MOT	0		3. TIME OF DEATH					
Denoug	4. SOCIAL SECURITY NUMBER 5 79 - 78 -169 1 □ M 2 XF 6. AGE	(In yrs. last birthday) F UNDER 1 YEAR F UNDER 24 HOURS MI	ns. 7. DATE OF BIRTH 8. (Month, Day, Year)	BIRTNPLACE (State or Foreign Country)					
1, 2, 3 CTOR	96. FACILITY NAME (If not Institution, give street and number) 96. CTY, TOWN OR LOCATION OF DEATH 96. COUNTY OF I 96. CTY, TOWN OR LOCATION OF DEATH 96. COUNTY OF I 96. CTY, TOWN OR LOCATION OF DEATH 96. COUNTY OF I 96. CTY, TOWN OR LOCATION OF DEATH 96. COUNTY OF I 96. CTY, TOWN OR LOCATION OF DEATH 96. COUNTY OF I 96. CTY, TOWN OR LOCATION OF DEATH 96. CTY, TOWN OR LOCATION								
Permir IAL	10a. STREET AND NUMBER 10b. COUNTY HOWARD 10c. STREET AND NUMBER	amar Crive		10d, INSIDE CITY LIMITS? 1 □ YES 2 NO OF WHAT COUNTRY?					
attending physician. se as the burial-transit perm ED BY FUNERAL	11. MARITAL STATUS 1			RACE — American Indian, Black, Whita, atc. Specify: White					
ed for u	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) HOUSEWIFE	16b. KIND OF BUSINESS/INDUST	TRY					
	17. FATNER'S NAME (First, Middle, Lest) Isidro Escofet	18. MOTHER	s NAME (First, Middle, Maiden Surname) cisca Romagoza						
should should O Bit	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING ADDRESS (Street and Number or I	Rural Route Number, City or Town, State, Zip Co.						
S 2 -	1 Burial 2 Cremation 3 Ramoval from State of	b. PLACE AND DATE OF DISPOSITION (Nama or Stellar) from 100 your or the place tery	OATE 20c. LOCATION - CHY 10/9 Ellicott	or Town, Stata					
death. Page e funeral dire al. examiner r	21. SIGNATURE OF FUNERAL SERVICE LICENSEE A arry H. Witzke Funeral Home Inc. 4112 Old Columbia Pike Ellicott City								
npletely filled in by cremation, or remover a vent, the medica	23. PART I. Entar the disease, or complications that ceuse abock, or heart failure. Liet only one ceuse on a IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS	stive tert for		Approximate interval Betwee Onset and De					
ending physician at hygiene prior to other traur	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b.								
een signed by the of Health and Me shows any inju	PART II. Other algorificant conditions contributing to death the part of the p		DEDECRMEN?	24b. WERE AUTOPSY FINDIN AMAILABLE PRIORI TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO					
Solution: The law required to certificate has been the the State Dept. of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the certificate of the	25. WAS CASE REFERRED TO MEDICAL EXAMINER? / HOSPITAL:	26. PLACE OF OEAT	N (Check only one)						
PHYSICIAN: The law this certificate has b with the State Dept. rked, or Item 23 rked, or Item 23 PHYSICIAN	1 YES 2 NO 1 Inpetient 2 ER/Out 27. MANNER OF DEATN 28s. DATE OF INJURY 28. DATE OF INJURY	patient 3 DOA 4 Nursing Home 5 Resid	enca 6 ☐ Other (Specify) 26d, DEŞCRIBE NOW INJURY OCCUP	RED					
After this death with a marke	1 Netural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be determined 4 Nomicide determined (Month, Day, Year) 28a. PLACE OF INJUR building, atc. (Sp.	INJURY WORK? 1 YES 2 N Y – At home, farm, street, factory, offica	28f. LOCATION (Street and Number or City or Town, State)	Rural Route Number,					
P len hour	29a. CERTIFIER (Check only) 1 CERTIFYING PHYSICIAN: To the bast of my known	wiedge, death occurred at the time, date and place, an on and/or investigation, in my opinion, death occured		ause(s) and manner as stated					
TO THE HOSPITAL TO THE FUNERAL De filed within 72 I IMPORTANT: II TO BE COMP	296. SIGNATURE AND TITLE OF CERTIFIER anh	29c. LIGENS		IGNED Month, day, Year)					
12	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIG	ivi, Columbia	m) 210	YS					

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physici. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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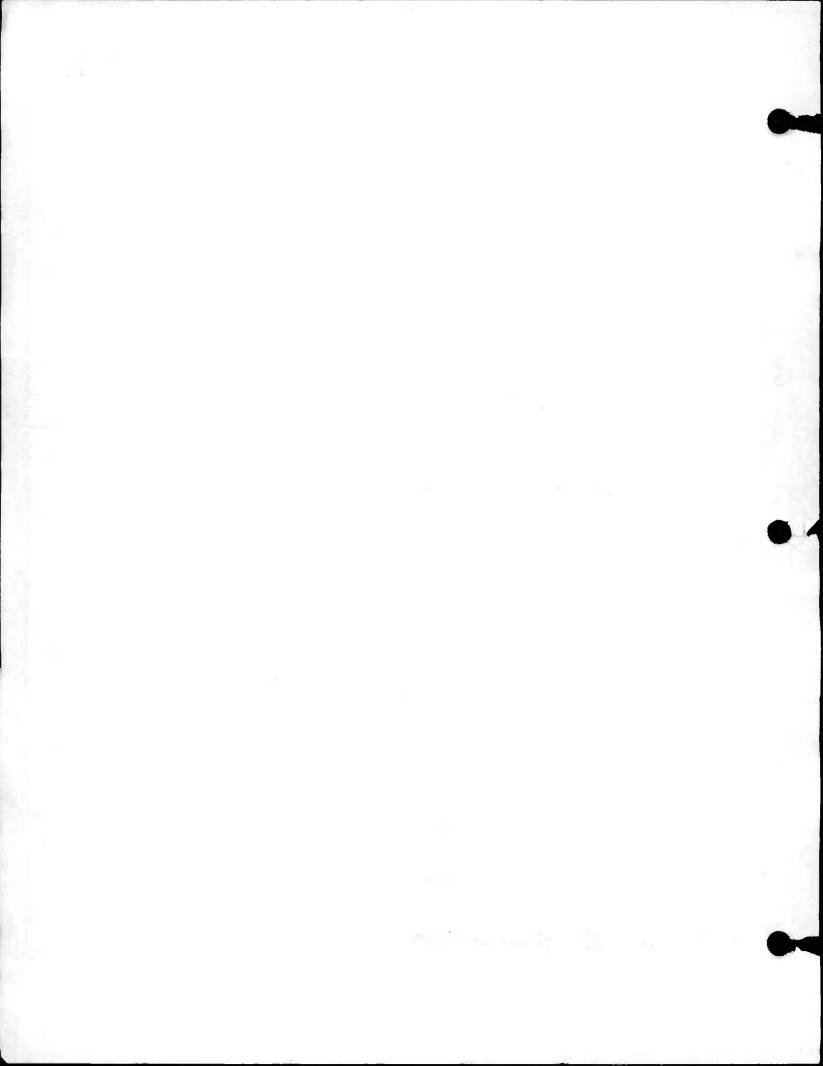
	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM	ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE	
	1. DECEDENT'S NAME (First, Middle, Last)	Matth	ews		2. DATE OF DEATH WONTH DAY	11 0
1	216.16.4905	□ w 2 ØF	yrs. last birthday) IF	INDER 1 YEAR IF UNDER 24 HRS THE DAYS HOURS MIN.	7, DATE OF BIRTN (Month, Day, Year)	a. BIRTNPLACE (State or Foreign Country) MARYLAND
HOI	9a. FACILITY NAME (If not institution, give street berty Media) RESIDENCE OF DECEDENT	cal Center	96.	Ballin	DEATN MAD	SC. COUNTY OF DEATH BALTIMORE CITY
DIRECTOR	10a, STATE 10b, COUNTY CHARLES	3	LA PI	WN OR LOCATION		10d. INSIDE CITY LIMITS? 1 □ YES 2 [¾ NO
FUNERAL	WASHINGTON AVENUE	/ P O 201	4120	101, ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?
ВҰ		12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED 2 XNO	13. WAS DECENDENT OF HISP If yes, specify Cuban, Mexi 1 YES 2XXNO Spe	ANIC ORIGIN? (Specify Yea o	UNITED STATES PARACE — American Indian, Black, White, atc. Specify: BLACK
COMPLETED	(rion mpleted) College (1-4 or 5+)	Iffe. Do NOT use reti	lone during most of working red.)	16b. KIND OF BUSH	NESS/INDUSTRY
NO	17. FATHER'S NAME (First, Middle, Last)	ME	HOUSEWIFE		PRIVATE NAME (First, Middle, Malden St	
BE C	BENJAMIN BARBER			NANCY (CHASE BARBER	
10	JAMES N. MATTHEWS			RESS (Street and Number or Rure #130 LA PLAT		
	20a, METNOD OF DISPOSITION 1 Burlal 2 Cremation 3 Remove 4 Donation 5 Dotter (Specify)	it from State	THE ADT	POSITION (Name of CHURCH CEM.		ATION — City or Town, Stata
	21. SIGNATURE OF FUNERAL SERVICE LICEN LYPIA C. THORNT	pertol for	besot	22. NAME AND ADDRESS OF I	FACILITY	LA PLATA, MARYLAND POMONKEY, MARYLAND
CERTIFICATION	23. PART I. Enter the diseases, or conehock, or heert feliure. Lie IMMEDIATE CAUSE (Final disease or condition recuiting in death) Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	Deh	CONSEQUENCE OF: S () CONSEQUENCE OF: S () CONSEQUENCE OF:	on e ele	chalge in reapira	Approximete Interval Between Onaet and Death Mosking Olimins (
CAL C	PART II. Other aignificant conditions of	- 4			n Part I. 24a, WAS AN AU	
PHYSICIAN: MEDIC		Atri-	Libn	order 11. fixe	1 🗆 YES 2 🖟	COMPLETION OF CAUSE
SIC!		IOSPITAL:		26. PLACE OF DEATN (C		
	27. MANNER OF DEATH 1 Natural 5 Pending	Inpatient 2 ER/Outpat 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	Nursing Home 5 Residence 28c, INJURY AT WORK? 1 YES 2 NO	8 Other (Specify) 28d. DESCRIBE HOW INJU	URY OCCUREO
TED BY	2 Accident Investigation 3 Suicida	28a. PLACE OF INJURY - building, atc. (Specif)	At home, farm, street,		281. LOCATION (Street and City or Town, State)	l Number or Rural Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: 0	N: To the best of my knowled	dge, death occurred at t	he time, data and placa, and du ny opinion, desth occured at th	a to the cause(a) and manne e time, data and place, and d	or as stated. Jus to the cause(s) and manner as stated,
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER	! Macer	n	29c LICENSE NI	503	P9d. DATE SIGNED (Month, Day,
	30. NAME AND ADDRESS OF PERSON WHO CO	SI, S	N (ITEM 27) (Type, Print)	0 212	17	1
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNAT	on-Pandett			



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AN: Th	tificate State	ır Hen
HYSICI	his cert	ked, o
DING P	After th	шан
ATTEN	CTOR:	28 1
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending ph	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the by the find within 72 hours after feath with the State Deat, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

FOR STATE REGISTRAR	STATE OF MAR		RTIFICAT	E OF D	EATH		REG. NO			
1. OECEDENT'S NAME (First, Middle, Last)			11			2. DATE	OF DEATH	AY	YEAR	3. TIME OF DEATH
JOSEPH	М.		MASSA			1	0 0		991	
4. SOCIAL SECURITY NUMBER 5.	. SEX 6. A	GE (In yrs. lest bi	rthday) IF UND MONTHI		F UNDER 24 HRS.		OF BIRTH		8. BIRTH	IPLACE (State or Foreign
159-05-0992	□M2□F	76	YRS.	Lanta III	OURS MIN.		-1915		WIC	OMICO MD
9a. FACILITY NAME (If not institution, give street	t and number)		9b. CF	TY, TOWN OR I	LOCATION OF	DEATH		9c. COU	NTY OF D	
22 DOUGLAS RD.				SALIS	BURY.				WICO	MICO
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		1	10c. CITY, TOWN	OR LOCATION	N .					10d. INSIDE CITY
MARYLAND WICOMI										LIMITS?
10e. STREET AND NUMBER	LCO		SAI	LISBURY	P CODE	-		10a. CIT	ZEN OF	WHAT COUNTRY?
622 DOUGLAS DOAD					0.100.1					
622 DOUGLAS ROAD 11. MARITAL STATUS	2. WAS DECEDENT EVI	ER IN U.S. ARME	D 1	3. WAS DECENI	2 180 1 DENT OF HISP	ANIC ORIGIN	I? (Specify Ye	a or No —		E — American Indian.
1 Never Married 2 Natural 1	FORCES? 1 X Y	YES 2 NO		If yes, specif	TWO Spec	can, Puarto			Blac Spec	E — American Indian, k, Whita, etc.
3 Widowed 4 Divorced	W.W.II	T DAILS		1 [123 2]	_Mo spec	ony.			Spec	WHITE
15. OECEDENT'S EDUCAT (Specify only highest grade cor	TION moletard	16a. DECE	DENT'S USUAL kind of work don	OCCUPATION	nd working	168	KINO OF BU	SINESS/INC	DUSTRY	
	College (1-4 or 5+)	illa. Do	NOT use retired	f.)	a wording					
12 GRADES	4	INT	ERNAL I	REVENUE	E AGEN'	T_	u.s.go	Vern	ment.	IRS
17. FATHER'S NAME (First, Middle, Last)					a. MOTHER'S N					
JOSEPH M	IASSA				MARTA	ROSE	LaPAC	LONE		
19a, INFORMANT'S NAME (Type/Print)	12.18	19b. l	MAILING ADDRE						Code)	
ADA M. MASSA			622 DOI	JGLAS I	RD. S	ALISB	URY. M	ARYL	AND	21801
20a. METHOD OF OISPOSITION 1 Burlal 2 Cremation 3 Ramova	Literan State		ND DATE OF DE		lame	DAT	E 20c. LC	OCATION —	City or To	own, Stata
4 Donation 5 Other (Specify)	THOM STATE	SALIS	ematory or othe	CREMATO	ORY	10	-3 ^		,1	MARYLAND
21. SIGNATURE OF FUNERAL SERVICE LICEN	SEN		2	2. NAME AND	ADDRESS OF	FACILITY				
Dela V	1.011									
//	Dellar, re	11			WAY FU				1017	MD 010 01
23. PAPA i. Enter the diseases, or conshock, or heert feliure. Lis iMMEDIATE CAUSE (Final disease or condition resulting in death)	t only one cedse o	eech ilne.	0	501 S ter the mode	NOW HI	LL RI uch ss čer	SA diec or resp	LISBU Diretory sr		
shock, or heert feilure. Lis iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if sny, leading to immediate csuse. Enter UNDERLYING	O /\ DUE TO (OR	eech ilne.	ENCE OF):	501 S ter the mode	NOW HI	LL RI uch ss čer	SA diec or resp	LISBU Diretory sr		Approximete interval Between
shock, or heert feliure. Lis IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentiely list conditions, if any, leading to immediate	DUE TO (OR	APA CONSEQU	ENCE OF):	501 S ter the mode	NOW HI	LL RI uch ss čer	SA diec or resp	LISBU Diretory sr		
shock, or heert feilure. Lis iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other significant conditions	DUE TO (OR DUE TO (OR	AS A CONSEQUIAS A	ENCE OF):	501 Seer the mode	NOW HI	LL RI uch as cer Fa / (diec prresp	LISBU iratory ar	reet,	Approximete interval Betwo Onset and De
shock, or heert feilure. Lis iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other significant conditions	DUE TO (OR	AS A CONSEQUIAS A	ENCE OF):	501 Seer the mode	NOW HI	LL RI uch as cer Fa / (SA diec priesper	LISBU Diratory ar	reet,	Approximete interval Betwo Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-cours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

JOSEPH G.
31. DATE FILED (Month, Day, Year)

OCT 1 1 '91

LANZI

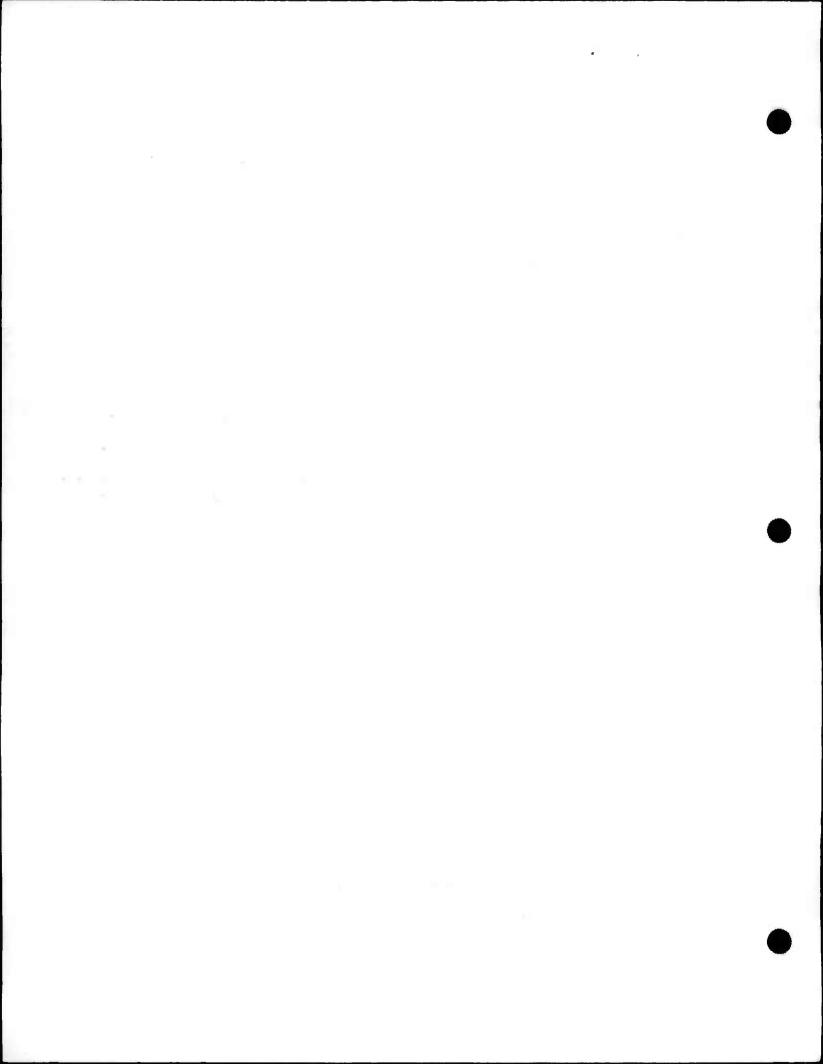
							91	28771		
85	FOR STATE REGISTRAR	STATE OF MARYL		RTMENT OF H		MENTAL HYGIEN REG. NO	IE			
1.	1. DECEDENT'S NAME (First, Middle, Last) Lula	Lula A	gatha	Nengel			0 91	ar 12:30 PM M		
	4. SOCIAL SECURITY NUMBER 213-74-6495		(In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day Year)	8, 1	BIRTHPLACE (State or Foreign Dountry) MISSOURI		
	9a. FACILITY NAME (If not institution, give at	reet and number)	112.		OR LOCATION OF OE		Bc. COUNTY OF DEATH			
5	Laurelwood Nursi	ng Hame		Elkton			Cecil			
DIRECT	2	rford		ry, town on locat allston			10d. INSIOE CITY LIMITS? 1 YES 2 NO			
FUNERAL	100. STREET AND NUMBER 2103 Morenga Co	urt, Box 23		101	21047		10g. CITIZEN OF WHAT COUNTRY? USA			
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 12 NO	If yes, sp	ecify Cuban, Maxicar 2 X NO Specify.					
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		(Give kind of life. Do NOT L	S USUAL OCCUPATION Work done during modules retired.) DUSEWITE	DN st of working	16b. KIND OF BU	usiness/indust	TRY		
	17. FATHER'S NAME (First, Middle, Last) Arthur —	McCrea			18. MOTHER'S NAI	ME (First, Middle, Maide a —	osborne	2		
TO BE	19a. INFORMANT'S NAME (Type/Print) Christina Marie N	engel	19b. MAILIN 2103	Morenga	court, B	oute Number, City or To	wn, State, Zip Co. 11ston	, Md. 21047		
	20e. METHOD OF DISPOSITION 1 XBurlei 2 Cremation 3 Removal from Stata 4 Donation 5 Other (Specify) 20e. PLACE OF DISPOSITION (Name of cemetery, crematory or New Cathedral Cemetery Baltimore, Md.									
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE DE CON	100 12	Howai				Home, P.A.		
	23. PART i. Enter the disease, or complications that cause the deeth. Do not enter the mode of dying, such se cerdisc or respiratory arrest, interval Between Onset and Deeth disease or condition resulting in desth)									
	resulting in death) BUE TO (OFF AS A CONSEQUENCE OF):									
TION	Sequentially list conditions, If any, leeding to immediate b. DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events	C. DUE TO (OR AS	A CONSEQUENCE	OF):	erfu	Jes.	and			
CERT	resulting in death) LAST	d				*				
PHYSICIAN: MEDICAL	PART ii. Other significent condition	s contributing to deeth	but not resulting	in the underlyin	g cauae given in		PRMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
AN:	25. WAS CASE REFERRED TO MEDICAL			00.0	LACE OF SCATU CO.					
SICI	EXAMINER?	HOSPITAL: 1 Inpetient 2 ER/Ou	tpatient 3 🗆 DOA	OTHER:	LACE OF OEATH (Chi					
BY PH	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)		NJURY W	JURY AT DRK? YES 2 NO	28d. OEŞCRIBE HOW	INJURY OCCUP	REO		
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUF building, etc. (Sp	RY — At home, farm lecify)	, atreet, factory, offic	Ca .	281. LOCATION (Stree City or Town, Stat	t and Number or (e)	Rural Route Number,		
COMPLETED	221	ICIAN: To the best of my kno						ause(a) and menner as stated,		
BE CO	29b. SIGNATURE AND TITLE OF CUTUPIE				29c. LICENSE NUM		_	IGNED (Month, Day, Year)		
TO B	30. NAME AND ADDRESS OF PERSON WIL	O COMPLETED CHISE OF	J.G. LAN		D061	81	10	/10/91		

M.D. 721 Bridge Street.

32. REGISTRAN'S SIGNATURE

Julia Davidson-Mandale

21921



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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be r	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It liem 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be n
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	1 - FOR STATE REGISTRAR	STATE OF MA	ARYLAND / DEPA	RTMENT OF I	HEALTH AND	MENTAL HYGIEN		4 fine	0116	
	1. DECEDENT'S NAME (First, Middle, Last)		Donald OCK			2. DATE OF OEATH MONTH	MA	YEAR	TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 214-09-0957	5. SEX 1 X M 2 [] F	AGE (In yrs. lest birthday) 83 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS	CO. 11 C. 14	1908	8. BIRTHPLACE (State or Foreign Country) Pennsylvania		
N.	9a. FACILITY NAME (If not institution, give s Washington Count			OR LOCATION OF Prstown		9c. COUN	TY OF DEAT	н		
15	RESIDENCE OF DECEDENT		1	JI D COWII		was	mingt	.011		
DIRECTOR		ington		TY, TOWN OR LOCA 1111amsp					d. INSIDE CITY LIMITS? YES 2 NO	
FUNERAL	100. STREET AND NUMBER 2750 Virginia Av	e.		10	21795		10g. CITIZ	USA	COUNTRY?	
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 [IF YES, GIVE WAR	YES 2 NO	If yes, s	CENDENT OF HISP pecify Cuban, Max S 2 NO Spe	PANIC ORIGIN? (Specify Yelcan, Puello Rican, etc.)	a or No	Specify:	American Indian, hita, atc.	
COMPLETED	15. OECEDENT'S EDU- (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +)	18a, DECEDENT'S (Give kind of life, Do NOT	S USUAL OCCUPATI work done during mise retired.)	ON osl of working	16b, KIND OF BU	ISINESS/IND		100	
MPL	12 17. FATHER'S NAME (First, Middle, Last)	0	Vice	Preside				ıfactu	rer	
BE CC	C. Russell Ocker				Vest	name (First, Middle, Melder a Hause Ock	cer			
5	Betty Slifer 190. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1705 Preston Rd., Hagerstown, Md. 21740									
	20a. METHOD OF DISPOSITION 1 [X Burlal 2 Cremation 3 Rame 4 Donation 5 Other (Specify)	oval from State	20b. PLACE AND DATE cemetery, cremetery or o Rest Hav	OF DISPOSITION (Nother place)	eme of			City or Town,		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ensee .	merk	22. NAME A MINN	ND AGGRESS OF ICH FUNE	ERAL HOME			-0.	
	23. PART I. Enter the diseases, or cahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	. Aller	on each lina.	and And	oda of dying, s	on Blvd., Hauch as cardiac or reap	Iratory arre	ent,	Approximate Interval Batween Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury									
ERTIF	that initiated events resulting in death) LAST	0UE TO (OI	R AS A CONSEQUENCE O	ብ :			>			
PHYSICIAN: MEDICAL C	PART II. Other significant conditions contributing to death but not resulting in the undarlying cause given in Part I. 248. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO NO NO NO NO NO NO									
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 W NO	HOSPITAL:		OTHER:	LACE OF DEATH (-			
1 1	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF IN. (Month, Day,		E OF 28c. INJ	IURY AT		a a Other (Specify) 2ad. OESCRIBE HOW INJURY OCCURED			
TED BY	2					28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC Only 2 MEDICAL EXAMINED	CIAN: To the best of my	knowledge, death occurr	ed at the time, date	and place, and de	us to the cause(s) and mar na time, data and place, an	nner as state	d. cause(a) and	I manner as stated.	
BE	29b. SIGNATURE AND TITLE OF CERTIFIES	Tude n	tδ		29c. LICENSE N		29d. DATE	SIGNEO (Mor	nth, Day, Year)	
일	1 1 7 (\mathred \mat									

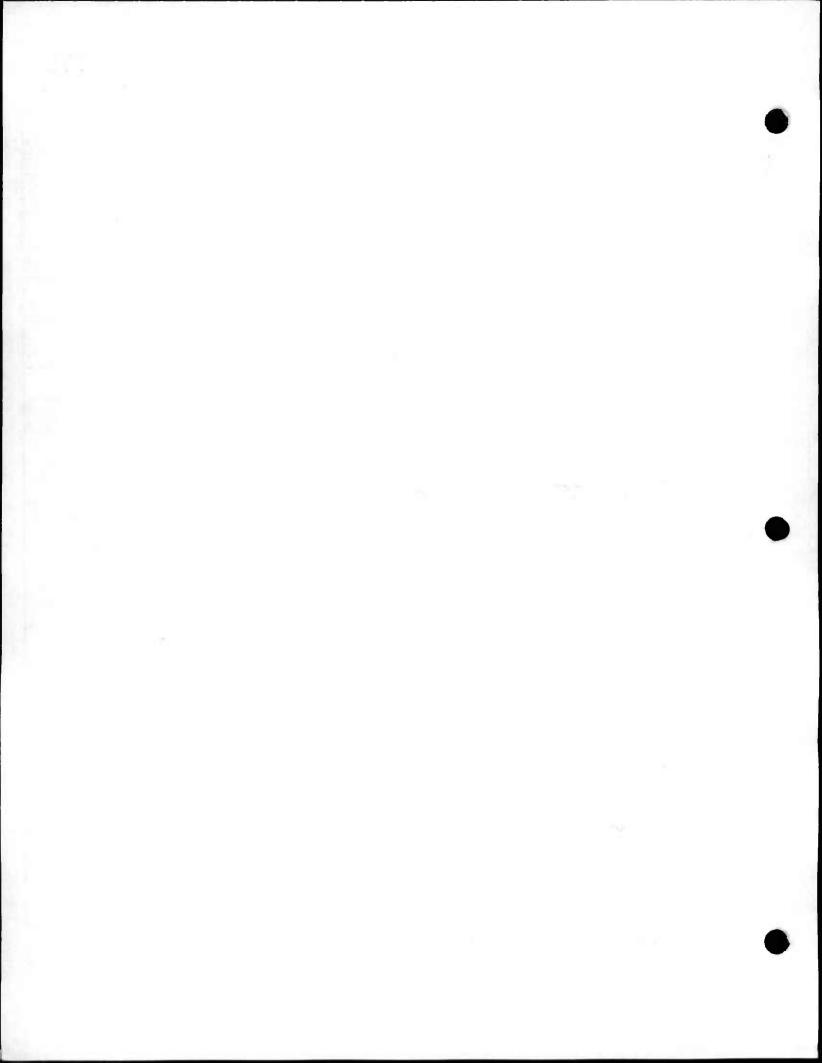
F PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)
Kryler MB 100 Geeting

31. OATE FILED (Month, Day, Year) OCT 15 91

32. pegistrar's signature
Julia Davidson-Randale

Lane

Keedysille



DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORI	BALTIMORE, MARYLAND 21203-3146
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Furs after death. Page 6 may be retained by the hospital or attending physician.	y be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Propes 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Memai Hygiene prior to burial, cremation, or removal.	page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 shows
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	be notified at once.

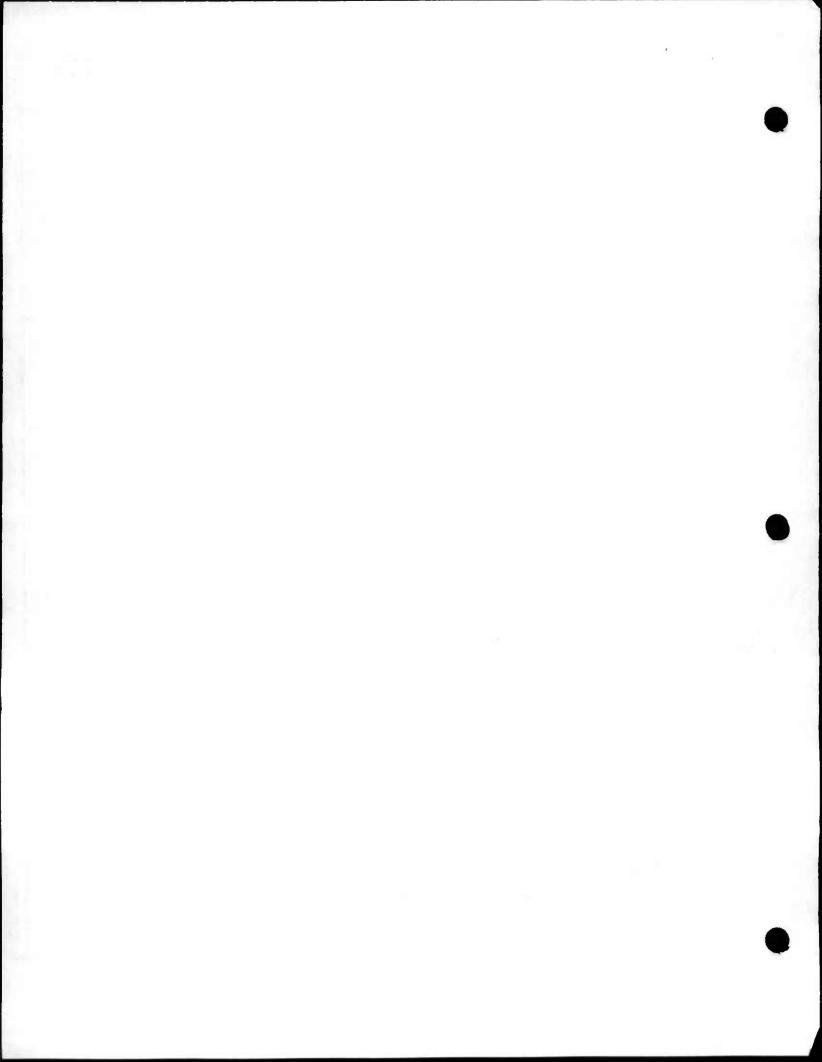
FOR STATE REGISTRAR	STATE OF MARYLAN		TOF HEALTH AND	MENTAL HYGIE REG. NO					
1. DECEDENT'S NAME (First, Middle, Lest)	Porte				17H 20 91 445 M				
219-07-7676	□ M 2 및 F 9	TS. lest birthday) IF UND MONTHS	ER 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 01/21/1	1900 S. BIRTHPLACE (State or Foreign Country) Maryland				
	enter	9b. CI	Denton	DEATH	ec country Ca	roline			
Maryland Carol	line	10c. CITY, TOWN	alsburg		10d. INSIDE CITY LIMITS? 1 □ YES 2X□(NO				
10e. STREET AND NUMBER 509 Old Dentor	T T C U C T	101. ZIP CODE 2163	2		N OF WHAT COUNTRY?				
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATE:	2 X NO	3. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 YES 2 NO Spec	en, Puerto Rican, etc.)	ea or No— 14	RACE — American Indian, Black, While, atc. Specify: White			
15. DECEDENT'S EDUCAT (Specify only highest grade cor Elementary/Secondery (0-12) 6 t h		Go. DECEDENT'S USUAL (Give kind of work don iffe. Do NOT use retired Homemak	e during most of working !.)		usiness/inous Home	TRY			
17. FATHER'S NAME (First, Middle, Lest) David Banning				AME (First, Middle, Maide .ehman Ba					
190. INFORMANT'S NAME (Type/Print) Leslie E. Fishe	ell		Box 308,						
4 Donation 5 Dother (Specify) 21. SIGNATURE OF FUND AL SERVICE LICEN 23. PART I. Enter the diseases, or con shock, or heart failure. Lie	mplications that caused th	ha death. Do not ant	Crest Ceme 2. NAME AND ADDRESS OF F RAMPTOM er the mode of dying, eu	- HAWK	deral	t, Approximate			
ahock, or heart failure. List only one cause on sech line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) OUE TO (OR AS A CONSEQUENCE OF):									
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
PART II. Other algorificant conditions of	. /		underlying ceuss given in	Pert I. 24a. WAS / PERF	AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	отн	26. PLACE OF DEATH (C	Check only one)					
1 YES 2 NO 1 27. MANNER OF DEATH 1 Natural 5 Pending	Dispetient 2 ER/Outpetie 28e. DATE OF INJURY (Month, Day, Year)		ursing Home 5 Residence 28c. INJURY AT WORK?	6 Other (Specify) 28d. DESCRIBE HOV	V INJURY OCCU	RED			
2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — building, atc. (Specify)	At home, farm, atreet, fi	1 YES 2 NO	281. LOCATION (Stree City or Town, Sta		Rural Route Number,			
ana)	AN: To the best of my knowleds On the basis of examination as					, cause(a) and manner as stated.			
29b. SIGNATURE AND TYPE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO			29c. LICENSE N			SIGNED (Month, Day, Year)			
	SOME PERF CALLED			-	-	-11.1			

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

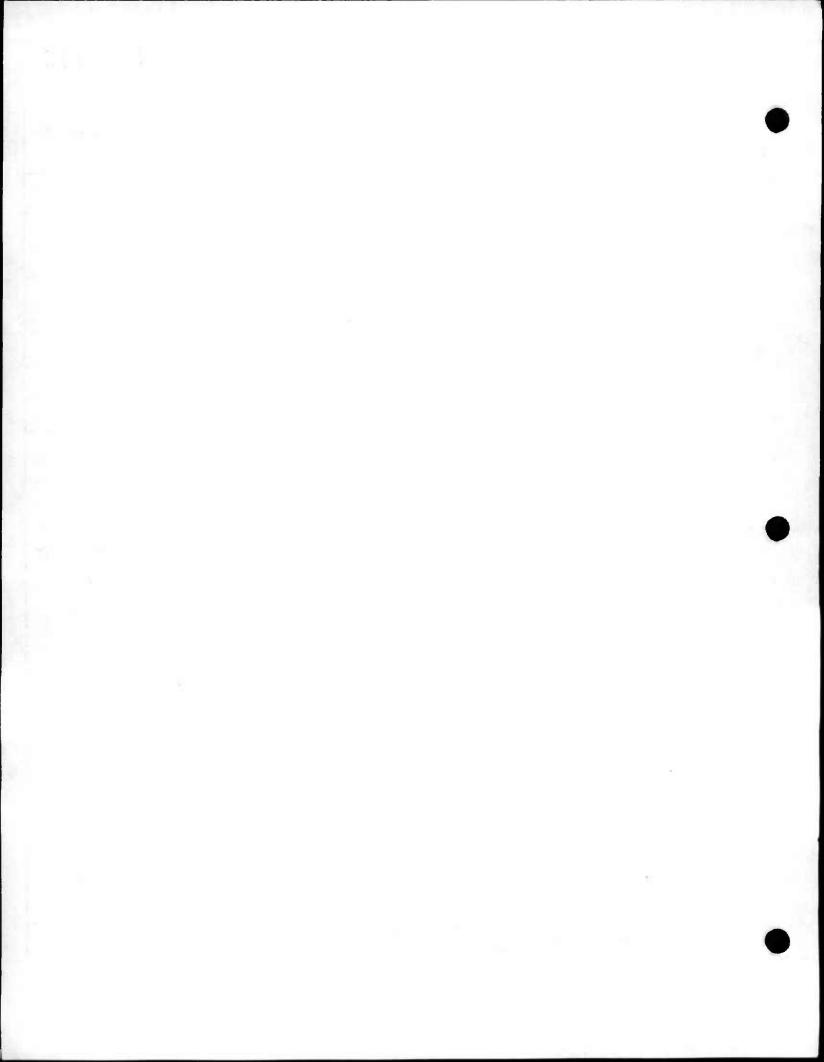
	1. DECEOENT'S NAME (First,	Middle Leat		-	_,,,,,,	ICATI	_ 01	DEA	П	REG. NO.	_			
		rth Pa	rker							2. DATE OF DEATH MONTH September	20	YEAR I	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMB		5. SEX	8. AGE (In yrs. les	et hirtholmel	IF UNDER	LVEAD	IF UNDER			29,			
	222-07-559	90	1 M 2 F	81	YRS.	MONTHS	DAYS	HOURS	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) 08 26 19	6. BIRTHPLACE (State or Foreign Country) 910 Delaware)	
/_	9a. FACILITY NAME (If not ins					9b. CITY						INTY OF DE	ATH	
DIRECTOR	Maryland General Hospital]	Balt	imor	e Ci	ty	Ва	ltim	nore		
#	10a. STATE	10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	LÍON					10d. INSIDE CITY	
IL DI	Maryland Caroline 100. STREET AND NUMBER					Denton							LIMITS?	
FUNERAL	213 North Fifth Street								629			U.S.	A .	
5	11. MARITAL STATUS 1 Never Merried 2		12. WAS DECEDEN	YES 2 1	MED	13.	WAS DEC	ENDENT C	F HISPAN	NC ORIGIN? (Specify Years, Puerto Rican, etc.)		14. RACE	— American Indien, White, etc.	
B	3 Widowed 4 Divor		IF YES, GIVE V	WAR OR DATES	ΙΤ			2 NO				Specify	<i>t</i> :	
COMPLETED	15. DECE	DENT'S EDUCA	ATION	16a, OE	CEDENT'S	USUAL O	CCUPATIO	ON		16b. KIND OF BUS	INESS/INI		10	
	Elementary/Secondary (0-		College (1-4 or 5		ive kind of a Do NOT us	work done se retired.)	during mo	st of working	g					
P P	11 HS grad		2 yrs		Pres	ser			. 117	Dry C	ean	ing	Plant.	
<u>S</u>	17. FATHER'S NAME (First, Mic	ddle, Last)	4.0					18. MOTI	IER'S NAI	ME (First, Middle, Meiden				
BE	Thom	nas P	arker					M	ary	Elizabet	h	(Unk	nown)	
5	19a. INFORMANT'S NAME (Ty	pe/Print)		191	. MAILING	ADDRESS	Street a	nd Number	or Rural F	loute Number, City or Town	, State, Zip	Code)		
F	Margaret T	. Par	ker							Dento			1620	
	20a. METHOD OF OISPOSITIO		m1 4 04-4-	20b. PLACE	AND DATE	F DISPOS	ITION /Na	ma of	4 31			City or Tow		
- 1	4 Dopation 5 Dither	Specify)		- Sprir	matory or or	ther place)	Co	mot	0 Y 77				, Maryland	
	21 SIGNATURE OF FINEHAL	SENYICE LICE	MSEE /	122		22.	NAME AN	O ADDRES	S OF FAC	SILITY DE	HEO)	1 M	aryland	
	> Tanc	6h	le 1	mor	٠ _	· P	loor	e F	uner	al Home, Denton, M	P. 2	A .	21600	
	23. PART I, Enter the dis	eases Or co	mplications the st only one mai	calleed the de	eth. Do n	ot enter	the mo	de of dyi	ng, auch	as cardiec or reeple	atory an	rest,	Approximete	
	IMMEDIATE CAUSE (Fine		at only one grau	se on each line	•								Intervel Batween Onsat and Death	
	disease or condition resulting in death)		Aspir	ation P	neumo	monia							Olisak alid Deatiff	
ĺ	resulting in dealth)	e.	DUE TO	(OR AS A CONSEC	DUENCE OF	 7:								
z	E commence comme	- h	Acute	Cerebro	ovaso	ular	Ac	cider	ıt				j	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate						SEOUENCE OF):							
2	cause. Enter UNDERLYIN CAUSE (Disease or Injur													
	that initiated events resulting in death) LAST		DUE TO	(OR AS A CONSEC	UENCE OF	7:								
E	resulting in death) LAST	d.												
	PART II. Other eignificen	t conditione	contributing to	death but not re	esultina i	n the un	deriving		distant in f	Part I DAT WILLIAM				
MEDICAL			Lyme's		ounting (ii tiio dii	Gerrynig	cause y	IVEII III I	Part i. 24a. WAS AN PERFORE			WAILABLE PRIDE TO	
		receile	rame s	Disease						1 YES 2	□ NO		COMPLETION OF CAUSE OF DEATH?	
- 15										_		1	YES 2 NO	
A N	25. WAS CASE REFERRED TO	MEDICAL												
PHYSICIAN:	EXAMINER?		HOSPITAL:			OTHER		ACE OF DE	ATH (Che	ck only one)				
<u>\$</u>	1 YES 2 NO		28a. DATE OF						eldenca (Other (Specify)				
	1 Netural 5 P	ending	(Month, De		28b. TIMI	URY		RK?		28d. DESCRIBE HOW IN	JURY OC	CUREO		
à		ivestigation	200 DI ACE O	F IN HIPPY As b				ES 2	NO					
COMPLETED		ould not be etarmined	building,	F INJURY — At hor atc. (Specify)	ne, tarm, s	treet, fect	ory, office	•		26f. LOCATION (Street as City or Town, State)	nd Number	or Aural Roo	ute Number,	
"	29a. CERTIFIER	TVINO DI IVOIO		10	vacu =									
₹	(Check only one)	AL EVAMINED	AN: To the best of	my knowledge, der	ith occurre	d at the ti	me, date	and place,	and dua t	to the cause(a) and mani	or an stat	ed.		
8	The state of the s		On this been of ax	tamination and/or li	nveatigatio	n, in my o	pinion, de	eath occur	d at the t	ime, data and place, end	due to Ih	e cause(a) a	and manner as stated.	
ᇤ	296. SIGNATURE AND TITLE	CN	un	(W.	D.		29c. LICE	NSE NUM	BER	29d. DATE	E SIGNED (A	Month, Day, Year)	
2	30. NAME AND ADDRESS OF	PERSON WHO	COMPTERED CAUS	E OF OEATH (ITEM	27) (1/1)	Prima	0	Λ	ÇζC	Maryland Linden Av	Gene	eral l	Hospital	
-	31. DATE FILEO (Month, Day, Ye	iar)	32 REGISTRAL	R'S SIGNATURE	1	1			827	Linden A	enue	3		
	OCT 3'9	1	Julia Da	vidson-Par	dell									



		ermit. Pages 1, 2, 3 Sheuld	
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nous after death. Page 6 may be retained by the hospital or attention physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Debt. of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG NO

1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.											
	1. DECEDENT'S NAME (First, Middle, Lest) N WHEAM . D.	NATHAN DI	LLON PA	AYNE	2	DATE OF DEATH MONTH DAY	-/99/				
	4. SOCIAL SECURITY NUMBER 717-07-9344 9a. FACILITY NAME (If not institution, give str	9 M 2 □ F	M 2 F 89 YRS. MONTHS DAYS HOURS				7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign Country) OCTOBER 28. 1901 WEST VIRGIN				
CTOR	WASHINGTON CO			HAGERST	N OR LOCATION OF DEATH 9c. COUNTY OF DEATH						
- DIRECTOR		SHINGTON		GERSTOWN				10d. INSIDE CITY LIMITS? 1 X YES 2 NO			
FUNERAL	100. STREET AND NUMBER 54 MEALEY PARK			101. ZIP COD	740	1	U . S	WHAT COUNTRY?			
ВУ	11. MARITAL STATUS 1 Never Married 2 X Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1X YES IF YES, GIVE WAR OR DA	2 NO	13. WAS DECENDENT If yea, specify Cube 1 YES 2 X NO	en, Maxican, P	ORIGIN? (Specify Yea or ruarto Rican, etc.)		E — American Indian, k, Whita, atc.			
COMPLETED	15. DECEDENT'S EDUC; (Specify only highest grade of Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	life. Do NOT use n	done during most of world stired.)		16b. KIND OF BUSIN					
	12 17. FATHER'S NAME (First, Middle, Lest) JOHN DAVID		REGIUNAL			PENNSYLV (First, Middle, Malden Sur E BELL	mame)	ITLER			
TO BE	190. INFORMANT'S NAME (Type/Print) MARGARET S. PA			DRESS (Street and Number	r or Rural Rout	a Number, City or Town, S	State, Zip Code)	RYLAND 2174			
	20e. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	20b.	PLACEAND DATE OF DEPARTMENT OF THE PLAND CEM	ISPOSITION (Name of		DATE 20c. LOCAT	TION — City or To				
	21. SIGNATURE OF FUNERAL SERVICE LICE Roll Roll	NSEE	,	22. NAME AND ADDRE ANDREW K.	COFFM	AN FUNERAL	HOME,				
NOI	23. PART i. Entar tha diseasea, or co ahock, or heart fallura. Li IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS &	CONSEQUENCE OF):	mvma		s cardiac or respirat	ory arrast,	Approximata interval Batween Onset and Dasth few day			
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	DERLYING or Injury on the TO (OR AS A DONSEQUENCE OF): 715									
PHYSICIAN: MEDICAL	PART II. Other significant conditions	he undarlying cause (
SICI		HOSPITAL:		26. PLACE OF D THER: Nursing Home 5 Re		,,					
ВУ РНУ	27. MANNER OF DEATH 1 Neturel 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJURY AT	28	d. DESCRIBE HOW INJU	RY OCCURED				
	3 Suicide 8 Could not be determined	28a. PLACE OF INJURY - building, etc. (Specifi	At home, term, stres	LOCATION (Street and City or Town, State)	Number or Rural R	loute Number,					
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICI 2 MEDICAL EXAMINER:	AN: To the best of my knowle On the besis of examination	dge, death occurred a	t the time, data and placa my opinion, death occur	, and dua to ti red at the time	he cause(a) and menner	as stated. ue to the cause(a	and manner as stated.			
IO BE	296. SIGNATURE AND TITLE OF CERTIFIER MUSSFILB. GAM MD 14800 DOING DOI										
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEAT	H (ITEM 27) (Type, Pril	"Rich st	- 1 fa	garstin	o, m	0 21240			
	31. DATE FILED (Month, Day, Year) 91	32. REGISTERINE SIGNAL	udson-Panda	22							



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospi TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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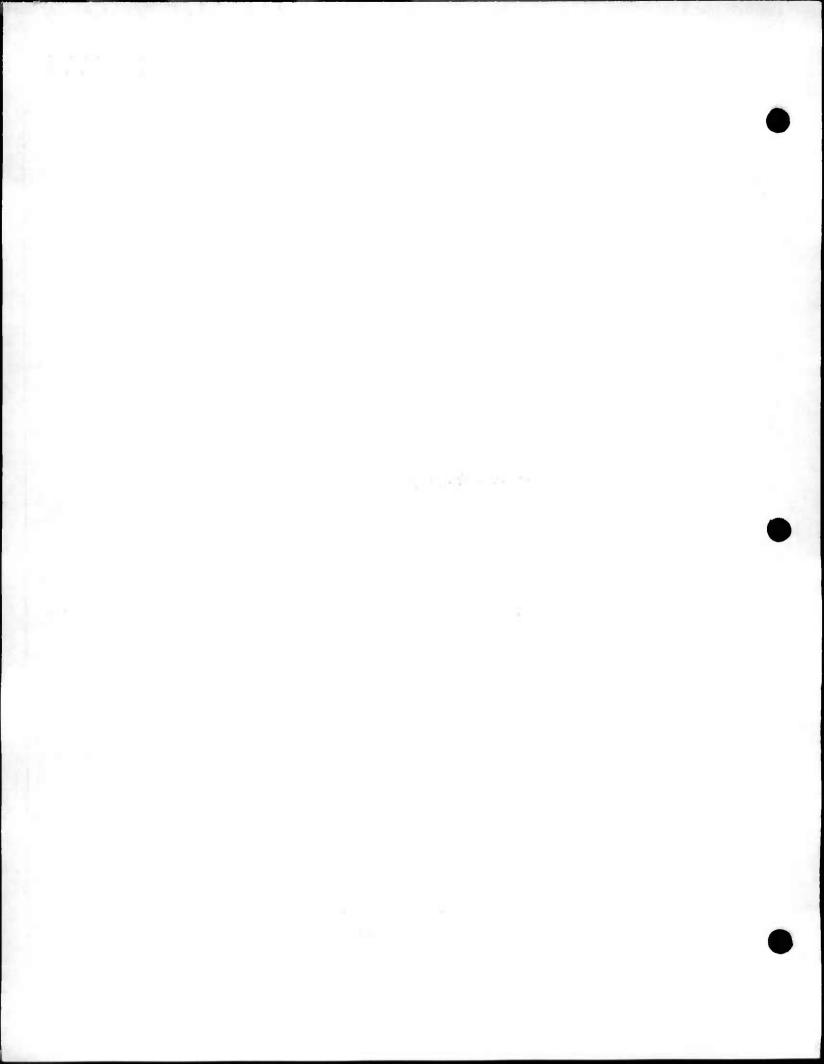
	FOR 1 STATE	STATE OF N	ARYLAND A	/ DEPAF	RTMEN	IT OF H	IFALTH	AND	MFNTA	I HYGIFN	~	2	8776
	REGISTRAR			ERTIF					1416-14 171	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest) David L.	Potte.	berge						MONT	OF DEATH		YEAR 3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 213-16-0420	5. SEX	6. AGE (In yrs. ia		IF UNDI	DAYS	IF UNDER	24 HRS. MIN.	7. DATE (Mont	OF BIRTH	1	Sparr	osburgMd.
	9a. FACILITY NAME (If not institution, give street and number)					Y, TOWN	OR LOCATIO	ON OF O		15,191		Y OF OEAT	
TOR	Washington County Hospital					96. CITY, TOWN OR LOCATION OF CEATH Hagerstown						ingto	
DIRECTOR	10e, STATE 10b. COUNTY 10c. CI					or Local							d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER					10:	. ZIP CODE	E			10a. CITIZI		YES 2 NO
EB/	330 W. Main St.	P. O. B	ox 18			- 1 "	21	782				S. A.	
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN	T EVER IN U.S. AF	RMED NO	13	If yes, sp	ENDENT O	F HISPAN	n, Puerto	N? (Specify Yes Ricen, etc.)		4. RACE — Black, W	American Indian, hite, etc. White
COMPLETED	15. DECEOENT'S EDU (Specify only highest grade	completed)	(0	ECEOENT'S Give kind of b. Do NOT u	work done	during me	ON est of workin	ng .	16t	. KIND OF BUS	SINESS/INDU	STRY	
MPLE	Elementary/Secondary (0-12)	College (1-4 or 5 +	•)	k Mob			stan	t		Librar	У		
BE CO	17. FATHER'S NAME (First, Middle, Lest) Thomas R. Poffe	nberger								Middle, Maiden .bert	Sumame)		
TO B	19a. INFORMANT'S NAME (Type/Print) Martha V. Poffe	nberger	19	330	W. N	ss (Street a	nd Number	or Rural I	Route Num	ber, City or Town	n, State, Zip Code) Sharpsburg, Md.		
	26g: METHOO OF DISPOSITION 1 1 Burlel 2 Cremetion 3 Rem		20b. PLACE	ANDDATE	OFDISPO	SITION (No	me of		DAT	E 200 LOV	CATION CI	lu or Town	AL782
	4 □ Donation 6 □ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	ENCE	Mount	ain '	View	Cem	eter	7 10	-15-	91 Shar	rpsbu	cg, M	d. 21713
	John H. Ba	toker	Hans &	P	1		FUN			7606 E, Poss	Old	Nat'	Pike
	interver immediate Cause (Final disease or condition Cause on aach line.									Approximate interval Batween Onsat and Daath			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): L Prubable acute myscardial infarction Municipate Due to (OR AS A CONSEQUENCE OF): L Prubable acute myscardial infarction Municipate Due to (OR AS A CONSEQUENCE OF): C Prubable acute myscardial infarction Municipate Due to (OR AS A CONSEQUENCE OF): C Prubable acute myscardial infarction Municipate Due to (OR AS A CONSEQUENCE OF): C Prubable acute myscardial infarction Municipate Due to (OR AS A CONSEQUENCE OF): C Prubable acute myscardial infarction Due to (OR AS A CONSEQUENCE OF): C Prubable acute myscardial infarction Due to (OR AS A CONSEQUENCE OF): C Prubable acute myscardial infarction Due to (OR AS A CONSEQUENCE OF): C Prubable acute myscardial infarction Due to (OR AS A CONSEQUENCE OF): C Prubable acute myscardial infarction Due to (OR AS A CONSEQUENCE OF): C Prubable acute myscardial infarction Due to (OR AS A CONSEQUENCE OF): C Prubable acute myscardial infarction Due to (OR AS A CONSEQUENCE OF): C Prubable acute myscardial infarction Due to (OR AS A CONSEQUENCE OF): C Prubable acute myscardial infarction Due to (OR AS A CONSEQUENCE OF): C Prubable acute myscardial infarction Due to (OR AS A CONSEQUENCE OF): C Prubable acute myscardial infarction Due to (OR AS A CONSEQUENCE OF): C Prubable acute myscardial infarction Due to (OR AS A CONSEQUENCE OF): C Prubable acute myscardial infarction Due to (OR AS A CONSEQUENCE OF): C Prubable acute myscardial infarction Due to (OR AS A CONSEQUENCE OF): C Prubable acute myscardial infarction Due to (OR AS A CONSEQUENCE OF): C Prubable acute myscardial infarction Due to (OR AS A CONSEQUENCE OF): C Prubable acute myscardial infarction Due to (OR AS A CONSEQUENCE OF): C Prubable acute myscardial infarction Due to (OR AS A CONSEQUENCE OF): C Prubable acute myscardial infarction D												
PHYSICIAN: MEDICAL	PART II. Other significant condition Adenocare Prevmone	4			in the u	nderiyin	g causa g	iven in	Part i.	24a. WAS AN PERFOR	MEO?	CO DF	ME AUTOPSY FINDINGS MILABLE PRIOR TO MPLETION OF CAUSE DEATN? YES 2 1 10
NAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					28. PL	ACE OF D	EATN (Ch	eck only or	10)		J	
rsic	1 TYES 2 NO	HOSPITAL:	ER/Outpatient 3	DOA	OTHE		e 5 🗆 Re	sidence	6 🗆 Othe	r (Specify)			
	27. MANNER OF DEATN 1 Netural 5 Pending	28s. DATE OF (Month, De	INJURY sy, Year)	28b. TIM	E OF JURY M		RK?	NO.	26d. DES	d. DESCRIBE NOW INJURY OCCURED			
TED BY	2 Accident 3 Suicide 6 Could not be determined								28f. LOC City	28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSI	CIAN: To the best of											d manner es stated.
ш	29b. SIGNATURE AND TITLE OF CERTIFIER						29c. LtCE	NSE NUM	ABER	T	29d. DATE S	SIGNEO (Mo	nth, Day, Year)
Restrict E. Streets, the O. 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Stree Print)								1121	91				

30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print).

PLCHARA E. Smith, M.D. 1708 Oak Hill Ave, Hogerstown

31. DATE FILED (Month, Pay, Year) 5 '91 32. REGISTRAR'S SIGNATURE June Day doon-Randale

31. DATE FILED (Month, Par, Year) 5



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

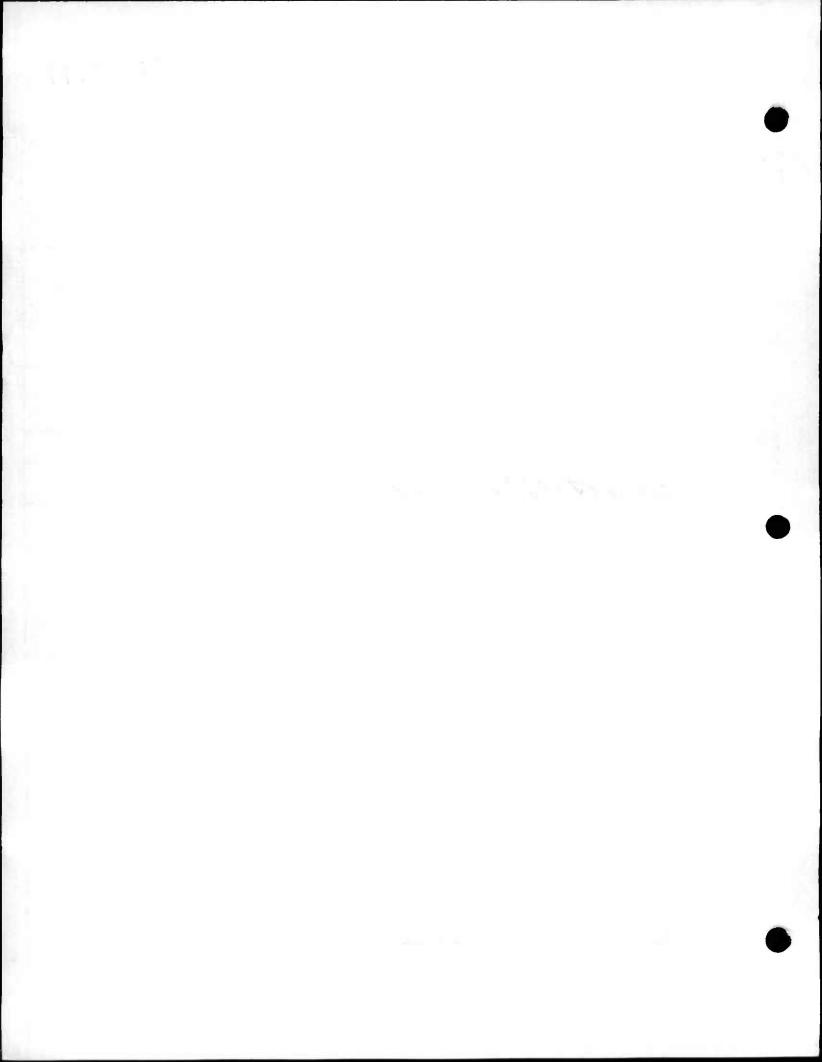
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 . STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	FICATE OF	DEATH	REG. NO).		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH D		3. TIME OF DEATN	
	John Marsh PERE					October 1	3, 1991	M	
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birthday)		IF UNDER 24 HRS.	7. DATE OF BIRTN (Month, Day, Year)	6, Bit	RTNPLACE (State or Foreign	
	217-10-3159		78 YRS.	MONTHS DAYS	HOURS MIN.	untry) hio			
	9a. FACILITY NAME (If not institution, give		9b. CITY, TOWN	OR LOCATION OF DI	May 25,	9c. COUNTY OF			
OR	Washington Coun	ty Hospital	Hag	gerstown			ington		
5	RESIDENCE OF DECEDENT							11160011	
DIRECTOR	10e. STATE 10b. COUNT			TY, TOWN OR LOCA				10d. INSIDE CITY LIMITS?	
		hington		Hagersto	wn			1 YES 2 NO	
₹	10e. STREET AND NUMBER			10	H. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?	
H	Route 5, Leiter	sburg Pike			21740			USA	
BY FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVE FORCES? 1 Y	ER IN U.S. ARMEO	13. WAS DE	CENOENT OF NISPAI	NIC ORIGIN? (Specify Yes	a or No — 14, R/	ACE — American Indian, lack, White, etc.	
7	1 Never Married 2 X Married 3 Widowed 4 Divorced	IF YES, GIVE WAR O		If yea, sp	pecify Cuban, Maxica S 2 🙀 NO Specifi	en, Puerto Rican, atc.)		lack, White, etc.	
					INC. 20	,		white	
E	15. DECEOENT'S EOU (Specify only highest grade	JCATION in completed)	16a. OECEDENT'S (Give kind of	S USUAL OCCUPATION	ON ost of working	16b. KINO OF BU	SINESS/INDUSTRY	r	
ا و	Elementary/Secondary (0-12)	College (1-4 or 5+)		work done during more retired.)					
MP	12	0	malı	ntenance		reta	il sale	S	
COMPLETED	17. FATNER'S NAME (First, Middle, Last)	•				ME (First, Middle, Maiden	Surneme)		
BE	George Pereschu	k			Mart	ha			
5	19a. INFORMANT'S NAME (Type/Print)	_	19b. MAILING	3 ADDRESS (Street	and Number or Rural	Route Number, City or Tow	n, Stata, Zip Code)		
F	Myrtle Pereschul	k	Rout	te 5, Bo	x 456, H	agerstown,	Md. 21	740	
	20a. METHOD OF DISPOSITION		20b. PLACE AND DATE	OF DISPOSITION (N			CATION — City or		
	1 □ Burial 2 □ Cremation 3 □ Rem 4 □ Donation 5 □ Other (Specify)	ioval from Stata	cemetery cremetory or o	other ofecal					
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	4	22 NAME A	ND ADDRESS OF FA	K TO-TO U	agersto	stown, Maryland	
	Ka XII	m.			TCH FUNE				
-	-COUND	Mun	nuch	415	E. Wilson	n Blvd., H	agersto	wn, Md.21740	
	23. PART I. Enter the diseeses, or shock, or heart fellure.	complications that cau	ised the deeth. Do r	not enter the mo	ode of dying, such	h aa cerdlec oo reepi	ratory arrest,	Approximete	
	IMMEDIATE CAUSE (Fine)							Intervel Between Onset and Death	
	disease or condition resulting in death)	R	10 rate.	G	1			4/	
	reading in obein,	DUE TO (OR /	AS A CONSEQUENCE O	7:	ILA			Dhours	
Z	CHARLESTON STATES	b. Create Oue to (or a c. Oue to (or a oue t	bourscule	_ A	reiden.	_		12 hours	
은	Sequentielly list conditions, If any, leading to immediate	DUE TO (OR A	AS A CONSEQUENCE OF	F):	e e / our y			16 HOULY	
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury	· Cere	bovascy	1	Diverse			5 4000	
E	that initiated events	OUE TO (OR A	IS A CONSEQUENCE OF	f):	1111111			1,00	
8	resulting in deeth) LAST	d							
	DANT II Osh as significant assertion								
EDICAL	PART II. Other algnificent condition				g ceuse given in	Pert I. 24s. WAS AN PERFOR		4b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO	
8	Dittie	Alleroscho	on2 01	JEKIE		1 _ YES 2		COMPLETION OF CAUSE	
ME						163	08	OF DEATH?	
						_		1 1 169 F 19 110	
X I	25. WAS CASE REFERRED TO MEDICAL			26. Pt	LACE OF OEATH (Che	eck only one)			
PHYSICIAN:	EXAMINER? 1 YES 2 NO	HOSPITAL:	Dutnatient 3 DOA	OTHER:	ne 5 🗆 Residence				
Ŧ	27. MANNER OF DEATN	28s. OATE OF INJUR	RY 28b. TIM	E OF 28c, INJ	IURY AT	6 ☐ Other (Specify) 28d. OESCRIBE HOW II	THE OCCUPED		
	1 Natural 5 Pending	(Month, Day, Yea		JURY WO	YES 2 NO	284. OESCHIBE HOW II	NJUNT OCCURED		
B	2 Accident Investigation 3 Suicide & Could not be	28a. PLACE OF INJ	URY — At home, tarm, a			THE LOCATION (Complete			
	4 Nomicide 6 Could not be detarmined	building, etc. (S	Specify)	Areet, tactory, only	1	28f. LOCATION (Street a City or Town, State)	nd Number or Rura	il Route Number,	
<u> </u>	29e. CERTIFIER								
₹ I	(Check only	ICIAN: To the best of my kn	lowledge, death occurre	ad at the time, data	and place, and due	lo the cause(a) and man	mer ea atated.		
COMPLETED	2 MEDICAL EXAMINE	ER: On the basis of examine	ution and/or investigation	n, in my opinion, d	eath occured at the	time, date end place, and	d dun to the cause	e(a) and manner as stated.	
шШ	29b. SIGNATURE AND TITLE OF CERTIFIER	R			29c. LICENSE NUM	ABER	29d. DATE SIGNS	EO (Month, Day, Year)	
m	michael 6)	nelound	M.O		014	1667			
유	30. NAME AND ADDRESS OF PERSON WN	O COMPLETEO CAUSE OF	OEATN (ITEM 27) (Type,	Print)		1667 d	70	17	
		nelomack		= 160.	.11 1.	1 12	1		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SI	IGNATURE	1100	211 10	an IVZ	18/1 NA	in, mo.	
	OCT 15'91	Julia Davidso	on-Randell						
L		N							



DALLIMORE, MARTLAND ZIZIS-0020	24 nours after death. Page 6 may be retained by the hospital or attending obysician.	filled in by the funeral director, page 5 should be detached for use as the bunal-trans	on, or removal.	he medical examiner must be notified at once.
Control of the contro	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or aftending physician	TO THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burnaristances	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

									9	1 2	28778
	1 - STATE REGISTRAR	STATE OF MA	RYLAND / DE	PARTME	NT OF H	HEALTH AND DEATH	ID MEN	ITAL HYGIEN			
	1. OECEDENT'S NAME (First, Middle, Last)				- 01	DEATH		DATE OF DEATH			TIME OF DEATH
	James Charl	es Robin	nson					10 0	-	VEAD	5:40 P M
A	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. last birth	MONTH	DER I YEAR	IF UNDER 24 H		ATE OF BIRTH Month, Day, Year)			CE (State or Foreign
V		<u>\</u> XM 2 □ F	74 Y	AS.			0	3/06/1	7 1	Maryl	and
100	9a. FACILITY NAME (If not institution, give stre			9b. CI	TY, TOWN	OR LOCATION C	OF DEATH		9c. COUN	TY OF DEATH	1
DIRECTOR	Memorial Hospi	tal at I	Easton		E	aston			Ta]	bot	
RE	10a. STATE 10b. COUNTY	. 1	104	c. CITY, TOWI						100	1. INSIDE CITY
	Maryland Car	oline		re		1sbur	<u>g</u>				YES 2 X NO
FUNERAL					101	1. ZIP COOE	2			EN OF WHAT	
S	Rt. 2, Box 127	12. WAS DECEDENT EV	VER IN U.S. ARMEO	1	3 WAS DEC	2163		RIGIN? (Specify Yea		J.S.A	
B	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 [] IF YES, GIVE WAR	YES 2 XNO		If yes, sp	ecify Cuben, Ma 2 X NO S	exican, Pu	irto Rican, atc.)	or No-		American Indian, hita, atc. Vhite
8	15. DECEDENT'S EDUCA (Specify only highest grade co		16a. DECEDE	NT'S USUAL	OCCUPATION	ON		16b. KIND OF BUS	BINESS/INDU	STRY	
COMPLET		College (1-4 or 5+)	Farm	nd of work don IOT use retired	ie during ma f.)	ost of working		Agric	ultui	re	
Š	17. FATHER'S NAME (First, Middle, Last)					10. MOTHER'S	S NAME (F	irst, Middle, Maiden	Sumame)		
BE	<u>Fredrick</u> R	obinson					riet			obins	on
10	190. INFORMANT'S NAME (Type/Print) Virgil Robinson		19b. MA	ILING ADDRE	SS (Street a	and Number or R	tural Route	Number, City or Town	n, State, Zip (Code)	1622
	20a. METHOD OF DISPOSITION		20b. PLACE ANOD					DATE 20c. LO			
	1 Donation 5 Other (Specify)	at from State	Bloome	v or other olac	ol lo						sburg, MD
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE		2:	2. NAME AN	NO ADDRESS OF	F FACILITY				
	Michael 7.	Esken			PO B	x 43,	Fed	eralsb	urg,	MD 2	al Home 21632
	23. PART i. Enter the diseeses, or cor shock, or heart fellure. List	nplicetions that ce st only one ceuse	on each iine.	Do not ente	er the mo	de of dying,	such as	cerdiec or respir	retory arres	st,	Approximate Intervei Between
	IMMEDIATE CAUSE (Finel disease or condition		000	1						ļ	Onset and Death
	reaulting in death) s.	DUE TO (OR	AS A CONSECUENCE	CE OF):							
Z	Sequentially list conditions,									į	
ATI	if any, leeding to immediate cause. Enter UNDERLYING	DUE TO (OR	AS A CONSEQUENC	CE OF):							
FIC	CAUSE (Disease or Injury thet initiated events	DUE TO (OR	AS A CONSEQUENCE	CE OFI:					-		
CERTIFICATION	resulting in deeth) LAST			,					7 .		
2	PART II Other significant conditions	nontributing to de-	n. b.i.k								
S	PART II. Other significent conditions	N O	AT PM	ing in the	Inderlying	ceuse given	in Part I	24a. WAS AN A PERFORI		AAI	LABLE PRIOR TO
MEDICA	Dichot	1 14	11 +1	y ox	170	305		1 🗆 YES 2	Luc		IPLETION OF CAUSE DEATH?
	Diasecc	=> (1	ellici	05		<u></u>				1 🗆	YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL				26. PL	ACE OF DEATH	(Check onl	v one)			
SIC	EXAMINER?	Inputient 2 ER	/Outpatient 3 🗆 Do	OTHE	R:	e 5 🗆 Raelden					
РНҮ	27. MANNER OF DEATH 1. Natural 5 Pending	26s. OATE OF INJU	URY 26b.	TIME OF	20c. INJI		_	OEŞCRIBE HOW IN	JURY OCCU	RED	
8	2 Accident Investigation			М	1 🗆 Y	ES 2 NO					
TED	3 Suicide e Could not be detarmined	26a. PLACE OF IN. building, atc.	JURY — At home, fa (Specify)	irm, street, fa	ctory, office		281.	City or Town, State)	nd Number or	Rural Route	Number,
PLE.	29a. CERTIFIER (Check only	N: To the best of my I	knowledge death or	curred at the	time data	and place and	due to the	acusada)			
COMPLETED	one) 2 MEOICAL EXAMINER:	On the basis of examin	nation and/or investi	gation, in my	opinion, de	eath occured at	the time,	fate and place, and	dua to the	cause(s) and	manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	00				29c, LICENSE	NUMBER		29d. DATE S	SIGNEO (Mon	th, Day, Year)
10	30. NAME AND CORESS OF PERSON WHO C	Jell				D3	13	76	1	5-2	-91

WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print)

***9**1

Sikes

12. REGISTRAR'S SIGNATURE

Julia Davidson-Pandala

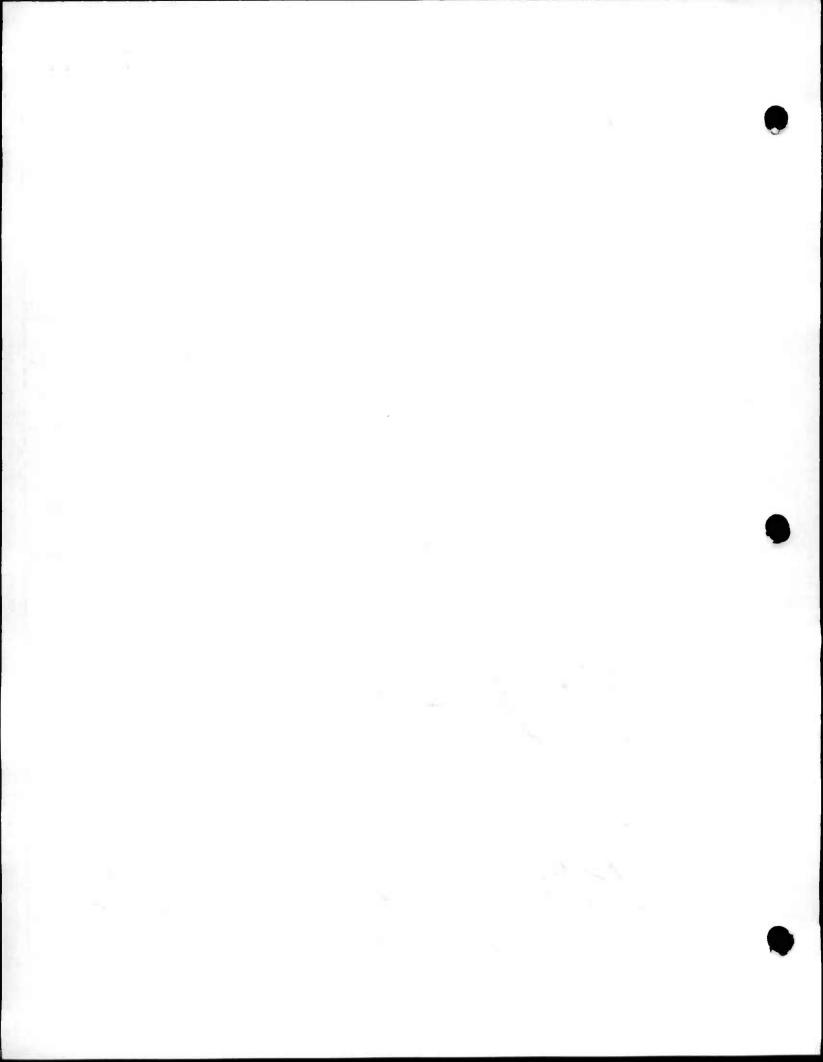
31. DATE FILED (Month, Day, Year) 191

32. REGISTRAR'S SIGNATURE

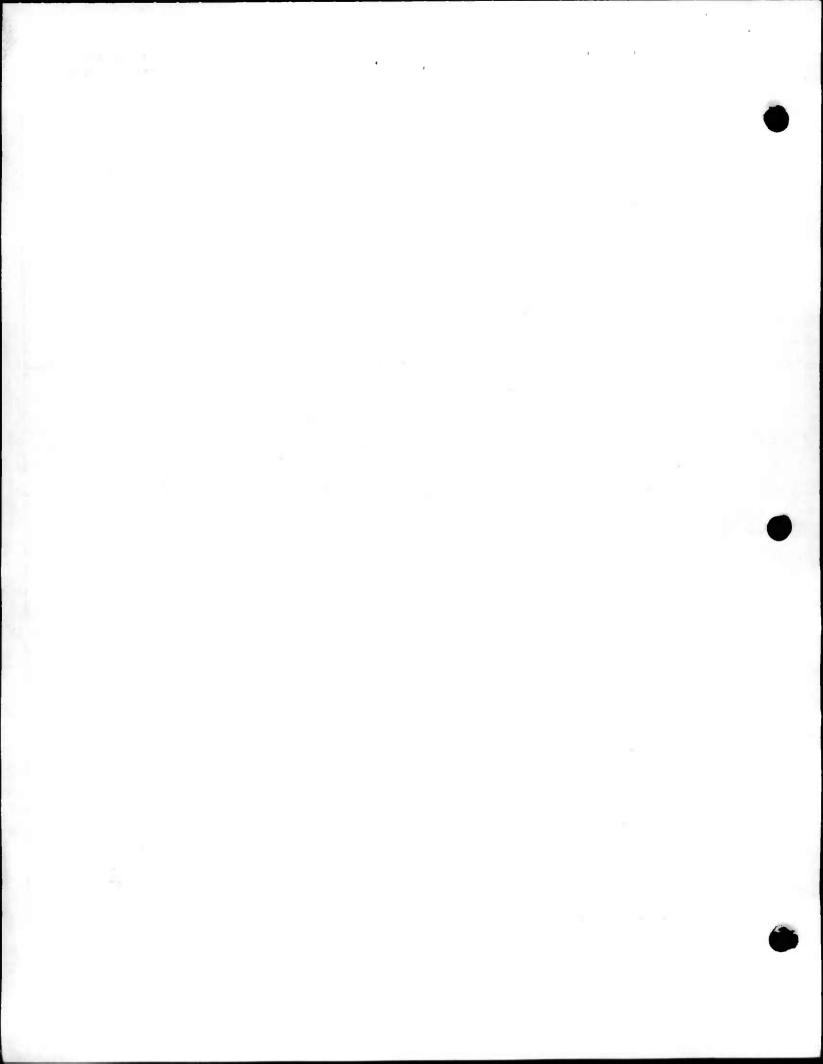
guha Davidson-Handava

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR. After this certificate has been stoned by the attending physician and completely filled in by the funeral director page 5 should be described for use see the burial-travery.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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11.	-25-91 FilmG681 W.H. Pe	er F/H						91	28779
	REGISTRAR	TE OF MARYLANI	D / DEPAR	TMENT OF I	HEALTH AND	MENTAL HYG			
	1. DECEDENT'S NAME (First Middle, Last)	Roeder		arah Ree	der	2. DATE OF DEAT	'N DAY	YEAR 3	. TIME OF DEATH
	212-74-6181 5. SEX 212-24-3788- 1 M	1	s. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTI (Month, Day, Ye.	n <i>r</i>)	Country)	ACE (State or Foreign
	9a. FACILITY NAME (If not institution, give street and re	X	1110.	9b. CITY. TOWN	OR LOCATION OF I	5-4-189		Ma INTY OF DEA	ryland
TOR	Washington County H				erstown	DEATH		shing	
DIRECTOR	10a. STATE 10b. COUNTY Maryland Washin	oton		Y, TOWN OR LOCA	TION				0d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	gcon	BO	onsboro 10	1. ZIP CODE		100 CI		YES 2 NO
FUNERAL	South Main Street					21713		U.S.A	•
BY FU	1 Never Married 2 Married FOR	OECEDENT EVER IN U.S ICES? 1 X YES 2 ES, GIVE WAR OR DATES	NO	II yes, sp	DENDENT OF HISP/ pecify Cuban, Maxic 3 2 X NO Spec	ANIC ORIGIN? (Specifican, Puerto Rican, ato	y Yes or No—	14. RACE — Black, \ Specify:	- American Indian, White, alc.
60	15. DECEDENT'S EDUCATION	160	DECEDENT'S	USUAL OCCUPATION	ON	Ten Kino or	BUSINESS/IN		White
COMPLETE	(Specify only highest grade completed	() (1-4 or 5+)	(Give kind of ville. Do NOT us	vork done during mo na retired.)	ost of working				
₩ O	17. FATNER'S NAME (First, Middle, Last)		Store	Clerk	18 MOTHERIE M	AME (First, Middle, Ma	ral Me	rchan	dise
BE C	Emory Albert Thomas A	lexander				Gertrude	,		
0 8	19e. INFORMANT'S NAME (Type/Print)		19b. MAILINO	ADDRESS (Street a		Floute Number, City o			
F	Irene E. Poffenberge	r	32 (Center S	treet E	Boonsboro	, Mary	land	21713
	20a, METHOD OF DISPOSITION 1	State 20b. PLA cemetary BOCI	CE AND DATE OF CONTROL	of disposition (Na ther place) Cemeter	y 10-16-		CONSTO		steta aryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	0			ND ADDRESS OF F	ACILITY			
	Douglas A. Fiery	il boundary	A Ti	Ract	Funoral	7606 L Home B	Old Na		
	23. PART I. Enter the disesses, or complice shock, or heart fallure. List only	tions that caused the	death. Do r	of enter the mo	da of dying, su	ch as cardiac or r	aspiratory ar	reat,	Approximata
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	ho boble	pulm	oney em	Sotism o	ith side	Serve		Interval Batween Onset and Death
z		DUE TO (OR AS A CON	ISPOUENCE OF	n: /	es pirote	Distress			Judda
SATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CON	ISEOUENCE OF	7:				7	
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS A CON	ISEQUENCE OF	ŋ:		74			
انا	PART II. Other algnificant conditions contrit	outing to death but n	ot resulting i	n the underlying	g cause given in	Part I 24a WA	S AN AUTOPSY	245 W	ERE AUTOPSY FINDINGS
MEDICA	Fente Ceft	- prema	no,		3	PE	S 2 NO	A	MILABLE PRIOR TO OMPLETION OF CAUSE
MEC	Rocent	olute or	from 6	dena		_ '''	S Z INO		F DEATH?
	Diopeter ma	elletes type	The tree	ee.					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	ITAL:)	28. PL	ACE OF DEATH (C	heck only one)			
IXS		ITAL: stlant 2 ER/Outpetien		4 - Nursing Hom		8 Other (Specify)			
	1 Naturel 5 Pending	(Month, Day, Year)	28b. TIM	URY WO	URY AT PRK? YES 2 NO	28d. DEŞCRIBE H	OW INJURY OC	CURED	
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	PLACE OF INJURY — At building, etc. (Specify)	t home, farm, s			281. LOCATION (St. City or Town, S	reet and Number Itate)	r or Rural Roul	re Number,
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To to the one) 2 MEDICAL EXAMINER: On the	he best of my knowledge basis of examination and	, death occurre	d at the time, data	and place, and du	s to the cause(s) and	manner as ata	ted.	nd manuar se stated
E C	296. SIGNATURE AND TITLE OF CENTIFIER				29c. LICENSE NU				onth, Day, Year)
0	12 Kujle	~			D265	79	>	10/14/	g rour, vey, rour)
5	30. NAME AND ADDRESS OF PERSON WHO COMPLE		TEM 27) (Type,	Print)		41	1	1) . m .

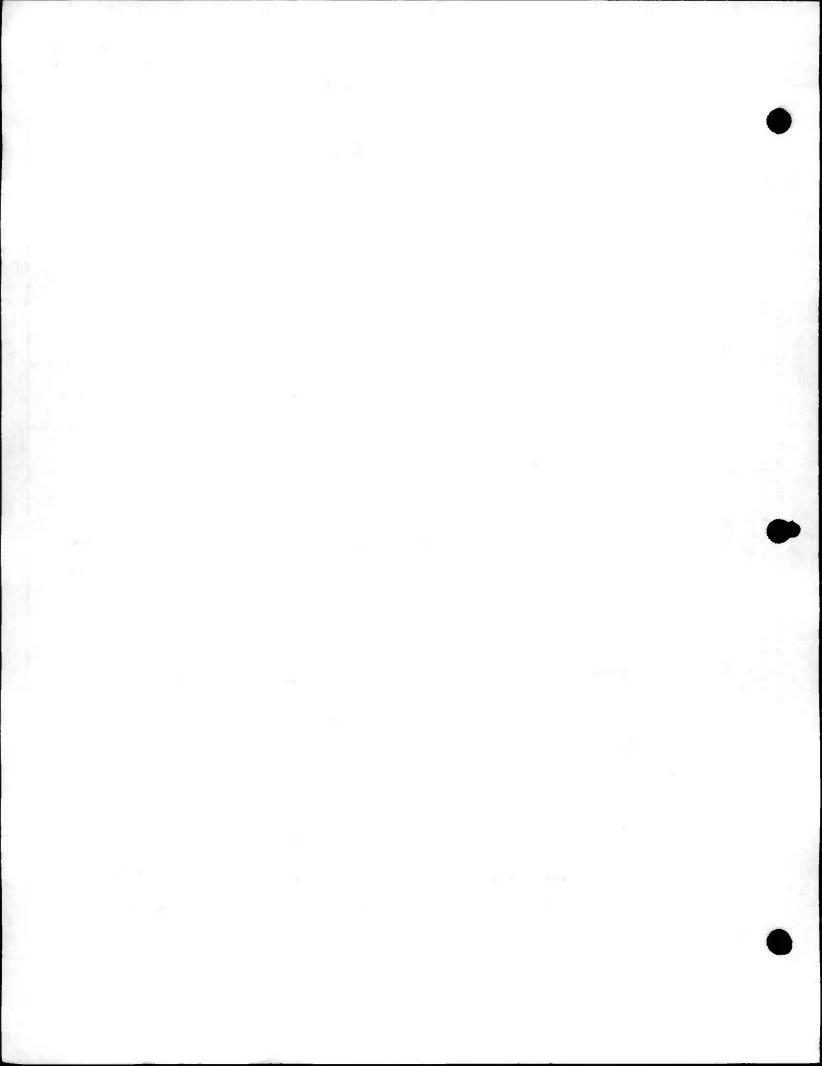


	1. OECEDENT'S NAME (First, Middle, La		AM RAY	STEVE	NS			MOI	REG NO TE OF DEATH OCT 7 1	AY .	YEAR 3	TIME OF DEATH A
	4. SOCIAL SECURITY NUMBER 514-54-7211 9a. FACILITY NAME (If not institution, gir	5. SEX 1 M 2 F	6. AGE (In yn	s. lest birthday) YRS.		DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mo	E OF BIRTH vith, Day, Year) UG 28 1	950	8. BIRTHPL Country) KAN	ACE (State or Foreign
СТОЯ	NATIONAL NAVA		CENTE	R	96. CITY, T		CHESDA	OEATH			NTGO	
DIRE	MARYLAND AN				HAN		-				1.5	Dd. INSIDE CITY LIMITS? X YES 2 \(\square\) NO
FUNERAL	7748 SIDEN					107.	ZIP CODE 210	76				STATES
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDED FORCES? IF YES, GIVE VENTE 1972	YES 2	□ NO	If y	es, spe	INDENT OF HISP city Cuben, Mexi 2 X NO Spec	en, Puart	ilN? (Specify Yes o Ricen, etc.)	or No-	14. RACE Black, \ Specify;	American Indian, White, atc.
COMPLETED	15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)	DUCATION ade completed) College (1-4 or 5		Give kind of wille. Do NOT us	rork done dun	ing mos		1	DEFE		ISTRY	
E COM	17. FATHER'S NAME (First, Middle, Lest) EVAN RAY STEVE	NS JR.		<u> </u>	o. NAV				, Middle, Maiden	Sumame)	CHE	
TO B	19a. INFORMANT'S NAME (Type/Print) CONSTANCE STEVE			19b. MAILING 7748	ADORESS (S	itreet an	d Number or Rure	Boute No	IZABETH mber, City or Town ER, MD		Code)	
	20a. METHOO OF DISPOSITION 1 X Burlal 2 Cremation 3 Red 4 Donation 5 Other (Specify)		20b. PLA	CEAND OATEC	of DISPOSITION Nati	on (Nem	e cem.	10	TE 20c, LO	cation – c	Ity or Town	. Stata irginia
	21. SIGNATURE OF FUNERAL SERVICE	Jes Da	0/	×	DO.	nal	dson Fu	acility Nera	l Home.	P.A.		d 20707
	23. PART I. Enter the diseases, of ahock, or heart fellur IMMEDIATE CAUSE (Final disease or condition resulting in death)	e. List only ona cat	iaa on aach	i daath. Do n lina.	ot antar th	a mod	a of dying, au	ch aa ca	rdiac or reapi	ratory arre	at,	Approximata Interval Betwee Onsat and Date
CERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b	CUTE N	TYELOCY ISEQUENCE OF	TIC L	EUK	EMIA					
MEDICAL CER	PART II. Other algnificant condition	ona contributing to	death but no	ot raaulting i	tha unda	rlying	cause given li	Part I.	24a. WAS AN PERFOR	MED?	AM CC OF	ERE AUTOPSY FINDING AILABLE PRIOR TO IMPLETION OF CAUSE DEATH? YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	EB/Out and an		OTHER:		CE OF DEATH (C					
SICIAN	TES 2 M NO	- A mpatient 2		28b. TIME	OF 28	c. INJUR	K?		er (Specify)	JURY OCCL	RED	
Y PHYSICIAN	1 YES 2 NO 27. MANNER OF DEATH 1 Netural S Pending	28a. OATE OF (Month, D		INJU		YE	S 2 I NO					
ED BY	27. MANNER OF DEATH	(Month, D	ay, Year)	INJE	M 1		S 2 NO	28f. LO	CATION (Street a. r or Town, State)	nd Number o	Rural Rout	o Number,
ETED BY	27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident 8 Could not b determined 29e. CERTIFIER (Check only 1 Netural Ph.)	n 28s. PLACE O building,	F INJURY — At etc. (Specify) my knowledge.	t home, ferm, st	M treet, factory,	office	nd place, and du	to the ce	or lown, State)	ner as etated	l.	
ED BY	27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident 8 Could not b determined 29e. CERTIFIER (Check only 1 Netural Ph.)	(Month, D 28a. PLACE O building, VSICIAN: To the best of NER: On the basis of a)	sy, Year) F INJURY — All etc. (Specify) my knowledge, termination and.	t home, farm, st	M 1 reet, fectory, d et the time, , in my opini	office , data ar	nd place, and du	to the continue, det	use(s) and manua and place, and	dua to tha	ceuse(s) an	d mannar as stated.



TO BE COMP	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
i examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
val.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
the funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
er death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Trouns after death. Page 6 may be retained by the hosp
BALTIMORE, MARYLAND	DIVISION OF VITAL RECORDS, P.O. BOX 68760,

REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	Milo	dred F. S	RTIFICATE			2. DATE	REG. NO			3. TIME OF DEATH
	Smith	ared r. S	DILL CLI			MONT	H D		EAR ?	0545A
4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. lest bi	irthday) IF UNDER	1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH	8.	BIRTH	PLACE (State or Foreign
212 03 0906	1 - M 2 X F	79	YRS. MONTHS		HOURS MIN.	(Mont	6, 191:		Countr	
9a. FACILITY NAME (If not institution, give	street and number)		9b, CITY.	TOWH OF	R LOCATION OF		0,191.	9c. COUNTY		ginia
Washington County	3301-400-59-11	1		gers				Wash:	ing	ton
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	ry	1.	10c. CITY, TOWN O	R LOCATIO	ON		_			10d, INSIDE CITY
	hington									LIMITS?
10e. STREET AND NUMBER	Hirigion		Hagers		ZIP CODE	_	_	10a, CITIZEI	N OF V	WHAT COUNTRY?
Eden Road and M	arsh Pike				21740			USA		
11. MARITAL STATUS		EVER IN U.S. ARME	D 13, 1		NDENT OF HISP	ANIC ORIGI	N? (Specify Ye		. RACE	E — American Indian,
1 Never Married 2 Married	FORCES? 1 [YES 2 NO	1	f yes, spec	cify Cuban, Maxi 2 [X] NO Spec	can, Puarto			Black Speci	k, White, etc.
3XXWidowed 4 Divorced	ir rea, dive in	AN ON DATES		☐ 1E3 8	Z ZZ NO Spec	my.			Speci	White
15. DECEDENT'S EDI (Specify only highest grad	UCATION	16a. DECE	DENT'S USUAL OG	CUPATION	N A of working	181	. KIND OF BU	SINESS/INDUS	THY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	His Dr	o NOT use retired.)	Juning most	t or working	- 1				
12		1	nemaker			- 1				
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S	AME (First,	Middle, Maider	Sumame)		
William E. Fox					Carrie	A. F	lall			
19a. INFORMANT'S NAME (Type/Print)		19b. I	MAILING ADDRESS	(Street an				vn, Stete, Zip Co	ode)	
Mark J. Smith		27	W.High	Str	eet Han	cock.	Md.	21750)	
20a. METHOD OF DISPOSITION		20b. PLACE AN	NO DATE OF DISP	OSITION (OA		CATION — CIT	~	own, State
1 X Buriet 2 Cremetion 3 Rer 4 Donation 5 Other (Specify)	moval from State	St. Peter	rematory or other p	lace)	10)/14/9	L Hanco	ck. Mi.		
21. SIGNATURE OF FUNERAL SERVICE L	HCENSINE)				D AODRESS OF					-
() / () \	YM.									
their	1 V Otach									
			Gr	ove F	.H. 141 V	V.Main	St. Har	rcock, Mi	. 2	21/50
23. PART I. Enter the diseases or									_	Approximate
23. PART 1. Enter the diseases or shock, or heart failure IMMEDIATE CAUSE (Final									_	Approximate interval Betw
shock, or heert failure iMMEDIATE CAUSE (Final disease or condition	List only one caus	se on each line.	th. Do not anter	the mod					_	Approximate interval Betw
shock, or heart failure IMMEDIATE CAUSE (Final	List only one caus		th. Do not anter	the mod					_	Approximate interval Betw Onset and D
shock, or heert faifure IMMEDIATE CAUSE (Final disease or condition reaulting in death)	List only one caus	se on each line.	th. Do not anter	the mod					_	Approximate interval Betw Onset and D
shock, or heert failure iMMEDIATE CAUSE (Final disease or condition	a	se on each line.	Lence of:	the mod					_	Approximate interval Betwoonset and D
shock, or heert faifure iMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING	a	se on each line.	Lence of:	the mod					_	Approximate interval Betwoonset and D
shock, or heert faifure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DUE TO (se on each line.	ENCE OF):	the mod					_	Approximate interval Betwoonset and D
shock, or heert faifure iMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a. DUE TO (OR AS A CONSEQU	ENCE OF):	the mod					_	Approximate interval Betwoonset and D
shock, or heert faifure iMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO ((OR AS A CONSEQU	ENCE OF):	the mod	de of dying, sa	es cei	diac or reap	piratory arrea	it,	Approximate interval Betwonset and D
shock, or heert faifure iMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions.	a. DUE TO ((OR AS A CONSEQU	ENCE OF):	the mod	de of dying, sa	es cei	diac or reap	piratory arrea	it,	Approximate interval Betwonset and D
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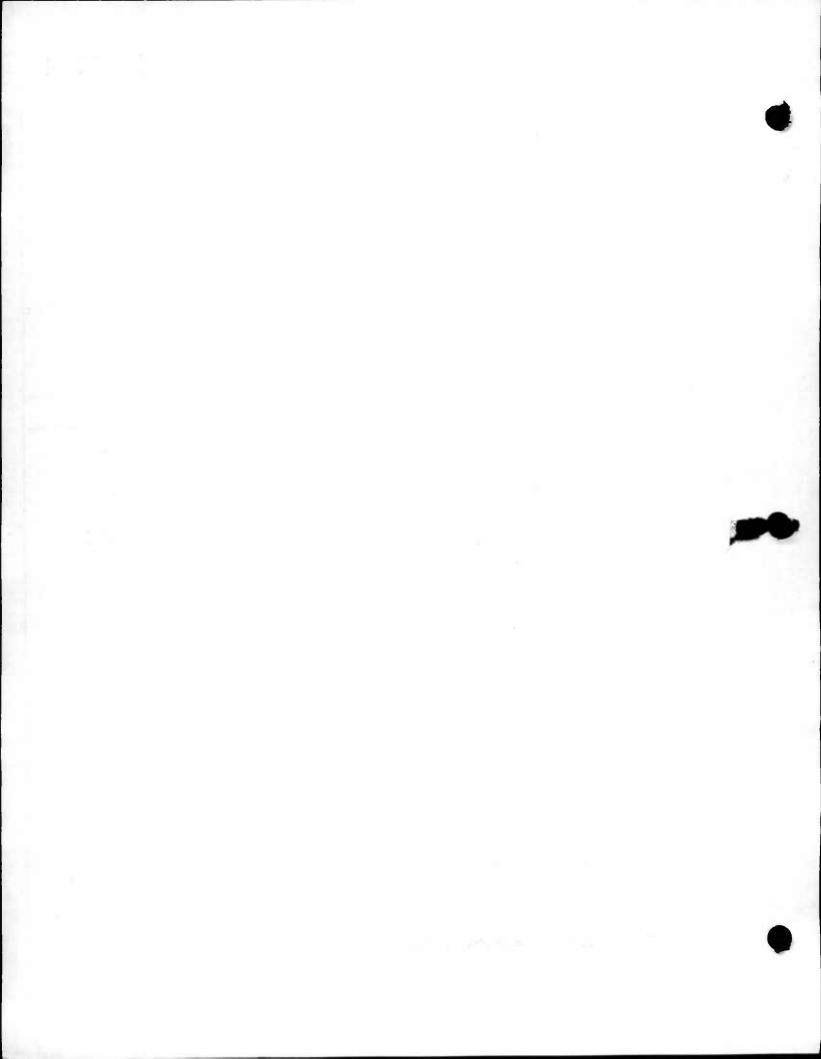


	The contract of the contract o
dical examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic even and dical examiner must be notified at once.
emoval.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, crem
by the funeral director, page 5 should be detach.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complement on the funeral director, page 5 should be detach
us after death. Page 6 may be retained by the hos	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within this after death. Page 6 may be retained by the hos
BALLIMORE, MARYLAN	DIVISION OF VITAL RECORDS, P.O. BOX 88780.

STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTMENT OF HEALTH AND ERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH
COCTON! WITH	AAED	Sila alaka	MONTH DAY

	REGISTRAR		CERTIF	ICATE O	F DEATH	REC	S. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DE		3. TIME OF DEATH
	COSTON W	ILMER		Shoo	Gla.	МОНТН	DAY	YEAR
1 3	4. SOCIAL SECURITY NUMBER				0,00	Uctobe	14	1991 1023 "
	Note that the second second		(In yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS			TN	a. BIRTNPLACE (State or Foreign Country)
	219-07-3075	1 M 2 🗆 F	72 YRS.	MONTHS DAYS	HOURS M	11/15/1	918	Maryland
	9a. FACILITY NAME (If not institution, give :	street and number)		Sh CITY TOWN	OR LOCATION (DUNTY OF DEATH
Œ								ICOMICO
2	PENINSULA GENERA	L HOSPITAL		5/	ALISBUR	1	l w	TCOMICO
<u>입</u>	10a. STATE 10b. COUNT	~						
DIRECTOR			10c. CIT	Y, TOWN OR LOC	ATION			10d. INSIDE CITY LIMITS?
	Maryland Wice	omico	Fru	itland				1 YES 2 NO
뒿	10e. STREET AND NUMBER				IOI. ZIP CODE		10a C	ITIZEN OF WHAT COUNTRY?
BY FUNERAL	505 N. Division Ch			1		,	100.01	
z	505 N. Division Str				2182			USA
교	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS D	ECENDENT OF N	SPANIC ORIGIN? (Spec	Ify Yes or No-	t4. RACE — American Indian, Black, White, atc.
>	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	DATES	1 Y	S 2 NO S	axican, Pusrio Rican, e	4c.)	Specify:
	3 Widowed 4 Divorced				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,		African American
品	15. OECEDENT'S EDU	CATION	16a. DECEDENT'S	USUAL OCCUPA	TION	16h KIND (OF BUSINESS/II	
	(Specify only highest grade Elementary/Secondary (0-12)		(Give kind of life, Do NOT u	work done during i	nost of working	Tou. King (JI 503111E33/11	NDOSINI
구		College (1-4 or 5 +)						
Ξ	7th grade		self-emp	loyed		Well	Drillin	a Co.
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER"	S NAME (First, Middle, A	Asiden Surname)	
ш	John Richard Shock	lev			Effi	e Caroline	Allen	
BE	19a. INFORMANT'S NAME (Type/Print)	10)	201 2010 010					
2						tural Route Number, City		Zip Code)
	Nellie M. Shockley		P. O. I	30x 714	, Fruitle	ind, MD 2	1826	
	20a, METHOD OF DISPOSITION 1 ☐ Burlai 2 ☐ Cremation 3 ☐ Ram	20	b. PLACE AND DATE	OF DISPOSITION	Vame of	DATE 2	0c. LOCATION -	- Cify or Town, State
	4 Donation 6 Other (Specify)	CONTRACTOR CONTRACTOR	metery, crematory or o	ther place)	h Como	tory 10/10	Erwitler	nd, Maryland
- 1	21. SIGNATURE OF FUNERAL SERVICE LIN	CENSEL	ii. Carvar		AND ADDRESS O	E FACILITY		
1	1	4 (6 1	1		ADDIESO O	Rt. #	\$2, Box	920, Jersey Road
	Lorena	D. AAL	1011	lallay	Maman	ial Chapel		
	23. PART i. Enter the diseases, or abook, or heart follows	complications that cause	d the seath. Do a	Doney	Memor	rai Chaber	, Julian	3017: IVIB 21001
-	ahock, or heart failure.	List only one cause on	each ina.	ot antai tha ii	loua or dying,	auch as cardiac or	reapiretory a	rrest, Approximate interval Batween
	IMMEDIATE CAUSE (Final		*	Q.	2 40	115	,	Onset and Daath
	disease or condition resulting in death)	(-ZZD1	ocenic	-13	· = h /	Van	-	TA
	readiting in death)		A CONSEQUENCE OF			/ on (· ur	7 7 /Drive
_	_	DI	1-		Ć, ,,		(/	
CERTIFICATION	Sequentially list conditions,	b. / 4/ 70	A CONSEQUENCE OF	Con	espia	~ /2.	2 4	
E	if any, laading to immediata cause. Entar UNDERLYING	DE TO (OH AS	A CONSEQUENCE OF	"0 /			7	1
0	CAUSE (Disease or Injury	· Course	stive	(25	Con	700 ×	15	•
E II	that initiated events	DUE TO (OR AS	A CONSEQUENCE OF	7:)	/	
E	resulting in death) LAST	a XJC	VI				0	ļ .
EDICAL	PART if. Other aignificant condition	a contributing to death i	but not reaulting i	n the underlyi	ng cause giver		AS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
0						PI	ERFORMED?	AVAILABLE PRIOR TO COMPLETION DF CAUSE
						1 🗆 Y	ES 2 NO	DF DEATN?
Σ								1 - YE\$ 2 - NO
ž I								
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. 1	LACE OF DEATH	(Check paly age)		
20 1	EXAMINER?	HOSPITAL:		OTHER:				
≥	27. MANNER OF DEATH	1 S-Inpatient 2 ER/Out		-		nca 6 - Other (Specify	r)	
	Seek.	(Month, Day, Year)	28b. TIM		JURY AT ORK?	28d. DEŞCRIBE I	IOW INJURY O	CCURED
B	1 Natural 5 Pending 2 Accident Investigation			M 1 🗆	YES 2 NO			
	3 Sulcide 6 Could not be	28s. PLACE OF INJURY	/ — At home, ferm, s	treet, factory, off	cs	28f. LOCATION (S	Itmet and Numbe	er or Rural Route Number,
E I	4 Homicide detarmined	building, stc. (Spe	cify)			City or Town,	State)	or rough reaching
Ш	29a. CERTIFIER							
<u>a</u>	(Check only CERTIFYING PHYSI	CIAN: To the beat of my know	rledge, death occurre	d at the time, dat	s and place, and	due to the csuse(s) an	d manner as at	ated.
COMPLETED	0/10) 2 MEDICAL EXAMINE	R: Of the basis of examination	and/or investigation	, in my opinion	death occured at	the time, date and pla	ca. and due to t	the cause(s) and manner as stated.
	29b. SIGNATURE AND THILE OF CERTIFIES		,					The state of the s
8	The state of the s	1			29c. LICENSE	NUMBER	29d. DA	TE SIGNED (Month, Day, Year)
2	19/1	10			D2	0441		10/4-91
-	30. NAME AND ADDRESS OF PERSON MH	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type.	Print)				/ 7
	Jasech D	alloffm An	N /	-	5100	ust Sts.	Ci	1 10-1
in	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE	Luncy	200	USI 317.	3 al	sowy ma.
10	Wil 0 7 1004	A. K	S -	,				1
	001 07 1991	guna Daydson	-Handell					
		U						

DHMH-16 Rev 1/89



4	E	
BALLIMORE, MARYLAND 21203-3146	If within 2 nours after death. Page 6 may be retained by the hospital or attending phy	the same of the American Management of the same of the
2	6	
ND Z	hospital	
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MARY	retained	
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

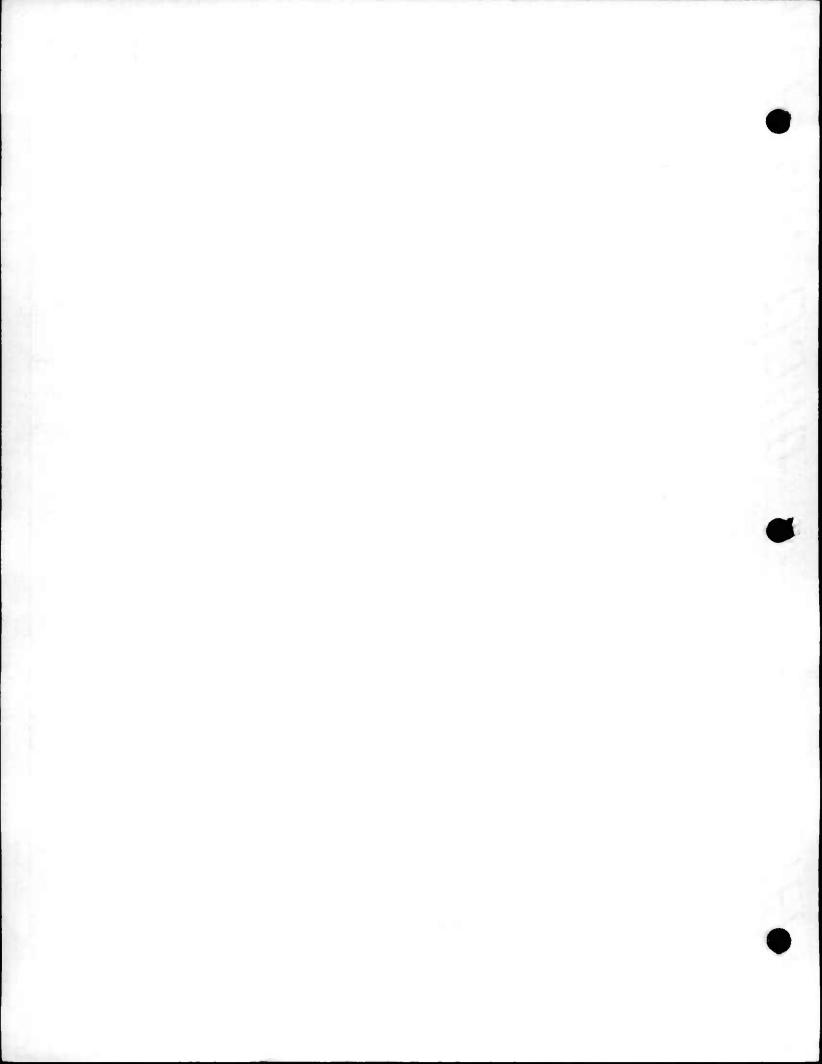
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31. DATE FILED (Month, Day, Year)

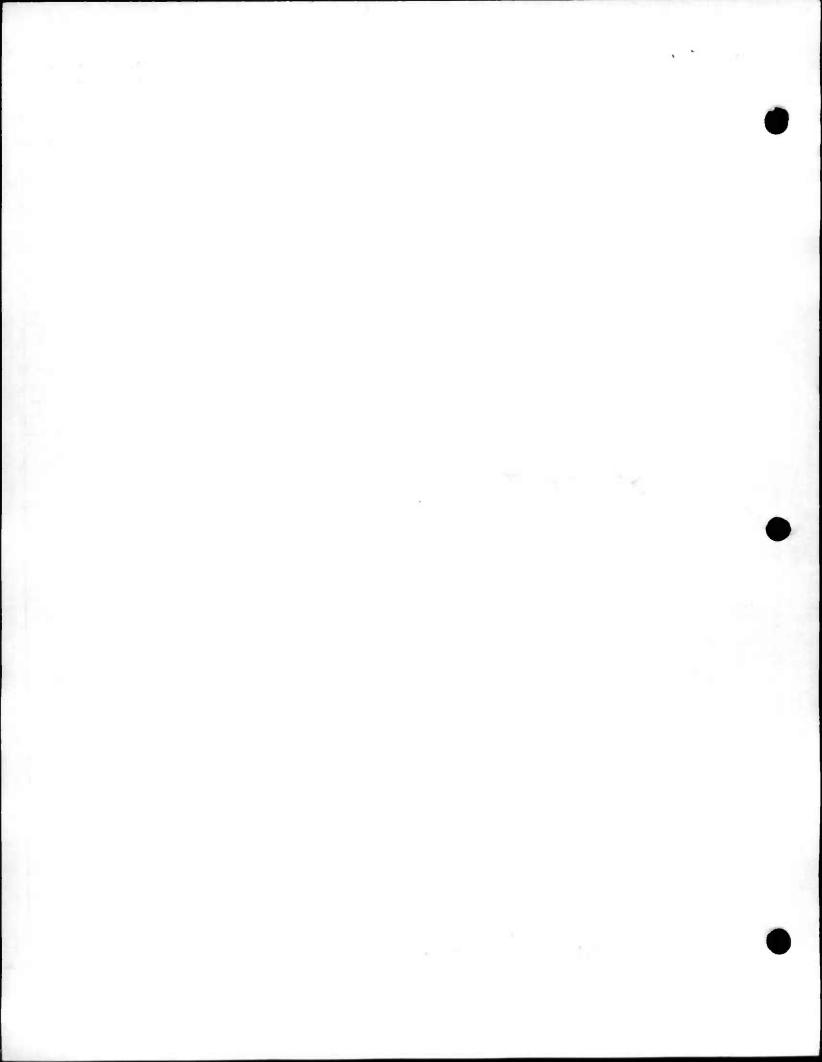
OCT 0 7 1991

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

	1. DECEDENT'S NAME (First, Middle, L	ast) //	11.	. 0	11		DEATH	2. DATE OF			3. TIME OF DEATH
		Ma	tlie E	. 5	eldo	n		MONTH	3	YEAR	10.20 P M
	4. SOCIAL BECURITY NUMBER	5. SEX (8. AGE (In yrs. In	st birthday) YRS.	IF UNDER 1 Y	EAR MYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, Di	ny, Ybar)	Cou	THPLACE (State or Foreign ntry)
	9a, FACILITY NAME (If not institution, g	give street and number)			9b. CITY, TO	O MWC	R LOCATION OF DE			9c. COUNTY OF	
OR	Mallard Bay Nurs	ing Home			Cam	nbr:	idge		[Dorche:	ster
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. CO		_	10c. CI	Y, TOWN OR I	LOCAT	TION				10d. INSIDE CITY
듬	Maryland W	icomico		Que	antico						LIMITS? 1 YES 2 XNO
A	10s. STREET AND NUMBER						. ZIP CODE		1		WHAT COUNTRY?
FUNERAL	Route #1, Box 11						21856		100	USA	
	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2 K		If ye	es, spi	ENDENT OF HISPAI ecity Cuban, Maxica 2 NO Specif	in, Puerto Rica	Specify Yea or in, atc.)	Sp	ce — American Indian, ack, White, atc. acity: ican America
E	15. DECEDENT'S (Specify only highest)	EDUCATION grade completed)	16a. D	ECEDENT'S	USUAL OCCL	UPATIC	ON set of working	16b. KH	ND OF BUSIN	NESS/INDUSTRY	
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 6+)			work done duri se retired.)						
- M	7th grade 17. FATHER'S NAME (First, Middle, Last	2	dor	mesti	С		18. MOTHER'S NA	_	ouseke		
2	William Moore	4					Elizabe	West Indiana		лнете)	
1	19a. INFORMANT'S NAME (Type/Print)		11	Db. MAILING	ADDRESS (S	Street a	and Number or Rural			State, Zip Code)	
2	Alvin Seldon		6	525	Edgert	on	Drive, L	anham,	Mary	land 20	706
	20a. METHOD OF DISPOSITION 1 🔀 Burial 2 🗆 Cremetion 3 🗆	Removal from State	20b. PLACE	OF DISPO	SITION (Name	of pen	metery, crematory or			ATION — City or	
	4 Donation 6 Other (Specify)		Oddf	ellow	s Cem		OF FA		Weti	ipquin,	Maryland
	atrus	· Willer O						Rt. #	F/. HO:	x 9/U.	Jersey Road
	IMMEDIATE CAUSE (Finel	or complications that ure List only one caus	caused the d	eath. Do	not anter th	e mo	da of dying, suc	al Char th as cardiac	el, Sa	lisbury,	Jersey Road Marvland Approximate Interval Between Onset and Death
	ahock, or heart fall	ure. List only ond caus	caused the de on sech lin) ssi	not anter th	e mo	da of dying, suc	al Char th as cardiac	el, Sa	lisbury,	Maryland Approximata interval Between
	ahock, or heart fall IMMEDIATE CAUSE (Final disease or condition	a	e on sech lin	EOUENCE C	not enter the	e mo	Memoric da of dying, suc ute m CV2	al Char th as cardiac	el, Sa	lisbury,	Maryland Approximata interval Between
MEDICAL	ahock, or heart fall iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a	OR AS A CONSE	EOUENCE C	not enter the	S	eda of dying, such	al Char the according	el, Sa	UTOPSY 2	Marvland Approximata interval Between
: MEDICAL	ahock, or heart fall IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (C b. DUE TO (C c. DUE TO (C d. State of the state of the	OR AS A CONSE	EOUENCE C	of the under the office of the second of the	S (Carrying	eda of dying, such	Part I. 24 Cult of the control of t	c or reapired	UTOPSY 2	Approximate Intervel Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death
PHISICIAN: MEDICAL	ahock, or heart fall IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent cond 25. WAS CASE REFERRED TO MEDIC. EXAMINERTY	a. DUE TO (C c. DUE TO (C d. DUE TO (C d. LITTON CONTRIBUTION CONTRIBU	OR AS A CONSE OR AS A CONSE OR AS A CONSE ER/Outpetlent NJURY , Year)	EOUENCE COUENCE CEOUENCE COUENCE CEOUEN	OTHER: 4 Nursing ME OF JURY M	S () S ()	g cause given in C P D G Cause given in C P D G Cause given in C P D G Cause given in C P D G Cause given in C P D G Cause given in C P D G Cause given in	Part I. 24 Cut 1 Pock only one) 6 Other (S	c or reapired a. WAS AN AL PERFORME YES 2	UTOPSY 2 DURY OCCURED	Approximate Interval Between Onset and Death 4b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ETED BY PHYSICIAN: MEDICAL CERTIFICATION	ahock, or heart fall IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent cond 25. WAS CASE REFERRED TO MEDICE EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 6 Pending 1 Investigat 3 Suicide 6 Could no determine	a. DUE TO (C b. DUE TO (C c. DUE TO (C d. LITIONA CONTRIBUTING TO C AL. HOSPITAL: 1 Inpatiant 2 28a. DATE OF II (Month, Day altion 28b. PLACE OF building, e	OR AS A CONSE OR AS A CONSE OR AS A CONSE ER/Outpetlent NJURY	EOUENCE COUENCE CEOUENCE COUENCE CEOUEN	OTHER: 4 Nursing ME OF JURY M	S () S ()	g cause given in C P D G Cause given in C P D G Cause given in C P D G Cause given in C P D G Cause given in C P D G Cause given in C P D G Cause given in	Part I. 24 Deck only one) 6 Other (S 286. DESCR	c or reapired a. WAS AN AL PERFORME YES 2	UTOPSY 2 DNO	Approximate Interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death
BY PHYSICIAN: MEDICAL	ahock, or heart fall IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent cond 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 6 Pending 2 Accident investigat 3 Suicide 6 Could no determine 29e. CERTIFIER (Check only 1 CERTIFYING 5	a. DUE TO (C b. DUE TO (C c. DUE TO (C d. LITIONA CONTRIBUTING TO C AL. HOSPITAL: 1 Inpatiant 2 28a. DATE OF II (Month, Day altion 28b. PLACE OF building, e	OR AS A CONSE OR AS	EOUENCE COUENCE CEOUENCE COUENCE CEOUEN	OTHER: 4 Division ME OF 28 JURY M street, factory	26. PL 26. PL 26. PL 27. Office 28. Asta	g cause given in C P D g cause given in LACE OF DEATH (C) TORKY YES 2 NO	Part I. 24 Pert I. 24 Could for the cause of the cause	c or reapired c or reapired c or reapired performed YES 2	UTOPSY 2 ED? 2 UNIV OCCURED I NO UNIV OCCURED I No univer or Run er se stated.	Approximate Interval Between Onset and Death Death Onset and Death Death Onset and Death Dea



1 - STATE REGISTRAR	STATE OF MA	RYLAND / DE	PARTMENT O	F HEALTH AND	MENTAL HYGIEN		C0104			
1. DECEDENT'S NAME (First, Middle Mere) 4. SOCIAL SECURITY NUMBER	dith D. W	inega	~	negar, Sr	2. DATE OF DEATH	XAY Y	3. TIME OF DEATH			
213-38-4126 90. FACILITY NAME (If not institution	1 XM 2 7 F	AGE (In yrs. hist birt	/RS. MONTHS D.	AVS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 5-11-19		BIRTHPLACE (State or Foreign Country) Maryland			
Southern Mary	Vans Hosp. Ce	inter.		CIIN ton	ATN	Pring	of DEATH CE George's			
	Charles		waldorf				10d, INSIDE CITY LIMITS? 1 YES 2 NO			
11. MARITAL STATUS				101. ZIP CODE 20601		USA	OF WHAT COUNTRY?			
3 Widowed 4 Divorced	12. WAS DECEDENT F FORCES? 1X IF YES GIVE WAR 1962-196	YES 2 NO	It ye	B DECENDENT OF NISPAN s, specify Cuben, Mexice YES 2 NO Specify	n, Puerto Ricen, etc.)	s or No.— 14.	RACE — American Indian, Black, White, etc. Specify: White			
Specify only higher than the secondary (0-12) 12 Grades 17. FATHER'S NAME (First, Middle, Leading to the secondary (0-12) 18. DECEDENT (Specify only higher than the secondary (0-12) 19. DECEDENT (Specify only higher than the secondary (0-12) 19. DECEDENT (Specify only higher than the secondary (specify only higher than	r's EDUCATION st grade completed) College (1-4 or 5+)	(Give kil	ENT'S USUAL OCCU and of work done durin NOT use retired.)	PATION ag most of working	166. KIND OF BU	16b. KIND OF BUSINESS/INDUSTRY				
17. FATHER'S NAME (First, Middle, L Charles B.		T Opt	101411	18. MOTNER'S NAI	ME (First, Middle, Melden Hammack	Sumeme)	ooro			
Mary Elizabe		19b. MA 55	00 Jeff	reet and Number or Rural F Tey Circ	le, Wald	orf, State, Zip Coo	^{se)} Md. 20601			
20e. METNOD OF DISPOSITION 1	Entomblient	cemetery, cremator			10/14		wood, Md.			
21. SIGNATURE OF FUNERAL SERVICES FOR SERVIC	Huntt D0022	27	[P.C	HUNTER BOX 15	6, Waldo	rf, Mo	d. 20604			
ahock, or heart for immediate cause or condition resulting in death)	disease or condition									
Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury) that initiated eventa DUE TO (OR AS A CONSEQUENCE OF):									
PART II. Other significant cor	PART II, Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO OF D									
25. WAS CASE REFERRED TO MEDI EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN	HOSPITAL:	/Outpatient 3 □ Do	OTHER:	8. PLACE OF DEATN (Che						
27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investig	28e. DATE OF INJU (Month, Day, Ye	JRY 28b	TIME OF 28c. INJURY M 1	Home 5 Residence (28d. DESCRIBE HOW II	NJURY OCCURE	10			
3 Suicide 8 Could r 4 Homicide determi		JURY At home, te (Specify)	erm, atraet, factory, o	office	28f. LOCATION (Street a City or Town, State)	and Number or Ri	ural Route Number,			
Check only 1 CERTIFYING	PNYSICIAN: To the best of my in (AMINER: On the basis of examination)	knowledge, death oc nation end/or investi	ccurred at the time,	date end place, end due t	o the ceuse(s) end men ime, date and place, en	iner es stated, d due to the cer	use(s) end menner es stated.			
296. SIGNATURE AND TITLE OF CEI	Losins			29c. LICENSE NUMI		29d. DATE SIG	NED (Month, Day, Year)			
30. NAME AND ADDRESS OF PERSO	thy 149 953	56 CRA	4.1	upper 1	n melbin	MOZ	20772			
9CT 1 1 '91	Julia Su	Ham-Rand	we		,					



TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

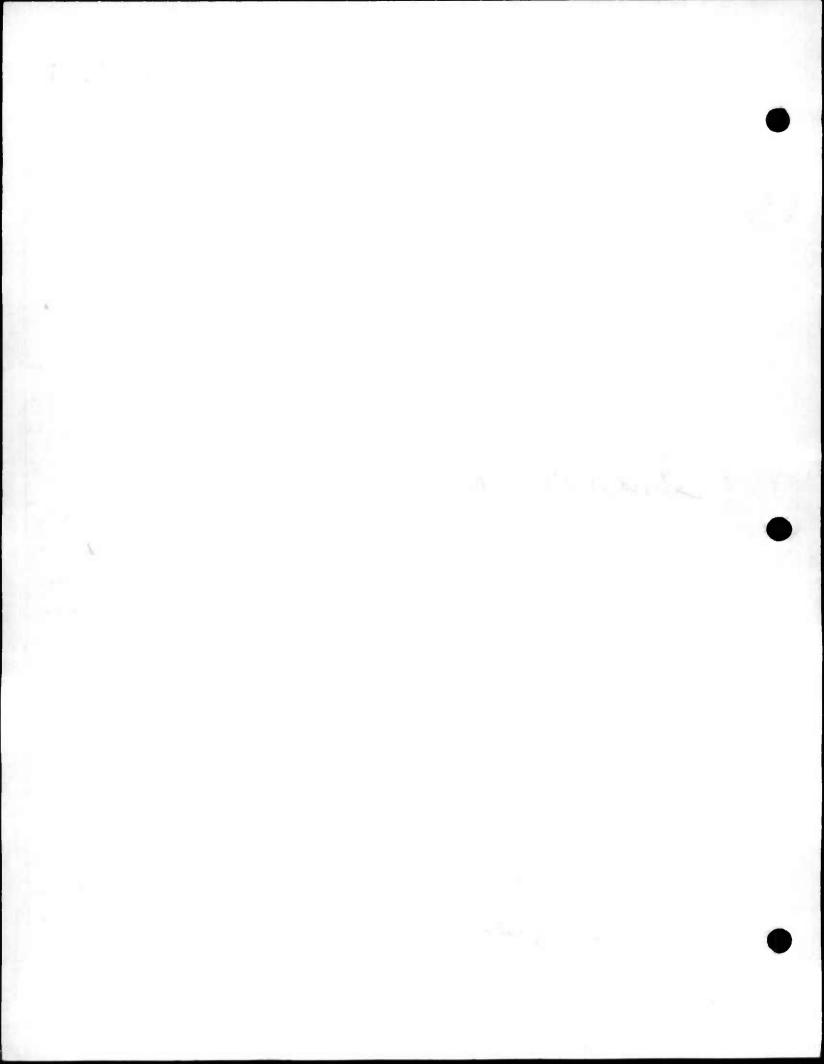
	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTME CERTIFICA	NT OF H	EALTH AND DEATH	MENTA	L HYGIENI REG. NO.		_0/00		
	1. DECEDENT'S NAME (First, Middle, Last)						OF DEATH		3. TIME OF DEATH		
	THEODORE	A. E	VANS W	HITEI	EY SR.	MONT 1			9:30P w		
1	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In		IDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH	8. BIRTH	PLACE (State or Foreign		
}	214-20-7845 1 X M 2 F 89 YRS. MONTHS DAYS HOURS MIN. (Month, Day, Year) Country) MAI										
P	9s. FACILITY NAME (if not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH										
8	G.B.M.C. 6701 N.CHARLES STREET TOWSON BALTIMOR										
DIRECTOR	10e STATE 10e COUNTY										
<u>E</u>	IOL COOKIT						10d. INSIDE CITY				
	MARYLAND BAL 100. STREET AND NUMBER	TIMORE	MOI	NKTON				1 YES 2 NO			
FUNERAL				101.	ZIP CODE			10g. CITIZEN OF V			
y	16947 GERTING R				21111			U.S.A.			
5	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED 2 NO	13. WAS DECI	ENDENT OF HISPAI	NIC ORIGIN	N? (Specify Yes Rican, etc.)	- American Indian, White, etc.			
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DAT	ES	1 TYES	2 NO Specif	fy:	, , , , , ,	fy:			
	15. DECEDENT'S EDUC	ATION	16e. DECEDENT'S USUA	OCCUPATIO		1 401		Caucasian			
E	(Specify only highest grade of Elementary/Secondary (0-12)	(Give kind of work do	ne durina mos	st of working	100	. KIND OF BUS	INESS/INDUSTRY				
7	11	College (1-4 or 5 +)	Farme	ייר			Farr	n i 20 m			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		T CLI III	2.1	10 MOTHERIO 114	105 (5)					
Ö		albot Wh:	iteley		18. MOTHER'S NA			.,			
BE	19a. INFORMANT'S NAME (Type/Print)	XIDO WIII.		500 (0)		uise		rans			
2	Bettie S. White	عتم اح	19b. MAILING ADDR		4.4		ber, City or Town	State, Zip Code)			
				-	as #1	_					
	24st METHOD OF DISPOSITION 1.40 Buriel 2 Cremation 3 Remo		LACE AND DATE OF DISI ery, crematory or other ple	col		DAT		ATION — City or To			
	St. James Cemetery 10/13 Monkton, Ma										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Kurtz Funeral Home										
	Jarrettsville, Maryland										
	23. PART i. Enter the diseases, or co	omplicatione that chused	the deeth. Do not en	ter the mod	de of dying, auc	h ae care	diec or reepir	atory errest,	Approximete		
	ahock, or heert feliure. Liet only one ceuse on each line. IMMEDIATE CAUSE (Final										
1	disease or condition										
- 1	resulting in death) a. SIAPH PNEUMUNIA DUE TO (OR AS A CONSEQUENCE OF):										
z	CHRONIC ORSTRUCTIVE LUNC DICEACE										
일	Sequentially list conditione, if any, leading to immediate B. CHRONIC OBSTRUCTIVE LUNG DISEASE DUE TO (OR AS A CONSCOUENCE OF):										
S	cause. Enter UNDERLYING										
<u>E</u>	thet initieted events	DUE TO (OR AS A C	ONSEQUENCE OF):								
CERTIFICATION	resulting in death) LAST										
	PADT II Other significant and disco-										
Se l	PART II. Other algnificent conditiona			underlying	ceuae given in	Pert i.	24a. WAS AN A PERFORM		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO		
	ATHEROSCLERO	OTIC HEART	DISEASE			_	1 TYES 2	16	COMPLETION OF CAUSE OF DEATH?		
M									1 YES 2 NO		
PHYSICIAN: MEDI											
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Ch	eck only on	ne)				
ls l		1 Inpatient 2 ER/Outpat	lant 3 DOA 4 D		5 Residence	8 🗆 Other	r (Specify)				
H	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJU WOR		26d. DES	CRIBE HOW IN	JURY OCCURED			
BY	1 Natural 5 Pending 2 Accident Investigation	, , , , , , , , , , , , , , , , , , , ,	M		ES 2 NO						
	3 Suicide 8 Could not be	28e. PLACE OF INJURY - building, etc. (Specify	At home, ferm, street, f	actory, office		28f. LOC	ATION (Street ar	d Number or Rural A	oute Number,		
E	4 Homicide daterminad	animal sic. (openly	,			City	or Town, State)				
COMPLETED	29a. CERTIFIER (Check only	IAN: To the best of my knowled	Ine death occurred at th	a lime data a	and place and due	4- 44-					
Š	one) 2 MEDICAL EXAMINER	: On the beals of axamination e	and/or investigation. In m	v opinion de	ath occured at the	lime dete	end place, and	er es stated.			
	29b. SIGNATURE AND TITLE OF CERTIFIER										
8	to the R	Near			29c. LICENSE NUM	MBER		29d. DATE SIGNED	(Month, Day, Year)		
₽	30. NAME AND ADDRESS OF PERSON WHO	COMBI ETED CHICA	Δ		UI	116	7	10//	0/4/		
	T RIALITA	A COMPLETED CAUSE OF DEAT	H (ITEM 27) (Type, Print)	1	Rolt	,	4.0	1/			
	31. DATE FILED (Month, Day, Year)	m))4	10/ Usles	M	Barro	md	400	7			
	OCT 1 1 '91	32. REGISTRAR'S SIGNAT	son-Randelle								
	OULTIOL	1	-1								

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020 physia buria
LAND 21215-0020 If the hospital or attending physician. The detached for use as the burial-transit permit

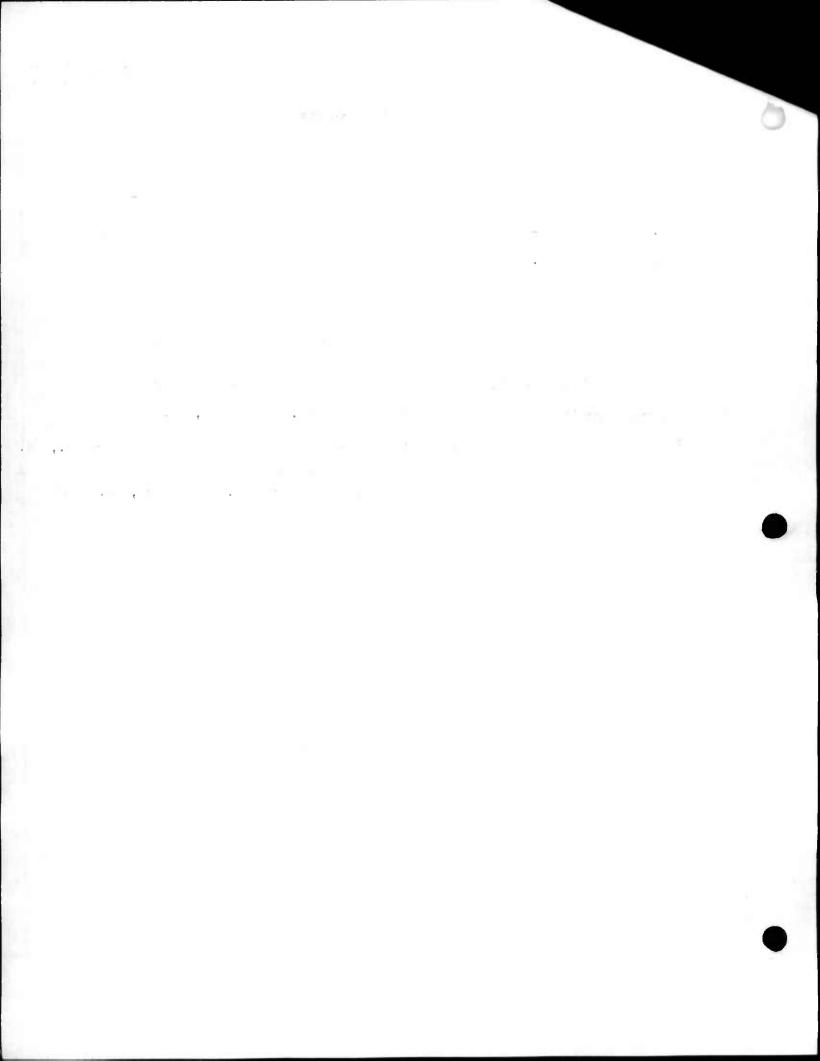
E	7	10e. STREET AND NUMBER	
usit.	TO BE COMPLETED BY FUNERA	1332 The Terrace	
YLAND 21215-0020 by the hospital or attending physician. be detached for use as the burial-transit at once.	S		2. WAS DECEDE
Par Par	7	1 Never Married 2 Merried	FORCES? IF YES, GIVE
MARYLAND 21215-0020 retained by the hospital or attending physic 5 should be detached for use as the burial notified at once.	8	3 Widowed 4 Divorced	
2121 al or atte for use a	Ē	15. OECEDENT'S EDUCAT (Specify only highest grade cor	TON hpleted)
12 o Tal	Ë	Elementary/Secondary (0-12)	College (1-4 or 5
AND the hospits detached once.	MP	12 years 4	years
YLAN by the hos be detach at once.	8	17. FATHER'S NAME (First, Middle, Last)	
A 5 5 7	핆		nerspoo
AAA shor	0	19a. INFORMANT'S NAME (Type/Print)	
be n		Lucille R. Wither	cspoon
MORE e 6 may rector, pa		20e. METHOD OF DISPOSITION 1 T Burlel 2 Cremetion 3 Remove 4 Donation 5 Other (Specify)	I from State
THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the FINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, certainly, or removal. PORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at		21. SIGNATURE OF FUNERAL SERVICE LICEN	Mic
DIVISION OF VITAL MECORDS, P.O. BOX 68760, DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after d DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical as		23. PART I. Enter the diseasea, Dr comehock, Dr heart fellure. Lis	nplications th
filled on, o		IMMEDIATE CAUSE (Final	
thin thin setely ematin		diseese pr condition resulting in death)	
76(ed wi			DUE TO
P.O. BOX 68760, th certificate be executed with ending physician and complete if Hygiene prior to burial, crem or other traumatic event.	N N	Sequentially list conditions,	
be ex ior to	ATI	if any, leeding to immediate cause. Enter UNDERLYING	DUE TO
certificate be noting physiciar Hygiene prior or other trau	5	CAUSE (Disease Dr Injury C	DUE TO
certificat ding phy tygiene p	Ē	that initieted events reaulting in death) LAST	DOL 10
he death of the attend Mental Hy	E	d	
DIVISION OF VITAL RECORDS, OR ATTENDING PHYSICIAN: The law requires that the dea DIRECTOR: After this certificate has been signed by the att hours after death with the State Dept. of Health and Mental them 28 is marked, or tiem 23 shows any Injury.	PHYSICIAN: MEDICAL CERTIFICATION	PART II. Other aignificant conditions of	ontributing to
or that the ned by the the and land	5		
requires the seen signed of Health	빌		
A: The law required has been State Dept. of item 23 sho	-		
AL he law s has b e Dept. m 23	₹ I	25. WAS CASE REFERRED TO MEDICAL	
AN: The fifteate h State (Sic	EXAMINER?	OSPITAL:
Sicial Certification the the	Ŧ	27. MANNEB OF DEATH	26a. DATE O
MG PHYS free this ceath with marked,	ВУ Р	1 Natural 5 Pending	(Month, I
NDING R R: After r death		2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE (
TAL DR ATTEN TAL DIRECTOR: 72 hours after 1f flem 28 is		4 Homicide determined	building
DIRECT DIRECT POURS	E	29a. CERTIFIER 1 CERTIFYING PHYSICIAI	No To the house
HOSPITAL FUNERAL Within 72 h	BE COMPLETED	(Check only one) 2 MEDICAL EXAMINER: C	
THE HOSPI THE FUNER filed within PORTANT:	ŏ	29b. SIGNATURE AND TITLE OF CERTIFIER	
TO THE TO THE Per filed	8	michael Make	1
₽ ₽ ₽ ₹	2	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAU
		10-1 1 1061	

	Robert Charl		2. DATE OF DEATH OCT. 11, DAY991 YEAR 3. TIME OF DEATH										
	4. SOCIAL SECURITY NUMBER 223~10~0727 9a. FACILITY NAME (If not institution, gi	1 M 2 - F	GE (In yrs. lest b	YRS.	IF UNDER	DAYS	IF UNDER HOURE	MIN.	7. DATE OF BIRTH Dec. 26, 1	904	8. BIRTH	IPLACE (State or Foreign Labama	
TOR	Washington Count		Hagerstown B. CITY, TOWN OR LOCATION OF DEATH Hagerstown Washington										
FUNERAL DIRECTOR	100. STATE 10b. COU Maryland			agers					10d. INSIDE CITY LIMITS? 1 YES 2 NO				
ERAL	100. STREET AND NUMBER 1332 The Terra		107. ZIP CODE 21740						VHAT COUNTRY?				
BY	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	ER IN U.S. ARME 'ES 2 X NO R DATES	ED	,	1 yes, sp	ENDENT OF	, Mexican	C ORIGIN? (Specify Yes , Puerto Rican, atc.)	14. RACE Black Speci	- American Indian, k, Whita, atc. hy: White			
COMPLETED	15. OECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 years 14 years 16e. OECEDENT'S USUAL OCCUPATI (Give kind of work done during mills. Do NOT use retired.) OWNER						upation ing most of working 166. KINO OF BUSINESS/INDUSTRY oil distributor					c	
BE CO		Vitherspoon					Eva	1		llia			
10	19a. INFORMANT'S NAME (Type/Print) Lucille R. Wit	herspoon	19b. II						erstown, N			21740	
	20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremetton 3 Removal from State 4 Departion 5 Other (Specify) 20b. PLACE AND DATE Of DISPOSITION (Name of Specific Competency of Other (Specific Competency) 20c. LOCATION — City or Town, State 10/4 Hagerstown, Mary La										wn, siene Maryland		
27. NAME AND ADDRESS OF FACILITY 305 N. Po										ac Street Maryland			
	23. PART I. Enter the diseasea, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or reapiratory arrast, interval Between the control of the control										interval Between Onaet and Daath		
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury that initiated events reaulting in death) LAST Enter UNDERLYING CAUSE (Disease Dr Injury that initiated events and the consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):												
MEDICAL C	1 YES 2 DANG OF DEATH?									AVAILABLE PRIOR TO COMPLETION DF CAUSE			
Sic	1 YES 2 NO	HOSPITAL: 1 Inpatient 2 I ER/C	Outpatient 3 🗆		OTHER	:			Other (Specify)		_		
Y PHYSICIAN	27. MANNEB OF DEATH 1 Netural 5 Pending	26a. DATE OF INJUI (Month, Day, Yea	TY 2	8b. TIME INJU	OF	28c. INJU	JRY AT	1	28d. DESCRIBE HOW IN	JURY OC	CURED		
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28a PLACE OF IN II	JRY — At home,	, ferm, st	reet, facto				281. LOCATION (Street ar City or Town, State)	181. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHY	/SICIAN: To the best of my kr	nowledge, death	occurred	d at the tin	ne, deta	and place,	and due to	the cause(e) and many	ner as atat	ed.		
18	29b. SIGNATURE AND TITLE OF CERTIF			-		1							
10 BE	michael Mr	ham.	M+	0			O/	46		29d. DATI	/O/	(Month, Day, Year)	
		rmagk	1799	14		il	Loc.	1	Hezersk	wa	M	d 21740	
	31. DATE FILED (Month, Day, Jear)	Filts Davids	SNATHENDA	22									



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Trours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
w requires that the	t. of Health and h	shows any in
SICIAN: The la	certificate has	1, or item 23
ENDING PHY	R: After this er death with	is marked
IAL DR ATTI	AL DIRECTO 72 hours afte	if Item 28
TO THE HOSPIT	TO THE FUNERS be filed within 7	IMPORTANT:

	(RAR		MAKYLANU /				DEAT		MENTA	REG. I		ı	
	EISIE	BANCE	जां 5	Els	ie E	ancs	sits		2. DATE	e of DEATH	DAY	1997	3. TIME OF DEATH
Ż	2.16-36-621		a. AGE (In yrs. lest	t birthday) YRS.	MONTHS	DAYS	HOURS	24 HRS. MIN.		OF BIRTH		8. BIRT	THPLACE (State or Foreign ntry) ungary
TOR		norial HOsp	ital		86. CITY, TOWN OR LOCATION OF DEATN Baltimore City Sc. COUNTY OF DEATN								DEATN
DIRECTOR	RESIDENCE OF DECEDE	COUNTY		10c. CIT	10c. CITY, TOWN OR LOCATION Baltimore							10d. INSIDE CITY LIMITS? 1 YES 2 \(\square\) NO	
FUNERAL	100. STREET AND NUMBER 3648 Dudley				101	ZIP CODE	213			10g. CITIZEN OF WHAT COUNTRY?			
B	11. MARITAL STATUS 12 Never Married 2 Married 3 Widowed 4 Divorced		IT EVER IN U.S. ARI YES 30 N WAR OR DATES								14, RAC Black	CE — American Indian, ck, White, atc.	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 188. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired) Home Home												
BE CO	17. FATNER'S NAME (First, Middle, Last) Stephan Bancsits 18. MOTNER'S NAME (First, Middle, Maiden Surname) Elizabeth Lokadar												
70	19a. INFORMANT'S NAME (Type/Prin Andrew Bancsi		19b	3648	ADORES:	s (Street a	Ave.	or Rural A Ba	loute Num	more,	Md.	⁷ 2121	3
	20a. METNOD OF DISPOSITION 1 Burlal 2 Cremation 3 C 4 Donation 5 Other (Specify)	HOLLY		ther Mace	oria	al Ga			0/25/	91 E	- City or 1	more Co., Md
4	21: SIGNATURE OF FUNERAL SERV	Surfly	enter.		E	ruzo		ki r	une	ral H			Md. 21221
	23. PART I. Enter the disease ahock, or heart fa IMMEDIATE CAUSE (Final disease or condition resulting in death)	nore. List only one cat	ise on aach lina.								apiratory a	irreat,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that infitiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
PHYSICIAN: MEDICAL (PART II. Other algorificant conditions contributing to death but not resulting in the Plenca Effections						cause gi	iven in F	Part I.	PERF	RFORMED?		b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO	HOSPITAL:			OTHER	1 :	ACE OF DE						
ž	27. MANNER OF DEATH	28a. OATE OF		28b. TIME	E OF	28c. INJL		-		F (Specify) SCRIBE NOV	/ INJURY O	CCURED	
BY	1 Natural 5 Pending 2 Accident Investig	ition N	(Month Dey, Year) March M							1	A		
	4 Homicide determin	3 Suicide 8 Could not be 28e. PLACE OF INJURY — At home, farm, streat, factory, office 28f. LOCATION (Street and Number or Rural Rout								Route Number,			
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYINO 2 MEDICAL EX	PHYSICIAN: To the best of AMINER: On the basis of ex	my knowledge, das camination and/or in	th occurre	d at the ti	me, deta i pinion, de	ath occure	and dua to	o the cau	use(a) and m	anner as at	inted. the cause(s) and manner as stated.
#1	SIGNATURE AND TITLE OF CES	DU -	- M	Q.			29c. LICEN				-		O (Month, Day, Year)
۵ ا	BOBELT D.	SQUADE	SE OF OEATH (ITEM	27) (Type,	Print) Z	91	E.U	IMI	VER	SIL	Bu	VD	
	31. DATE FILEO (Month, Day, Year)	2 3 1991	R'S SIGNATURE	hon-V	andel	2	2111	au j		"	-1 LU.		



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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours a	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by	8
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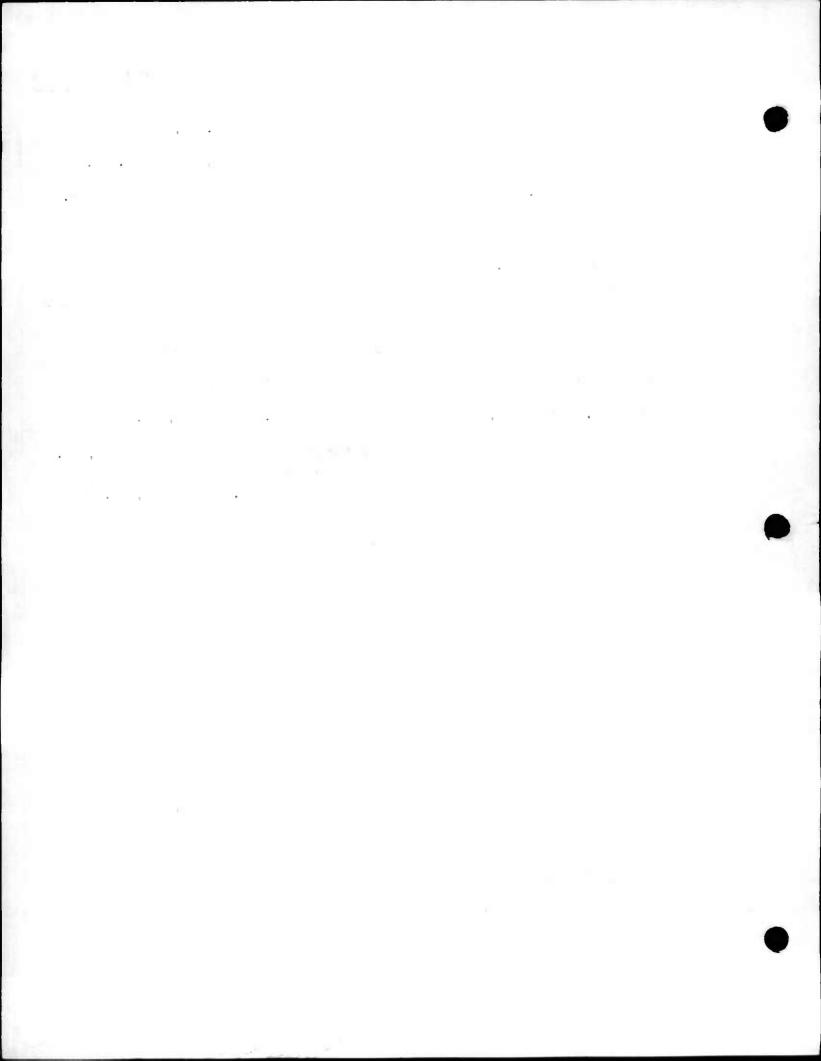
31. DATE FILED (Month, Day, Year)

Gulia Davis

	1 - FOR STATE REGISTRAR		STATE OF I	MARYLAND A	DEPAR ERTIF	RTMENT	OF H	EALTH	AND	MENTAL HYGIEI	42	91 :	28788
	1. DECEDENT'S NAME (First Haro)	mas Burl				DEA		2. DATE OF DEATH		YEAR 3.	TIME OF DEATH		
	4. SOCIAL SECURITY NUM 236 32 521	1	5. SEX	st birthday) YRS.	MONTHS DAVE		# UNDE	R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	921	BIRTHPLACE (State or Foreign Country) W Va .		
OR	96. FACILITY NAME (If not institution, give street and number) 811 Brunswich Rd.							Sex	ION OF DE	EATH	1200	timor	•
2	RESIDENCE OF DEC	10b. COUNT	2	T							. 0 12/1/02		
FUNERAL DIRECTOR	Md	Bal	timore		10c. CIT	Esse		TON			10		
RAI	10a. STREET AND NUMBER						101	. ZIP COD	E		10g. CITIZ	EN OF WHAT	COUNTRY?
N	11. MARITAL STATUS	runswi	ch Rd.					2	1221			USA	
BY	11. MARITAL STATUS 1 Never Merried X Married 3 Widowed 4 Divorced 12. Was DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES						13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 VES 2 NO Specify: 14. RACE — American India Black, White, etc. Specify: White						American Indian, ofte, etc. White
Ш	15. DEC	EDENT'S EDU y highest grade	CATION Completed	16s. Of	CEDENT'S	USUAL OC	CUPATIO	N		16b. KIND OF BU	ISINESS/INDU	JSTRY	
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5-1) life. Do I					(work done during most of working use retired.) Ther Construction							
BE CO	17. FATHER'S NAME (First, Middle, Last) Herman Burkhalter 18. MOTHER'S NAME (First, Middle, Meiden Surname) Nellie Lantz												
70	19a. INFORMANT'S NAME (Type/Print) Dorothy G. Burkhalter, Wife 19b. MAILING ADDRESS (Street and Number or Burat Route Number, City or Town, State, Zip Code) 811 Brunswich Rd. Baltimore, Md. 21221										21		
	20s. METHOD OF DISPOSITION 1 OLD Further 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, crematory or other place) 20c. LOCATION - City or Town, State 10/19/91 Baltimore, Md.												
- 4	21. SIGNATURE OF FUNERAL	L SERVICE LIC	CENSEE	/	1	22. 1	NAME AN	D ADDRE	SS OF FA	CILITY		OTHO!	o inte
1	Mun	3	rugh	fund	E					uneral Hom			
_	23. PART i. Enter the di	sesses, or o	complications tha	t caused the de	ath. Do r	not enter	the mo	as u	ern J	Ave. Balt	imore	. Md.	
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Between Onset and Desth of the disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):												
ATION	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING												
CERTIFICATION	CAUSE (Disease or inju that initieted events resulting in deeth) LAS	ry	DUE TO	(OR AS A CONSEC	DUENCE DI	ን:							
	DART II Other simulation	an a see distant											
PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FIND AMILIABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO									LABLE PRIOR TO IPLETION OF CAUSE DEATH?			
S	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL					26. PL	ACE OF O	EATH (Che	ck only one)			
SI	1 TES 2 NO		HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER		5 % Re	sidence	8 Other (Specify)			
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 2 Accident Investigation M 1 YES 2 NO												
0	3 Sulcide 6 G	Could not be determined	28e. PLACE Of building,	F INJURY — At ho	me, ferm, s	treet, fecto	ry, offica			26f. LOCATION (Street : City or Town, State)	and Number o	r Rural Route	Number,
COMPLET	29a. CERTIFIER (Check only one) 1 CERTI	FYING PHYSICAL EXAMINE	CIAN: To the best of R: On the basis of ex	my knowledge, de amination and/or i	eth occurre	d at the tin	ne, data d	and place	and dua	to the cause(s) and mer	nner as stated	f. csuse(s) and	manner as slated.
TO BE (29b. SIGNATURE AND TITLE	Mu	h					29c. LICE	SE NUM	SP.	29d. DATE ▶ / C	SIGNED (Mon	th, Day, Year)
- 1	30. NAME AND ADDRESS OF	PERSON WHO	O COMPLETED CAUS	E OF DEATH (ITER	4 27) (Type,	Print)	1 6						

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funera		RTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notify
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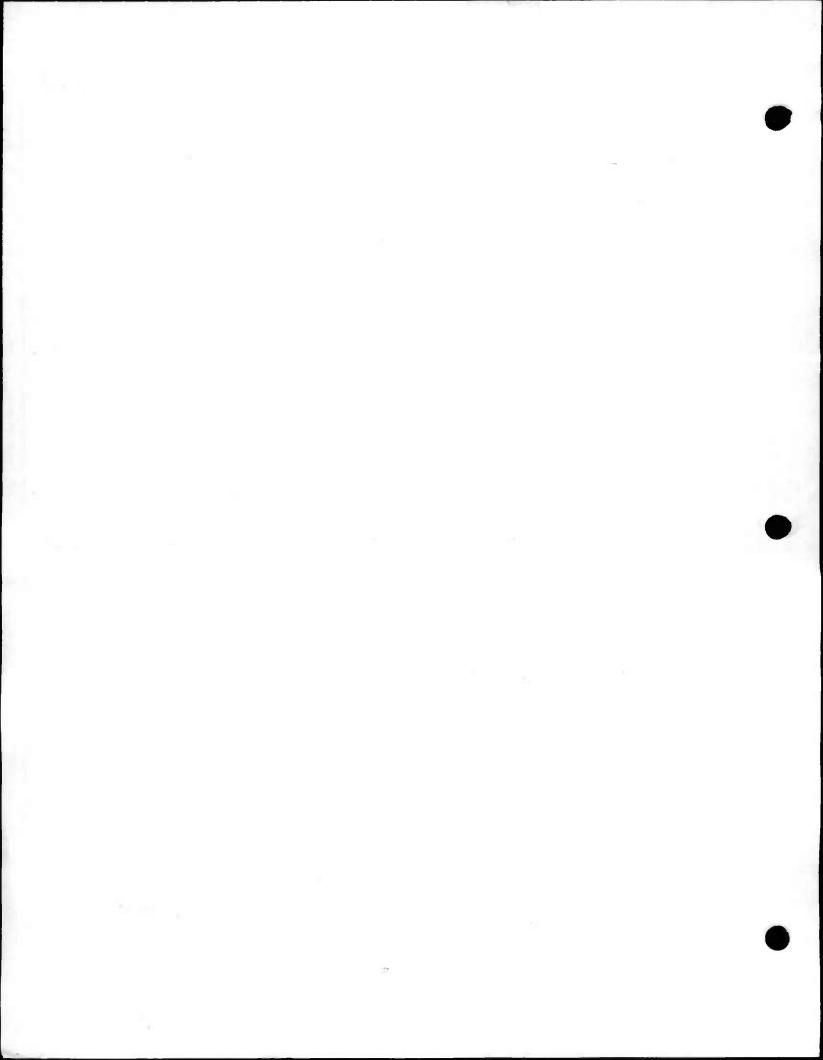
00	1 - FOR STATE OF MARY	LAND / DEPARTMEN	E OF DEATH						
	1. DECEDENT'S NAME (First, Middle, Last) Debbie	Browder	E OF DEATH	REG. NO.	3. TIME OF DEATH				
	DEBBIE V. BROWDER			MONTH DAY 10 22	1991 4:04 a.m ^M				
			R 1 YEAR IF UNDER 24 HRS.		6. BIRTHPLACE (State or Foreign Country)				
1	214-84-0261 1 D M 2 TXF	32 YRS. MONTHS	DAYS HOURS MIN.	5/04/59	Md.				
·	9a. FACILITY NAME (If not institution, give street and number)	9b. CIT	Y, TOWN OR LOCATION OF	DEATH 9c. C	COUNTY OF DEATH				
5	THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY BALTIMORE								
DIRECTOR	10a. STATE 10b. COUNTY	10c. CITY, TOWN	OR LOCATION		10d. INSIDE CITY				
	Md.	Baltin	nore City		1 VES 2 NO				
FUNERAL	10e. STREET AND NUMBER		10f. ZIP CODE		CITIZEN OF WHAT COUNTRY?				
JNE	1673 Cliftview Avenue	IN II C ADMED	21213		U.S.A				
	1 Never Married 2 Married FORCES? 1 YE	S 21 ZNO	If yes, specify Cuban, Maxi		Black, White, atc.				
ВУ	3 Wildowed 4 Olvorced	DATES	1 TES 2 1 NO Spec	crry:	Specify: Black				
COMPLETED	15. DECEDENT'S EOUCATION (Specify only highest grade completed)	16a. DECEDENT'S USUAL ((Give kind of work done	during most of working	16b. KIND OF BUSINESS	INDUSTRY				
ا تر ا	Elementary/Secondary (0-12) College (1-4 or 5+)	life. Do NOT use retired.)		(Cashie	er)				
NO.	17. FATHER'S NAME (First, Middle, Last)	Disabled		Stop Shop					
	Willie Davis			na Alston	e)				
TO BE	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING AOORES	S (Street and Number or Rura	al Route Number, City or Town, State,	Zip Code)				
F	Nicholas Browder	1673 Cli	ftview Av	e./ Baltimor	ce, Md. 21213				
	123 Buriat 2 : Cremation 3 : Removal from State	Ob. PLACE AND DATE OF DISPO	SITION (Name of	DATE 20c, LOCATION	- City or Town, State				
	4 Donallon 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Garrison Fo	rest Vet.	Cem. Owing	s Mills, Md.				
	A A A A		NAME AND ADDRESS OF F						
	Dlady Wanes	W	m.C. Marc	h F/H 1101 E	E. North Ave.				
7	23. PART I. Enter the disease, or complicatione that ceus shock, or heert fellure. List only one ceuse on	ed the deeth. Do not enter each line.	r the mode of dying, au	ich aa cerdiac or reepiratory	errest, Approximete Interval Between				
	IMMEDIATE CAUSE (Finel disease or condition	N-0-1			Oneat and Death				
	resulting in death) a. LXTENSIV	A CONSEQUENCE OF:	25 TO BR	AIN	3 months				
z	- Bropes	,			3 months				
CERTIFICATION	if any, leading to immediate	A CONSEQUENCE OF):			Typians				
ICA	cause. Enter UNDERLYING CAUSE (Disease or Injury								
RTI	that initieted aventa DUE TO (OR AS resulting in deeth) LAST	A CONSEQUENCE OF):							
	d								
SAL	PART II. Other algnificent conditione contributing to deeth	but not reculting in the un	nderlying ceuse given in	n Part I. 24a. WAS AN AUTOPS PERFORMED?	SY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO				
EDIC				1 TYES 2 19 10	COMPLETION DF CAUSE OF DEATH?				
2					1 TYES 2 NO				
AN	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (C	Thank only one)					
Sic	EXAMINER? 1 YES 2 NO 1 Inpatient 2 ER/Ou	tpatient 3 DOA 4 Num							
BY PHYSICIAN: MEDIC	27. MANNER OF DEATH 28a. DATE OF INJURY (Month. Day, Year)		28c. INJURY AT WORK?	26d. DESCRIBE HOW INJURY	OCCURED				
BY	1 Natural 5 Pending (Month, Day, Tear) 2 Accident Investigation	M	1 YES 2 NO						
	3 Suicide 6 Could not be determined 28s. PLACE OF INJUR building, etc. (So	<pre>IY — At home, farm, street, fac ecify)</pre>	tory, office	261. LOCATION (Street and Num City or Town, State)	ber or Rural Route Number,				
ш	29a. CERTIFIER			<u> </u>					
	(Check only CERTIFYING PHYSICIAN: To the best of my kno	wiedge, daath occurred at the i	lime, data and placa, and du	a to the cause(a) and manner as	stated.				
MPL	2 MEDICAL EXAMINER: On the basis of exemplest	on and/or investigation, in my i	opinion, death occured at th	in lime, data and place, and due to	the cause(s) and manner as stated.				
COMPLETED	MEDICAL EXAMINER: On the basis of axaminati								
BE	2 MEDICAL EXAMINER: On the basis of axaminetic		29c. LICENSE NU	JMBER 29d. D	DATE SIGNED (Month, Day, Year)				
	MEDICAL EXAMINER: On the basis of axaminati		29c. LICENSE NU D 38	JMBER 29d. D 3 9 7 5 ▶	LOS 2 9 1				
BE	29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF D 600 N. Wolfe ST		E, MO	JMBER 29d. D 3975 ►	NATE SIGNED (Month, Day, Year)				
BE	29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER	EATH (ITEM 27) (Type, Print) BALTINGE	29c. LICENSE NU D 38	JMBER 29d. □ 39 75 ≥ 21205	LOSZIGIED (Month, Day, Year)				

10 THE HOSPITAL OR ATENDED PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. 10 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. WPORTANT: If item 28 is marked, or litem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires TO THE FUNERAL DIRECTOR: After this certificate has been sign be flied within 72 hours after death with the State Dept. of Heal IMPORTANT: If item 28 is marked, or item 23 shows.	

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	REGISTRAR		CERTIF	ICATE (F DEATH	REG. NO		
- 1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	JAMES		BUCKSON			MONTH D	20	Y5971 M
	4. SOCIAL SECURITY NUMBER		. AGE (In yrs. last birthday)	IF UNDER 1 YE		7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPLACE (State or Foreign Country)
	213-07-7506	1 M 2 F	79 YRS.	WONTING DA	YS HOURS MIN.	5-2-12	1	S.C.
_	9e. FACILITY NAME (If not institution, give :	street end number)		9b. CITY, TO	WN OR LOCATION OF I	DEATH	9c. COUN	TY OF DEATH
2	2601 E. BIDDL	E STREE1		Ba1	timore (City		
EG	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Y	the CD	Y, TOWN OR L	CATION			
DIRECTOR	Md			,				10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER		Di	TLLIMO	re City		40 01717	1 XXES 2 ☐ NO EN OF WHAT COUNTRY?
FUNERAL	2601 East Bidd	1o St			21213		log. CITIZ	U.S.A.
Š	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARMED	13 WAS		NIC ORIGIN? (Specify Ye		
	1 Never Married 2 Merried	FORCES? 1	YES 2 NO ROR DATES X	If yes	, specify Cuben, Mexic	an, Puarto Ricen, etc.)	OF NO.	14. RACE — American Indian, Black, White, atc.
BY	3 Wildowed 4 Divorced	100,000	OH DAILS		YES 2 XO Speci	ny:		Specify: Black
밀	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S	USUAL OCCUP	ATION most of working	166. KIND OF BU	SINESS/INDU	
9	Elementery/Secondary (0-12)	College (1-4 or 5+)	III. Do NOI u	se retired.)				
MP	4th Grade		Ste	elside	2	Bethl	ehem	Steel Corp.
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	n 1 -				AME (First, Middle, Maiden	Sumame)	
띪	Robert	Bucks			Emma		ucks	
2	190. INFORMANT'S NAME (Type/Print) Margaret Bucks	on				Route Number, City or Tow		
	20a. METHOD OF DISPOSITION	011	100					Md. 21213
	t ☑ Buriel 2 ☐ Cremetion 3 ☐ Rem	ovat from State	20b. PLACE AND DATE cemetery, crematory or o	ther place)				ity or Town, State
	4 🖸 Donetion 5 🗆 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIKE	FNSFF	Baltimo		metery		ltim	ore, Md
	N 11 0 0			22. NAM	E AND ADDRESS OF FA	ACILITY		
	Dladys	Wan		WM.	C. MARCI	H F.H. 11	01 E	. NORTH AVE.
	23. PART i. Enter the diseases, preshock, or heart feilure.	complications that of List priv one cause	eused the deeth. Do	not enter the	mode of dying, suc	ch ss cerdiec or resp	ratory arre	
	IMMEDIATE CAUSE (Finel							Intervel Between Onset and Death
	resulting in death)	· 1037	ate Can	cer				amos
		DUE TO (O	R AS A CONSEQUENCE O	F):				
S	Sequentielly ilst conditions,	b. DUE TO (O	R AS A CONSEQUENCE O	.				
RTIFICATION	If any, leeding to immediate cause. Enter UNDERLYING	552 10 (61	AS A CONSEQUENCE O	r):				
	CAUSE (Disease or injury that initiated events	DUE TO (OI	R AS A CONSEQUENCE O	F):				
토	resulting in deeth) LAST	4						
뜅	DATE II Oak I III A AIII							
DICAL	PART II. Other significent condition		/ A	1	ing ceuse given in	Part i. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ă	_ realizable	everial n	ascular A	ccident		1 _ YES 2	WNO	COMPLETION OF CAUSE OF DEATH?
								1 TYES 2 NO
A N	OF WHO OVER DESERVED TO MEDICAL							
<u> </u>	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATN (C)			
PHYSICIAN: M	1 VES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 E	R/Outpatient 3 DOA	4 - Nursing I	Iome 5 HResidence			
5	1 Natural 5 Pending	(Month, Day,		URY	INJURY AT WORK?	28d. DESCRIBE NOW II	NJURY OCCU	RED
à	2 Accident Investigation 3 Suicide	28e. PLACE OF II	UJURY — At home, ferm,		YES 2 NO	224 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
<u> </u>	4 Homicide S Could not be determined	building, etc	. (Specify)	Areet, factory, c	VIICE	28f. LOCATION (Street e City or Town, State)	nd Number o	r Rural Route Number,
9 1	29a, CERTIFIER . TO Z	- 2						
COMPLE			knowledge, death occurre					
8			ination end/or investigation	n, in my opinio	n, death occured at the	time, date and place, an	d due to the	cause(s) and menner se stated.
1 PH	296. SIGNATURE AND TUTLE DF CERTIFIEF				29c. LICENSE NUI	MBER-	29d. DATE	SIGNED (Month, Day, Year)
a II.	SEMP COAT				104164)	10	121191
	30. NAME AND ADDRESS OF PERSON WHO	CV9 1.4 M			ct 1.	15 m. 10 "	1	1000
-	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE	Eager	11 B91	timore, u	11 7	land
Į	net (8.0. K.	70	-V			
	901	38 1991	yuna prividon	-Nordell	<u> </u>			
	\$1. m. s		-					DHMH-16 Rev 1/89

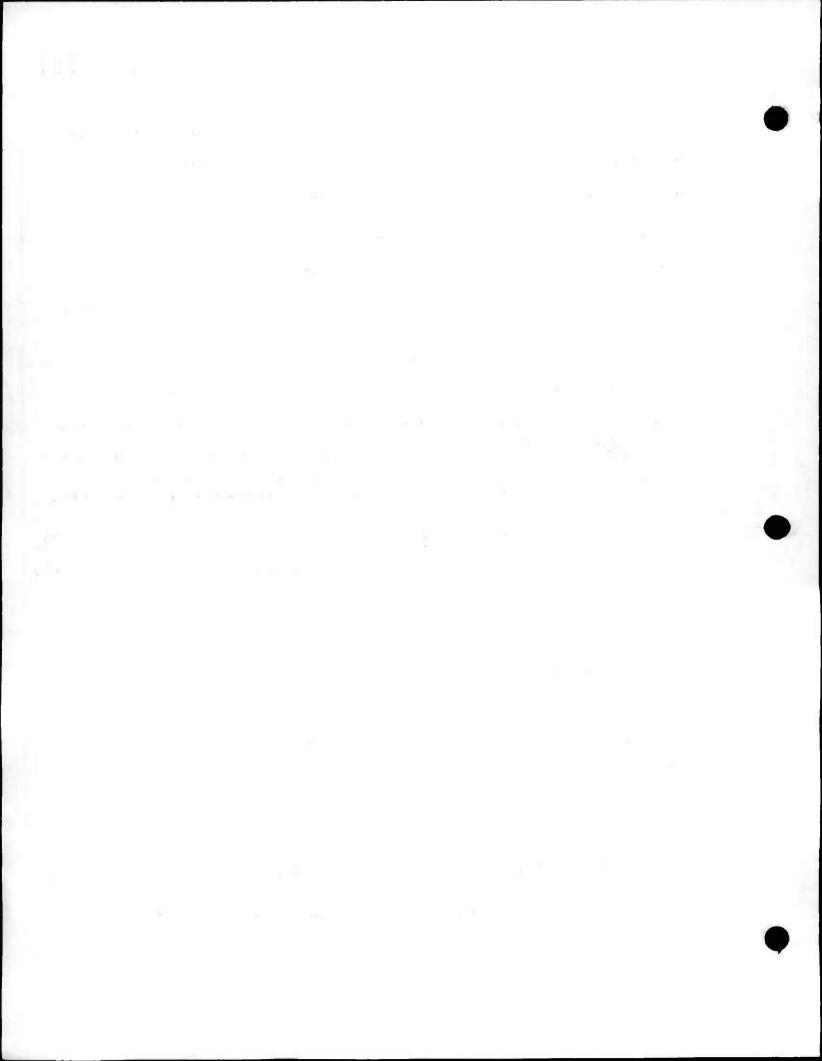


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1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	HEGISTRAR			Ct	HIII	ICATE	: OF	DEA	ГН		REG. NO.				
9	1. DECEDENT'S NAME (First, Mary	Middle, Lest) Helen	Berry							2. DATE	DE DEATH	v 19	9 YEAR	3. TIME OF DEATH) м
	4. SOCIAL SECURITY NUMB	ER	5, SEX	6. AGE (In yrs. las	t hirthday)	IF UNDER	1 VEAD	IF UNDER	1 54 UDC	7 DATE	E BUTTU			PLACE (State or Foreign	_
1	216-07-7755		1 □ M & CXF	95	YRS.	MONTHS	DAYS	HOURS	MIN.	Jan.	Day 1607 8	96	Country	ryland	
-	9a. FACILITY NAME (If not institution, give street and number)						, TOWN C	R LOCATE	ON OF DE	ATH		9c. COU	NTY OF DE	ATH	
DIRECTOR	1905 West I		St.			Baltimore					N/A				
EC	10a. STATE	10b. COUNTY		-	10c, CIT	Y, TOWN C	OR LOCAT	ION						10d. INSIDE CITY	
DIR	Maryland					altir	nore							LIMITS?	
¥	10e. STREET AND NUMBER						101	. ZIP CODE	E			10g. CITI	ZEN OF W	HAT COUNTRY?	
BY FUNERAL	1905 W. Lombard St.							212	23			US	A		
5	11. MARITAL STATUS		12. WAS DECEDENT	EVER IN U.S. AR	MED	13.	WAS DEC	ENDENT O	F HISPAN	IIC ORIGIN	(Specify Yea	or No	14. RACE	- American Indian, White, etc.	
	1 Never Merried 2 3 Wildowed 4 Divoc		IF YES, GIVE W					2 NO			ican, atc.)		Specify		4
	15, DEC	EDENT'S EDUC	ATION	16a. DE	CEDENT'S	USUAL O	CCUPATIO	ON .		16b.	KIND OF BUS	INESS/IND	USTRY		
ET	Elementary/Secondary (0-	highest grade c	College (1-4 or 5 +	(G/	Do NOT us	vork done (le retired.)	during mo	st of working	ng			A			
7	8	,	ounege (1-4 of 5)		Homen	nakar	2			-1	Trama				- 1
COMPLETED	17. FATHER'S NAME (First, MI	ddin Last)		-	Tomer	icarc1		40 44074	15010 1111	WE (E)	Home		·		_
	Phillip	Whi t	abwaa d					[
H	19a. INFORMANT'S NAME (7)	-	ebread								Schis		_		
임											er, City or Town				
	Gloria J		enkopf		1916	W. I	omba	ard S	St.	Balt	imore	Man	wlan	d 21223	
- 1	13D Burtal 2 Company	n 4 - Remo	out tolim State	20b. PLACE A	NDDATE	FDISPOS	ITION (Na	me of		DATE	20c 100	CATION —			
	4 Donation S Offer	(Seporty)	//	cemetery, cree	n Pa	irk (eme	tery		10-	21 B	altin	ore.	Maryland	
- 1	21. SIGNATURE OF FUNERIAL	SERVICE CICE	hytien:			22.	NAME AN	D ADDRES	SS OF FAC	CILITY					
	► / N//					W. C	mry 1	ile Ve	sill. Una	an hu	neral	Hon	nes		
\neg	23 DART I Enter Pro/di	4/1				150	ו כפי	lain	St.	Bal	timor	e, Ma	ryla	nd 21223	
	23. PAPIT I. Enter the di shoot, or he	art fallure. L	lat only one caus	caused the dea	ath. Do n	ot enter	the mo	de of dyl	ng, such	aa cardi	ac or respli	ratory arr	est,	Approximate Interval Between	
	IMMEDIATE CAUSE (Fin	al												Onaet and Dear	
	disease or condition reaulting in death)	→ a.	CAG	1010 - 1	2estr	na	M	, a1	RRP	12				minute	,
- 1			DUE TO	OR AS A CONSEC	UENCE):	8	1 1	14					-	_
Z	6	- C a	DUE TO ASCUT) -cm	entil	1e H	ua	1	nlu	re				months	4
CERTIFICATION	Sequentially list condition if any, leading to immed	fate	DUE TO	OR AS A CONSEC	UENCE OF	7:									
2	cause. Enter UNDERLYII CAUSE (Disease or Injur														
	that initiated eventa reaulting in death) LAST		DUE TO	OR AS A CONSEC	UENCE OF	7:									
E	readiting in death) LAS	d.													
	PART II. Other significan	nt conditions	contributing to	death but not re	atultina i	n the un	doelulaa		desar la f	Deat L					\dashv
EDICAL	Q					ii tiie uli	derrying	cause g	liven in r	Part I.	24a. WAS AN / PERFORI			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	is
ā			159-	eous or	10					-	1 YES 2	□ NO		COMPLETION OF CAUSE OF DEATH?	- [
Σ										_				1 YES 2 NO	- 1
PHYSICIAN:															- 1
5	25. WAS CASE REFERRED TO EXAMINER?		HOSPITAL:					ACE OF D	EATH (Chec	ck only one					
YS!	1 TES 2 M NO		1 Inpatient 2	ER/Outpattent 3	□ DOA	OTHER		5 Ra	sidenca 6	6 Other	(Specify)				
Ŧ	27. MANNER OF DEATH		26a. DATE OF (Month, Da		28b. TIMI		26c. INJU			26d. DESC	RIBE HOW IN	JURY OCC	URED		\dashv
BY		ending nvestigation	(worth, bo	, , , , ,	1140	M	1 🗌 Y	ES 2	NO						- 1
	2 Sulelde	Could not be	28e. PLACE OF	INJURY - At hor	ne, term, s	treat, facto	ory, office			281. LOCA	TION (Street at	nd Number	or Rural Ro	ute Number.	\dashv
COMPLETED		etermined	ounding, a	ntc. (Specify)						City or	Town, State)				
"	29a. CERTIFIER	EVINO BUVEIO													4
₹			AN: To the best of a												-1
8	A		On the same of ax	emination and/or in	veatigation	n, in my o	pinlon, de	ath occur	ed at the t	ilme, data s	nd placa, and	due to the	cause(s)	and menner se stated.	
шШ	296. SIGNATURE AND TITE	OF CENTIFIED	15m	arun	m	n		29c. LICE	NSE HUN			29d. DATE	StGNED (Month, Day, Year)	_
8	- 11	M	20 PA	2/8				7		210		D 6	CT.	21,1991	
2	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	E OF DEATH (TEM	27) (Type,	Print)			,					1/0/1	\dashv
	Dr. Henry	Armani	.S	1934 Wi	lken	s Av	e. E	alti	more	. Mar	cvland	212	23		
	31. DATE FILED (Month, Day, Y	bar)	32. REGISTRAF	S SIGNATURE						, a grade	0		-)		-
	OCT	2 3 19	191 Jul	ia Davidsor	- Rano	Less.									
		W 4 3	-6		-									DHMH-16 Rev 1	



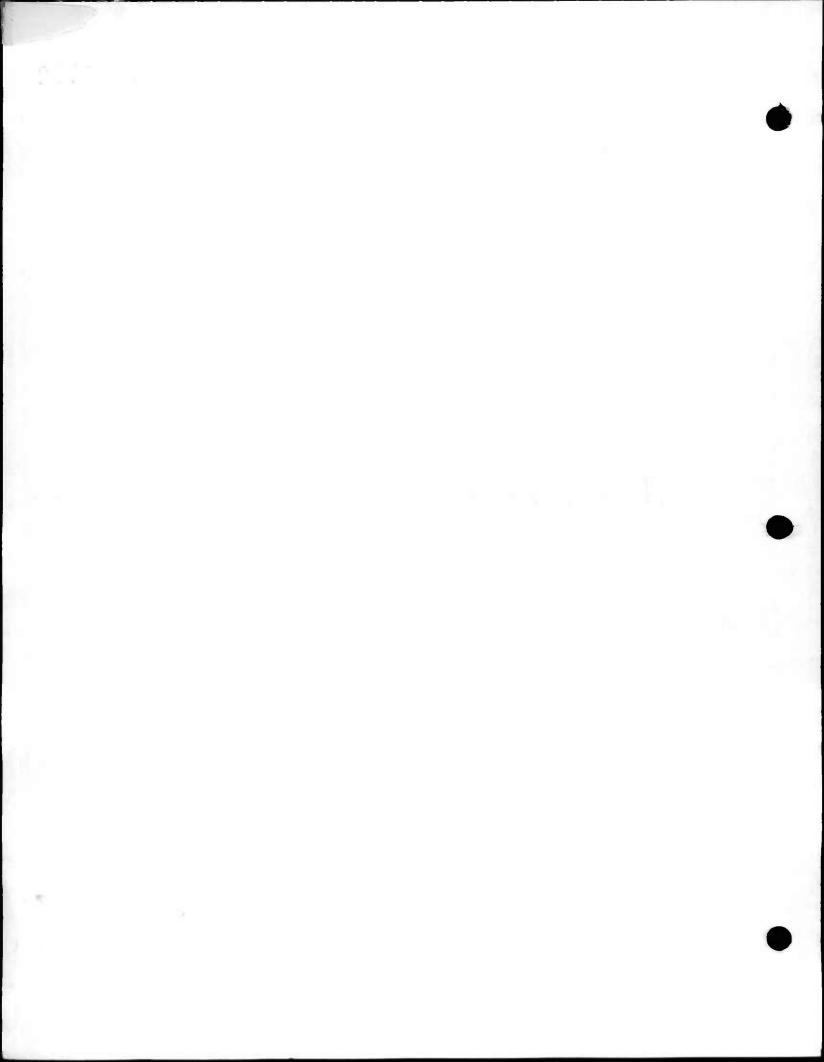
DHMH-16 Rev 1/89

		1. DECEDENT'S NAME (First, Middle, Lest)	
			DE
		JOHN M. 4. SOCIAL SECURITY NUMBER	5. SEX
	1	482-36-6283	1 🔀 M 2 🗆
should	1	9a. FACILITY NAME (If not institution, give st	reet and number)
6.5	5	THE JOHNS HOPKINS	
1. 2,	5	RESIDENCE OF DECEDENT	
Pages	FUNERAL DIRECTOR	Moseral and Dalas	
1		Maryland Baltim	ore
#	PA I	10e. STREET AND NUMBER	
a la	W	206 Felton Rd.	
hysic urial-	문	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECES FORCES?
ending physicia as the burial-trans	A	2 Widowed A Discount	10-4-57
requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician een signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-to of Health and Mental Hygiene prior to burial, cremation, or removal. Shows any Injury, or other traumatic event, the medical examiner must be notified at once.	BE COMPLETED	15. DECEDENT'S EDUC	ATION
the hospital or att detached for use once.	Ш	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or
hed 1	鱼	12	6
the hos detach once.	ő	17. FATHER'S NAME (First, Middle, Last)	
at be	ш	John Milo Benser	
5 should notified	10 B	19s. INFORMANT'S NAME (Type/Frint)	
be re	F	Betty O. Benser	
uires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the sitending physician and completely filled in by the funeral director, page 5 should be Health and Mental Hygiene prior to burial, cremation, or removal. ws any Injury, or other traumatic event, the medical examiner must be notified at		20s. METHOD OS CEST OSTTION 1 Burtal 2 Creditation 3 Remo	rom State
ge 6 irecto		4 Donation 5 Dother (Specify)	//
quires that the death certificate be executed within 24 hours after death. Page in signed by the attending physician and completely filled in by the funeral direct Health and Merital Hygiene prior to burial, cremation, or removal.		21. SIGNATURE OF UNERAL REPORTE LIG	Boys /
death fune		MKNOWP 1	Kale)
after by the moval		23. PART I. Enter the diseases, or o	ampricetions
uies that the death certificate be executed within 24 hours after signed by the attending physician and completely filled in by the Health and Mental Hygiene prior to burial, cremation, or removal ws any Injury, or other traumatic event, the medical is		ahock, or haart failure, I	only one
24 r fille tion,		iMMEDIATE CAUSE (Finel disease or condition	C.
within pleteh rema		resulting in death)	DUE.
cominal, c	_	_	Ch
and to bu	Ó	Sequentially list conditions,	DUE
siciar prior trau	SAT	if any, leading to immediate cause. Enter UNDERLYING	B.
tifica phy iene	Ĕ	CAUSE (Disease or Injury that initiated evente	DUE
h cer endin	ᇤ	resulting in deeth) LAST	F-e
death denta	MEDICAL CERTIFICATION	DART II Other elgoliticant conditions	
and h	¥	PART li. Other algniticent conditions	contributing
gned gned salth	ă		
requirence si of He of He show			
law as be bept.	Z		
N: The icate h State [ᅙ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HQSPITAL:
ICIAN: The law sertificate has b the State Dept. or Item 23	YS	1 TYES 21 NO	HOSPITAL:
this ci with	PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending	28e, DATE (Month
NG PHYS flee this ceath with	B	2 Accident Investigation	
TOR: A after d after d 28 Is		3 Suicide 8 Could not be 4 Homicide determined	28e. PLACI buildi
R ATT RECTI Urs a	E		
HOSPITAL OR ATTENDING PHYSICIAN: The law n FUNERAL DIRECTOR: After this certificate has be within 72 hours after death with the State Dept. I TANT: If Item 28 Is marked, or Item 23 s	P.	290. CERTIFIER (Check only 1) CERTIFYINO PHYSIC	
HOSPITE FUNERA within 7	ő	one) 2 MEDICAL EXAMINER	: On the basic o
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law TO THE FUNERAL OIRECTOR: After this certificate has be filed within 72 hours after death with the State Dept. IMPORTANT: If Item 28 is marked, or Ivem 23	ji ji	29b. SIGNATURE AND TITLE OF CERTIFIER	
日の日本	TO BE COMPLETED	KMMAPA"	MD
1 1	F	30. NAME AND ADDRESS OF PERSON WHO	
41		Peter Filma	rx 2
1		31. DATE FILED (Month, Day, Year)	32. REGIST

JOHN M.	DEN	1770						MONTH		DAY	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	BENS 5. SEX	8. AGE (In yrs.	fant hirthriau)	IF UNDER	A VEAD	IF IMPORT	. 0.1.100	7. DATE OF	2	01		03:00 A ^M
482-36-6283	1 🕅 M 2 🗆 F	57	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, E	lay, Your)		Coun	
		37	Tho.					Aug.2	2, 1	934	Iowa	3.
9a. FACILITY NAME (If not institution, give s		_		0		OR LOCATI	ON OF D	EATH		9c. COL	JNTY OF I	DEATH
THE JOHNS HOPKIN	S HOSPITA	L		BAL	rimo	RE						
10a. STATE 10b. COUNT	Y		100 CIT	Y, TOWN C	DR LOCAT	ION						
Maryland Baltim				herv								10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER	.010		Luc	.ner v								1 YES 2 NO
206 Felton Rd.					101	. ZIP COD				10g. CI1	TIZEN OF	WHAT COUNTRY?
						2109	93			U.S	S.A.	
11. MARITAL STATUS 1 Never Married 2 A Merried	12. WAS DECEDENT FORCES? 12	YES 2	ARMED NO	13.	WAS DEC	ENDENT C	OF HISPAI	NIC ORIGIN?	Specify Ye	a or No—	14. RAC	E — American Indian, ik, White, atc.
2 Widowed A D Street	IF YES, GIVE W				1 YES	2 × NO	Specif	n, Puerto Rici y:	, στοι,		Spec	
	110-4-57 t										lWhit	e
15. DECEDENT'S EDU (Specify only highest grade	completed)	18a.	DECEDENT'S (Give kind of a life, Do NOT us	Work done	CCUPATIO	ON ast of working	ng	16b. KI	ND OF BU	ISINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5 +)	' I _										
	6	1	eache	r				Bal	to.	Count	y Sc	hools
17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First, Mide	de, Maider	Surname)		
John Milo Benser						Ev	elyr	June	Bro	oks		
19s. INFORMANT'S NAME (Type/Frint)			19b. MAILING	ADDRESS	S (Street a			Route Number,			in Code)	
Betty O. Benser			Same									
20s. METHOD OF CTSPOSITION	0	200-ALAC	E AND DATE	OFDISPOS	ITION /Na	me of		DATE	200 10	OCATION -	City or T	
1 ☐ Burlat S Cremation 3 ☐ Rem 4 ☐ Donation 5 ☐ Other (Specify)	rom State	cometery, o	crematory or o	ther place)				10-21				
21. SIGNATURE OF UNERAL BERYTE LIG	Koul 1	Autil	top S	ervi	ce U	orp	00.05.51					Md. 21204
10 10601		1/		Ŕ	uck	Tows	on E	unera.	l Hoi	ne. I	nc.	
TAMOLOF X	Heller &	4						, Tows				14
23. PART I. Enter the diseases, or	complications that	caused the	death. Do r	not enter	the mo	de ot dv	Ing. auc	h an cerdie	or reen	iretory or	rast	Approximete
anock, or maint landing	Lin only one caus	se on each ii	ne.			ac bi dy	ing, acc	ii de coloio	or reep	matory at	1001,	Interval Between
iMMEDIATE CAUSE (Finel disease or condition	6	1.)	ranto		C		6					Onset and Death
resulting in death)	. Ura	WA	29011	we	. 3	150	>		~			1 J days
	DUE TO (OR AS A CONS	EQUENCE OF	F):								
Sequentielly list conditions,	b. UNO	reals	MP	5								+ dans
if any, leading to immediate	DUE TO (OR AS A CONS	EOUENCE OF	F):								
CAUSE (Disease or Injury	° 12.0	M. (UME	ONO	MO							luc
that initiated evente	DUE TO (OR AS A CONS	EQUENCE O	F):	L.							110
resulting in deeth) LAST	a. Kerr	NOVI	cul 1	MAP	al	an						YUCS
DARY II Onto a la late de la late												
PART II. Other algoriticent condition	a contributing to	death but no	t resulting i	in the un	derlying	cense (given In	Part I. 24	PERFO	AUTOPSY	246	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
								1	YES :			COMPLETION OF CAUSE
										X		DF DEATH?
								-				1 123 2 1 110
25. WAS CASE REFERRED TO MEDICAL					26 PI	ACE OF D	EATH (Ch	eck only one)				
EXAMINER? 1 YES 200 NO	HOSPITAL:	22		OTHER	1 :							
27. MANNER OF DEATH	28e. DATE OF I		_				sidence	8 Other (S				
1 Natural 5 Pending	(Month, De)		28b. TIM	URY	28c. INJI WO	RK?		28d. DEŞCR	BE HOW	INJURY OC	CURED	
2 Accident Investigation				M		ES 2	NO					
3 Suicide 8 Could not be	28e. PLACE OF building, e	INJURY — At I	home, farm, s	street, fact	ory, office			281. LOCATIO	ON (Street own, State)	and Number	r or Rurel I	Route Number,
Trumicio determined												
29a. CERTIFIER (Check only 1 CERTIFYINO PHYSI	CIAN: To the best of n	ny knowledge,	death occurre	ed at the ti	me, data	and place	and due	to the causel	e) and me	moer se ete	had	
one) 2 MEDICAL EXAMINE	R: On the basic of ext	aminstion and/o	r investigatio	n. In my o	pinlon, di	eath occur	ed at the	time data and	1 place, er	ed due to t	ha causali	and manner on edelad
29b. SIGNATURE AND TITLE OF CERTIFIER									piece, a			
LA LA LA A O LE	100				- 1		NSE NUN	ABER		29d. DAT	E SIGNED	(Month, Day, Year)
MANNER	IND					72	027	-			10 3	gai
30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE	OF DEATH (IT	EM 27) (Type,	Print)	3.1	1	\	DIL	A	N -	2100	~~
Peter Filma	7K 20	MNZ	HOPK	MS	Hos	pria	1	SOULD	M	0 7	420	5
31. DATE FILED (Month, Day, Year)	32. REGISTRAR	'S SIGNATURE		-	PH- 1	1						
· ·				7	77	0 0	1004	21				
		sales may relate					MUL		- A-		201 4	00 1

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	REGISTRAR		CERTIFICA	TE OF DEATH	REG. NO).	
- 3	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	DAY YE	3. TIME OF DEATH
	Evelyn	Faye	Bocklage		10	20 9	10:08 AM
	4. SOCIAL SECURITY NUMBER 5. SEX		s. last birthday) IF UN		7. DATE OF BIRTN (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
	242-18-7226 1□ M:	2 💢 F	B DAYS HOURS MIN.	oct. 9 1		North Carolina	
	9e. FACILITY NAME (If not institution, give street and nu	imber)	ITY, TOWN OR LOCATION OF		9c. COUNTY	OF OEATH	
E	St. Joseph Hospita	11	Towson		Ba	ltimore	
5	RESIDENCE OF DECEDENT					-	
R	10e, STATE 10b, COUNTY		10c. CITY, TOW	N OR LOCATION	C:4		10d. INSIDE CITY LIMITS?
□	Maryland		P. Carlotte	Baiti	more City		1 X YES 2 NO
A	10e. STREET AND NUMBER			10f. ZIP CODE			OF WHAT COUNTRY?
<u>E</u>	5603 Gardenvill	e Avenue		212	06	Unite	ed States
٦	5000	DECEDENT EVER IN U.		13. WAS DECENDENT OF NISI If yes, specify Cuban, Mex	PANIC ORIGIN? (Specify Y	es or No- 14.	RACE — American Indian, Black, White, atc.
BY FUNERAL DIRECTOR		S, GIVE WAR OR DATE		1 TYES 2 NO Spe			Specify: White
						1	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	18	DECEDENT'S USUAL (Give kind of work do	L OCCUPATION one during most of working od.)	18b. KIND OF B	USINESS/INDUS	TRY
۳		(1-4 or 5+)	Homema				
X	12		Homemo				
႘	17. FATNER'S NAME (First, Middle, Last)	Jonkins			NAME (First, Middle, Maide		
믦		Jenkins		Ali	9		
TO BE	19a. INFORMANT'S NAME (Type/Print)			ESS (Street end Number or Ru			
	Mary B. Fowler			Gardenville A			
	20a. METHOD OF DISPOSITION 1 □ Buriel 2 ※ Cremation 3 □ Removal from	State 20b. Pl	ACE ANO DATE OF O	ISPOSITION (Name or place)		OCATION — City	
	4 Donation 8 Other (Specify)	Hil	Itop Serv			owson	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Milton J Kni	ght Jr	22. NAME ANO ADORESS OF	FACILITY Balti	more, M	aryland 21214
	milten 1 K	maile		eonard J. Rue	ck. Inc. 53	05 Hart	fordRoad
	23. PART I. Enter the disesses, of complicet	tions (hal caused if				_	
	shock, or heart fellure. List only	one cause on each	line.				interval Between Onset and Death
	iMMEDIATE CAUSE (Final disesse or condition	0	•				Onset and Death
	resulting in death)	SUL TO LOD NO A CO	INSEQUENCE OF:				8 days
		ביים אינים אינים אינים אינים אינים אינים אינים אינים אינים אינים אינים אינים אינים אינים אינים אינים אינים אינים	riscouling or j.				
O	Sequentially list conditions, b.	DUE TO (OR AS A CO	INSEQUENCE OF:				
AT	if sny, leading to immediate cause. Enter UNDERLYING						
FIC	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CO	ONSEQUENCE OF):				
E	resulting in death) LAST						
CERTIFICATION							
EDICAL	PART II. Other algnificant conditions contrib	outing to death but	not reaulting in the	underlying cause given	in Part i. 24a. WAS / PERF	IN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
20	Dementa				1 _ YES	2 300	COMPLETION OF CAUSE OF DEATH?
ш						C .	1 TES 2 CHO
5	· Committee of the comm						·
N: M					(Check anly one)		
IAN: M	25. WAS CASE REFERRED TO MEDICAL			28. PLACE OF DEATN	oriest stry stroy		
SICIAN: M	EXAMINER? HOSPI	ITAL:		IER:			
HYSICIAN: M	EXAMINER? 1 YES 2 NO 1 Input	tilent 2 ER/Outpation	28b. TIME OF	1ER: Nursing Nome 5 ☐ Residen 28c, INJURY AT		/ INJURY OCCUP	RED
PHYSICIAN: M	EXAMINER? 1 YES 2 100 1 Inpa 27. MANNER OF DEATH 1 Natural 5 Pending	itlent 2 - ER/Outpation	28b. TIME OF	1ER: Nursing Nome 5 ☐ Realden	ce 8 Other (Specify)	/ INJURY OCCUP	RED
8	EXAMINER? 1 YES 2 NO 1 Inpa 27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigation	ntient 2 ☐ ER/Outpetil DATE OF INJURY (Month, Day, Year) PLACE OF INJURY —	28b. TIME OF	HER: Nursing Nome 5 Residen 28c, INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE NOV	nt and Number or	
8	EXAMINER? 1 VES 2 VIO 1 Inpe 27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigation	ntient 2 ER/Outpatia DATE OF INJURY (Month, Day, Year)	28b. TIME OF	HER: Nursing Nome 5 Residen 28c, INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE NOV	nt and Number or	
8	EXAMINER? 1 VES 2 OO 1 Inpe 27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be 4 Nomicide determined	itlent 2 ER/Outpeti. DATE OF INJURY (Month, Day, Year) PLACE OF INJURY — building, etc. (Specify)	28b. TIME OF INJURY At home, ferm, street,	#ER: Nursing Nome 5 Residen 28c. INJURY AT WORK? 1 YES 2 NO factory, office	28d. DESCRIBE NOV 28d. LOCATION (Streeching of Town, Sta	et and Number or te)	Rural Route Number,
8	EXAMINER? 1 YES 2 NO 1 Inpe 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only)	ntlent 2 ER/Outpetil DATE OF INJURY (Month, Day, Year) PLACE OF INJURY — building, etc. (Specify) the bast of my knowled	At home, ferm, street,	#ER: Nursing Nome 5 Realden 25c. INJURY AT WORK? 1 YES 2 NO factory, office	28d. DESCRIBE NOV 28d. LOCATION (Street of Town, Street of Tow	ot end Number or te)	Rural Route Number,
84	EXAMINER? 1 VES 2 OO 1 Inpe 27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the one) 2 MEDICAL EXAMINER: On the	ntlent 2 ER/Outpetil DATE OF INJURY (Month, Day, Year) PLACE OF INJURY — building, etc. (Specify) the bast of my knowled	At home, ferm, street,	#ER: Nursing Nome 5 Realden 25c. INJURY AT WORK? 1 YES 2 NO factory, office	28d. DESCRIBE NOV 28d. LOCATION (Street of Town, Street of Tow	ot end Number or te)	Rural Route Number,
COMPLETED BY	EXAMINER? 1 YES 2 NO 1 Inpe 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only)	ntlent 2 ER/Outpetil DATE OF INJURY (Month, Day, Year) PLACE OF INJURY — building, etc. (Specify) the bast of my knowled	At home, ferm, street,	#ER: Nursing Nome 5 Realden 25c. INJURY AT WORK? 1 YES 2 NO factory, office	28d. DESCRIBE NOV 28d. DESCRIBE NOV 28d. LOCATION (Streetly or Town, State) 28d. LOCATION (streetly or Town, State) 28d. Location (streetly or Town, State) 28d. Location (streetly or Town, State) 28d. Location (streetly or Town, State) 28d. Location (streetly or Town, State) 28d. Location (streetly or Town, State)	end Number or te)	Rural Route Number,
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physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and physi	
or attending	r use as the	
the hospital	detached fo	once.
retained by	5 should be	notified at
ige 6 may be	director, page	r must be
fter death. Pa	the funeral	al examine
n cours a	ify filled in by	the medic
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a focus after death. Page 6 may be retained by the hospital or attending physician.	and complete	be filed within 72 hours after death with the State Lebri, of reading any mental rythers prior to burket, the medical examiner must be notified at once. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ertificate be	ing physician	other traun
if the death o	by the attend	fillury, or
v requires that	peen signed	shows am
CIAN: The la	ertificate has	or Item 23
NDING PHYSI	E. After this c	is marked,
TAL OR ATTE	AL DIRECTOR	If Item 28
THE HOSPI	THE FUNER	PORTANT:

BALTIMORE, MARYLAND 21203-3146

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

							_			_		
1. DECEDENT'S NAME (First, Middle, Last)								2. DATE MONTH	OF DEATH DA	۲	YEAR :	3. TIME OF DEATH
Hazel Biasot		HAZEL							10 - 21	-97		8:55 A
4. SOCIAL SECURITY NUMBER 092-01-6540	5. SEX 6	AGE (In yrs. les	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month	OF SIRTH , Day, Year) . 10,19	01	Country)	YOUR
9a. FACILITY NAME (If not institution, give st	reet and number)			96. CITY, TOWN OR LOCATION OF DEAT						TY OF DE		
Dulaney Towson I	Nursing Ho	ome		Towson				Baltimore			re	
10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN (OR LOCA	TION						10d. INSIDE CITY LIMITS?
Maryland Bal	Ltimore		1.0	325 m	OWSC	n di	13 L.	37.47				YES 2 NO
10e. STREET AND NUMSER						f. ZIP CODE				10g. CITIZ	EN OF WH	IAT COUNTRY?
1025 Green Acre	Road				2	21204				U.	S.A.	
11. MARITAL STATUS	12. WAS DECEDENT I	EVER IN U.S. AR	MED	13.	WAS DEC	ENDENT OF	HISPAN	IC ORIGIN	? (Specify Yea	or No-	14. RACE -	- American Indian, White, etc.
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAS	OR DATES				X⊠ NO			mount, etc.)		Specify	· ·
15. DECEDENT'S EDUC (Specify only highest grade		16a. DE	CEDENT'S	USUAL O	CCUPATE	ON ' out of working	,	16b.	KIND OF BUS	INESS/IND	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	Mo	. Do NOT us	e retired.)								
12 yrs.		Ho	ome M	aker					Own Ho	me		
17. FATHER'S NAME (First, Middle, Last)						16. MOTH	ER'S NA	ME (First, I	Middle, Malden	Surname)		
	wis					Bess			Ols			.
19a, INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRES	S (Street	and Number	or Rural I	Route Numi	ber, City or Tow	n, Stete, Zip	Code)	
Betty E. Boniecki			Same	as #	10							
20e. METHOD OF DISPOSITION 1 Surial 2. Cremation 3 Rame	oval from State	20b. PLACE other pi	OF DISPOS	BITION (N	ame of ce	metery, cremi		0 /22		CATION —	City or Tow	n, State
4 Donation 8 Other (Specify)	-1	Millto	Se Se	rvic	e Co	rpora	atio	0/22 n	/ 3 Tc	wson	, Mar	yland
23. PART i. Enter the diseases, or o	Han)	/_		R	uck		on F	uner			nc.To	50 York Rowson, Md. 21
disease or condition resulting in death)	Respi	ratur	OUENCE O	1116	en							
	,	*					~ic					
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (O	OR AS A CONSE	QUENCE OF	F): \\			wis					
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (O	OR AS A CONSE	QUENCE OF	F):	en	~~~			24a WAS AN	AIFTÓPRY	246	WERF AUTOPSY SIMPLINGS
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (O	OR AS A CONSE	QUENCE OF	F):	en	~~~			24a. WAS AN PERFOR	MED?		AVAILABLE PRIOR TO
iff any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (C	OR AS A CONSE	QUENCE OF	F):	en	~~~				MED?		
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (C	OR AS A CONSE	QUENCE OF	F):	nderfyin 26. P	~~~	iven In	Part I.	PERFOR	MED?		AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
tf any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition CAD 25. WAS CASE REFERRED TO MEDICAL	DUE TO (O	OR AS A CONSE	QUENCE OF	F):	nderfyin	ng cause g	iven in	Part I.	PERFOR	MED?		AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
tf any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (O	OR AS A CONSE	QUENCE OF	F):	26. PR: raing Hor 28c. NW	ng cause g	EATH (Ch	Part I.	PERFOR	NO NO		AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
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## Any, leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART ##. Other algnificant condition ### CAUSE CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (O d. DUE TO (O d. BE contributing to de BE CONTRIBUTION BE CONTRIBUTED 28e. DATE OF IP (Month, Day) 28e. PLACE OF building, et	PR AS A CONSE	QUENCE OF COUNTY OF THE PROPER	OTHE 4 D Number of Survey M street, fee	26. PR: reing Hor 28c. IN 1	LACE OF DE LACE OF DE me 8 Rei	EATH (Ch sidence	Part I. sck only or © Other 28d. Des 28f. LOC City to the ce-	PERFOR 1 VES 2 10 YES 2 10 YES 2 10 YES 2 10 YES 2 10 YES 2 10 YES 2 10 YES 2 10 YES 2 10 YES 2	NJURY OCC	CURED or Flural Ro	AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATHY 1 YES 2 NO
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tf any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide a Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	DUE TO (C) DUE TO (C) d. DUE TO (C) d. HOSPITAL: 1 Inpetient 2 It (Month, Dey) 28e. PLACE OF building, et (C) CIAN: To the best of axe	DR AS A CONSE	QUENCE OF COUNTY OF THE PROPER	OTHE 4 Number of Street, fee	26. PR: reing Hor 28c. IN 1	LACE OF DE CAUSE 9 CONTROL OF CON	EATH (Childence	Part I. eck only or © Other 28d. DES 28f. LOC City to the ca- tima, date	PERFOR 1 VES 2 10 YES 2 10 YES 2 10 YES 2 10 YES 2 10 YES 2 10 YES 2 10 YES 2 10 YES 2 10 YES 2	NJURY OCC	or Rural Ro	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO oute Number, and manner as stated.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

310Pm

WILLIAM A. CREMEN. SR.

2. DATE OF DEATH

10

DAY

20

3. TIME OF DEATH

YEAR

9

	F UNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director; page 5 should be detached for use as the flurial-transit permit. Pages 1, 2, 3 should		
	ges 1, 2		
a Desire	rmit. Pa		
n.	ansit pe		1
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Bulgue	as the		
II Or att	for use		
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by me	d be de		at on
retained	5 shoul		notified
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are De	ysician	prior to	r traur
Certainc	ding pt	Hygiene	r othe
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G PHYS	er this t	oth with	Jarked
HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within \$2.2015 after death. Page or findy be retained by the inospital of attending physician.	TOR: Aft	after de	programs to be marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
L OR A	DIREC	hours :	Hem 2
OSPITAL	JNERAL	ithin 72	NAT: IF
I	FF	*	F

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

7. DATE OF BIRTH (Month, Day, Year) 2-26-1910 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS MARYLAND 1 M 2 | F 218-09-6561 Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH BALTIMORE CITY DIRECTOR LORIEN NURSING CENTER RESIDENCE OF DECEDENT 10d. INSIDE CITY LIMITS? 10c. CITY, TOWN OR LOCATION 1 TES 2 NO BALTIMORE EDGEMERE MARYLAND 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10s. STREET AND NUMBER 101. ZIP CODE 21219 U.S.A. 7409 BAY FRONT ROAD 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES X NO IF YES, GIVE WAR OR DATES 11, MARITAL STATUS 14. RACE - American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Puerto Ri 1 ☐ YES 💢 NO Specify: 1 Never Married 2 Married Specify: BY WHITE 3 Widowed 4 Divorced COMPLETED 16a, DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 8TH GRADE BETHLEHEM STEEL CORP N/A CRANE OPERATOR 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) ROBERT J. CREMEN ANNA O'NEIL BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 CHARLOTTE VECCHIONI 2324 LODGE FOREST DRIVE BALTIMORE, MD 20s. METHOD OF DISPOSITION
1 © Burlai 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION - City or Town, State OUDEN PARK CEMETERY 10-23-91 BALTIMORE. MARYLAND 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
DUDA-RUCK FUNERAL HOME OF DUNDALK INC. 7922 WISE AVENUE DUNDALK . MD 21222 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heert failure. List only one cause on each line. Interval Between **Onset and Death** IMMEDIATE CAUSE (Final disease or condition of H EMONIONE 5 MOS resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Blee 61 Zmas H/0 nown source CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE O If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: 1 | Inpatient 2 | ER/Outpatient 3 | DOA | 4 | Nursing Home 5 | Residence 6 | Other (Specify) 1 TES 2 NO 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 27. MANNER OF DEATH 28d, DESCRIBE HOW INJURY OCCURED Natural 6 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be COMPLETED 4 Homicide CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) end manner as stated. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner ee stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE SE FINE SE 10-2 PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) ins Barriew Stt MD 31, DATE FILED (More 32. REGISTRAR'S SIGNATURE 1991 Julia Davidson-Randalle DHMH-18 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760,	760, BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mous after death. Page 6 may be retained by the hospital or attending physicis	d within 24 yours after death. Page 6 may be retained by the hospital or attending physici
TO THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detaiched for use as the human-	impletely filled in by the funeral director, page 5 should be detached for use as the hunal-t
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	, cremation, or removal.
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notitled at onee.	event, the medical examinar must be notitled at once.

	FOR STATE REGISTRAR	STATE OF MARY	LAND / DE	PARTMENT TIFICAT	NT OF I	HEALTH AND	MENTAL	HYGIEN REG. NO.	E	91	2819
	1. DECEDENT'S NAME (First, Middle, Last) MARGARET	M. COI	NNOLLY				2. DATE O MONTH 10-		Y	YEAR	3. TIME OF DEATH 1:47 P.
	4. SOCIAL SECURITY NUMBER 212-26-4370	1 🗆 M 2 💢 F	E (In yrs. last birti 90 Y	RS. MONTHS	ER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF	E BIRTH	901	Country)	LACE (State or Foreign
STOR	99. FACILITY NAME (If not institution, give street end number) Union Memorial Hospital Baltimore City							ATH			
L DIRECTOR	Maryland Baltimore									IOd. INSIDE CITY LIMITS? I X YES 2 NO	
FUNERAL	3124 Kenyon Aver				101. ZIP CODE 21213			10g. CITIZE	USA		
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 X Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 XNO	13	1 TYES 2 X NO Specify: Spe				4. RACE - Bleck, 1 Specify: Whit		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4 or 5+)				e durina mi	ost of working	16b. K	IND OF BUS	INESS/INDU		, C
BE COM	17. FATHER'S NAME (First, Middle, Last) James St	neehey		110	mema	18. MOTHER'S NA	AME (First, Mic	Unkno			
TO E	190. INFORMANT'S NAME (Typer/Print) Mr. John A. Connolly 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4011 Silvage Road Perry Hall, Maryland 21236							21236			
	20a. METHOD OF DISPOSITION 1 X Burlet 2 Cremetion 3 Remark 4 Donation 5 Other (Specify)	oval from State	ob. PLACE AND D emetery, cremator IEW Cath	y or other place	Cem	ame of	0/24/9	20c, LOC	CATION — CI	ty or Town	
	21. SIGNATURE OF FUNERAL SERVICE LIC	Buck				d J. Ruck,		305 Har	ford R	bad 2	1214
	23. PART I. Enter the diseases of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) S. WANT CAGT FACTLY Equation Due TO (OR AS A CONSEQUENCE OF): Approximate interval Between Onset and Death S. Denote the cause of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, interval Between Onset and Death S. Due TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	DUE TO (OR AS A CONSEQUENCE OF): Sequentisity list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
PHYSICIAN: MEDICAL CEI	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 1					I. 24a. WAS AN AUTOPSY PERFORMED? 24b		CC	VERE AUTOPSY FINDINGS VAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO		
ICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ОТНЕ		ACE OF DEATH (Ch	neck only one)			<u> </u>	
BY PHYS	1 YES 2 MO 1 Inpetient 2 ER/Outpetient 3 DOA 4 No.				28c. INJ WO	e 5 Residence URY AT RK? /ES 2 NO			JURY OCCUP	RED	
	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJUF building, etc. (Sp	IY — At home, fe	rm, street, fac	tory, offic		28f. LOCATI City or	ON (Street en Town, State)	d Number or	Rural Rout	le Number,
COMPLETED	29a. CERTIFIER Check only one) 2 MEDICAL EXAMINER	CIAN: To the beet of my kno									nd menner es stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	eme_		29c. LICENSE NUMBER 29d. DATE SIGNED (Month, D.)				onth, Day, Yeer)			

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

12. REGISTAR'S SIGNATURE

5810 Belair Rd.

Balto., Md. 21206

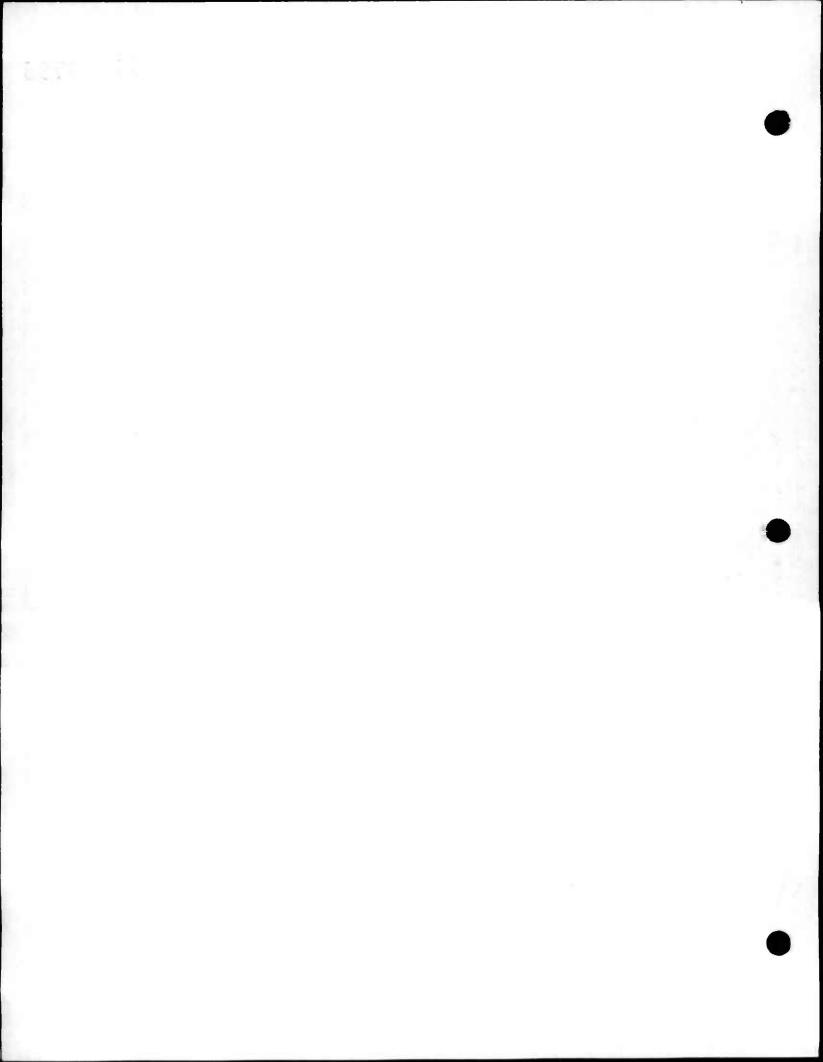
George E

31. DATE FILED (Month)

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E HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending	E FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the	SUNO	GTANT: it item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TAL	ME	72 h	==
OSPI	UNER	ithin	ANT
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28797 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH BEG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 0,30 JOSEPH FRANK CHARCH 8. BIRTHPLACE (State or Foreign A SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year 5 SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. HOURS DAYS 3-10-1900 91 216-01-6864 LOUISIANA 9a. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR ST. AGNES HOSPITAL BALTIMORE RESIDENCE OF DECEDENT IOC. CITY, TOWN OR LOCATION 10a, STATE 10d. INSIDE CITY LIMITS? MARYLAND BALTIMORE 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1936 HARMAN AVENUE 21230 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Mexican, Puerto Ri 1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES Specify: B₹ 3 Wildowed 4 Divorced WHITE LETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY ndery (0-12) College (1-4 or 5+) PRODUCE HANDLER 4th COMPL PRODUCE DISTRIBUTOR 17, FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) ANTHONY CIACCIO GIANNA CONCASHAE ш 8 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zio Code) 2 WARREN CHARCH 1269 RIVERSIDE AVE, BALTIMORE, MD 21230 20a_METHOD OF DISPOSITION
1 ABurlal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION --- City or Town, State DATE WOODLAWN CEMETERY 10-24 4 ☐ Donation 8 ☐ Other (Specify) WOODLAWN, MARYLAND 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22, NAME AND ADDRESS OF FACILITY HUBBARD FUNERAL HOME, INC. Den 4107 WILKENS AVE, BALTIMORE, 21229 23. PART I. Enter the diseases, or compilections that coused the death. Do not enter the mode of dying, such as cardiec or reapirajory arrest, Approximate ahock, or heart fallure. List only one cause on sech line. Interval Between 0 Onset and Death **IMMEDIATE CAUSE (Final** disease or condition Tue resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in daeth) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a, WAS AN AUTOPSY MEDICAL 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) OTHER:
4 □ Nursing Home 5 □ Residence 8 □ Other (Specify) 1 YES 2 NO Inpetient 2 - ER/Outpetient 3 - DOA 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 8 Pending 1 YES 2 NO BY 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide COMPLETED 8 Could not be 4 Homicide

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.

2 MEDICAL EXAMINER: On the basis of examin 29c LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 0 Mon COMPLETED CAUSE OF DEATH (ITEM 27) COPO Print CE 200. 2

1991

29b. SIGNATURE AND TITLE OF CERTIFIEF

29a. CERTIFIER

MPORTANT:

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Sun Davidson-Mandell

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO. 1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH CHAMBER YEAR aever 3/4 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. S. BIRTNA ACE (Sta 1 XM 2 - F DAYS 9e. FACILITY NAME (# no CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR L 10d. INSIDE CITY YES 2 NO the burial-transit permit, FUNERAL STREET AND NUMBER 101. ZIP CODE 10g CITIZEN DE WHAT COUNTRY? mours after death. Page 6 may be retained by the hospital or attending physician, 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 □ NO IF YES, GIVE WAR OR OATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No 14. RACE American Indien, If yes, specify Cuban, Mexicen, Puerto Rican, atc.)

1 YES 2 Specify: ☐ Merried BY 4 Divorced 3 Widowed use as t COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. Elementary/Secondary (0-t2) College (1-4 or 5+) FATNER'S NAME (First, Middle, notified at RMANT'S NAME (Type/Print) 2 examiner must be METNOD OF DISPOSITION
Burlel 2 Cremetion 3 ACE AND DATE OF DISPOSITIO DATE Donation Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Nor 22. NAME AND ADDRESS OF the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory strest, Approximete shock, or haert fallure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Finel Onset and Death disease or condition HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within resulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, if any, leading to immadiate cause. Enter UNDERLYING CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF): retostasis Liver Advanal 150mg Zinos or other DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST arcinoma 6 mos shows any injury, PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. PHYSICIAN: MEDICAL 24e. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 | YES 2 | NO t 🗌 YES 2 🗎 NO 23 25. WAS CASE REFERRED TO MEDICAL item 28. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: t TYES 2 NO marked, or 8 Other (Specify) HOSPICE 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Natural BY 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — Al home, term, atreet, fectory, office building, etc. (Specify) 28t, LOCATION (Street end Number or Rural Route Number, City or Town, Stete) 69 3 Sulcide L DIRECTOR: A 2 hours after d COMPLETED 8 Could not be 4 Nomicide IMPORTANT: if item 28 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the ceuse(s) end menner as stated. FUNERAL I 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, BE (표 29d. DATE SIGNEO (Month, Day, Year) D08900 wen in 10.23-91 2 30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 8>8 N. Eutaw St. Balto-Md 2120 G Koban Irwin M 32. REGISTRAR'S SIGNATURE Sulie Devidon-Mindells 1001

BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

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TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death, Page 6 may be retained by the hospital or attending ph	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bub filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT If item 28 is marked or item 23 shows any injury or other traumable event the medical examiner must be notified as sense.
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BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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FOR	CTATE OF	MADVI AND /	DEDAR	THE LET OF 1	15 1 17 1 1 1 1			91	28799
1 - STATE REGISTRAR	SIAIE UF			CATE OF		MENTAL HYGIEN REG. NO.	_		
1. DECEDENT'S NAME (First, Middle, Las	it)			OAIL OI	DEATH	2. DATE OF OFATH			. TIME OF DEATH
STEVEN	0.	CHA	SE			October 2	1, 19	981"	10:50 A
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	st birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	1		LACE (State or Foreign
302-38-2318	1 € M 2 □ F	48	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) APRIL 17,	1042	MONT	
9e. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TOWN	OR LOCATION OF D			NTY OF DEA	
7601 CAMBERFORD	PLACE			DERWOOD			MONT	TC O ME	DW
RESIDENCE OF DECEDENT				DETENOOL			MON	IGOME:	KI
10e. STATE 10b. COUN				TOWN OR LOCA	TION			1	0d, INSIDE CITY
	GOMERY		DERW	OOD				1	YES 2X NO
10e. STREET AND NUMBER				10	. ZIP CODE		10g. CITI	ZEN OF WH	AT COUNTRY?
7601 CAMBERFORD					20855			USA	
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE Y	NT EVER IN U.S. ARI 1	MEO 10	If yee, sp	CENDENT OF HISPAI ecity Cuben, Mexico is 2 X NO Specif	NIC ORIGIN? (Specify Yee on, Puerto Rican, etc.) y:	or No—		- American Indian, White, etc. WHITE
15. DECEDENT'S Et (Specify only highest gra	DUCATION de completed)	18e. DEf	CEDENT'S U	JSUAL OCCUPATION done during me	ON set of working	16b. KIND OF BUS	INESS/IND	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 5		Do NOT use	retired.)	at or working				
12	6	ANA	LYST			C.I.A.	_ U	.S. G	OVERNMENT
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, Middle, Malden	Sumeme)		
WILLIAM W.	CHASE				ANN	E OSER			
19e. INFORMANT'S NAME (Type/Print)		19b	b. MAILING A	ADDRESS (Street a	and Number or Rural	Route Number, City or Town	n, State, Zip	Code)	
ROBERTA J. CH	ASE			SAME AS	8 # 10				
20a. METHOD OF DISPOSITION 1		cemetery, crer	AND DATE OF	F DISPOSITION (No	ame of			NDRIA	
21. SIGNATURE OF FUNERAL SERVICE I	DX1.12	Bark	1	MURIE	TAYTONS	CLUTY REF FUNERA TILE PD 1	L HOI	ME	LE.MD.2088
23. PART I. Enter the diseases, shock, or heart fellum IMMEDIATE CAUSE (Final	complications the List only one cau	it ceused the datuse on each line.	ath. Do no	of antar the mo	da of dying, suc	h as cardiac or reapi	ratory arm	est,	Approximata interval Batween
disease or condition	DR.	6Ress	We	CVA	101641A				Onset and Daath
resulting in death)		(OR AS A CONSEO			1701017				1 YEIAR
_		,	. JEHOE OF);	*					1
Sequentially list conditions,	b. OUE TO	(OR AS A CONSEO	DUENCE OF):	:					-

Sequentially list conditions, if any, lasding to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying causa given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24a. WAS AN AUTOPSY PERFORMED? 1 TES 20 NO

				T YES 2 NO			
5. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C	heck only one)			
1 YES 2 NO	HOSPITAL: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3	DOA 4 Nu	R: rsing Home 5 PResidence	8 Other (Specify)			
7. MANNER OF DEATH 1 Netural 5 Pending 2 Accident investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE HOW INJURY OCCURED			
3 Suicide 8 Could not b		ne, ferm, street, fac	tory, office	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			

29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee stated.

2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(e) end menner se stated. 296. SIGNATURE AND TITLE OF CERTIFIER

AND STURMINE AND TITLE OF CENTIFIER	29c. LICENSE NUMBER	29d. DATE SIGNI	Q (Month, (Day, Year)
4/1/10	D32407	D 10	121	191
36. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)				

HAGGERTY MD 14808 PHYSICIANS LANE #212 ROCKVILLE, MD
32. REGISTRAR'S SIGNATURE JOSEPH 31. DATE FILED (Month, Day,

Julia Davidson-Randallas

OHMH-18 Rev 1/89

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HOSPITAL OR ATTENDING PHYSIC FUNERAL DIRECTOR: After this ce within 72 hours after death with TABLY. IS 1800 28 to marked	IANI. II REIR 60 IS MAIN
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Its after death. Page 6 may be retained by the host TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filled within 72 brous after death with the State Debty. of Health and Mental Hygiene prior to bruist, cremation, or remove the control of the profit of a national and account of the profit of the medital examiner must be notified at nate.	UNIANI. II NEIII 69 IS IIIGIN

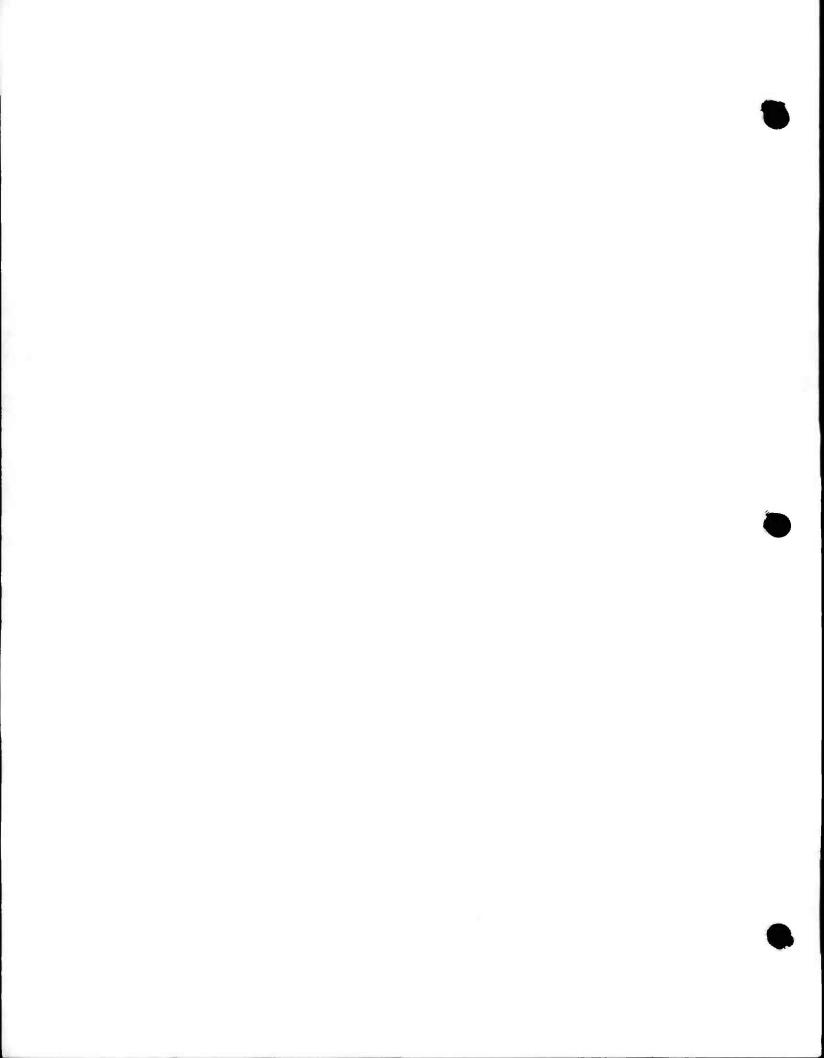
Hatton.M.D. 7600 Osler Dr

1991

Charles B.
31. OATE FILEO (Morith, Day, Year)

	1 - STATE REGISTRAR	STATE OF MARYLANI	D / DEPARTA CERTIFIC			MENT	AL HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest) ELIZABI	ETH ANNA	CONR	AD.		MON	e of DEATH DAY	21 10	VEAR	TIME OF DEATH
				UNDER 1 YEAR	IF UNDER 24 HRS.	7. DAT	E OF BIRTN		BIRTNPL	MCE (State or Foreign
	214-38-2998 9a. FACILITY NAME (If not Institution, give stre	1 □ M 2 \ F 85	YRS.	NTHS DAYS	HOURS MIN.	Jan	nth, Day, Year)			yland
OR	8003 Manor Rd.	et and number)	90	Park		ATN			ry of DEAT altim	
RECT	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		1000	OWN OR LOCAT					10	d. INSIDE CITY LIMITS?
FUNERAL DIRECTOR	Maryland Balt	P	Parkville				1 Og. CITIZEN OF WHAT COUNTR			
NER/	8003 Manor Rd.				21234			U.S.A.		
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, OIVE WAR OR DATES	X NO							
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of	ompleted)	Give kind of work	k done during mo	N st of working	1	6b. KIND OF BUS	INESS/INDU	ISTRY	
MPLE	Elementary/Secondary (0-12)	College (1-4 or 6+) 5 +	Teach	er					ounty	Schools
S	17. FATNER'S NAME (First, Middle, Last) Edward M. Brooks		18. MOTHER'S NAME (First, Middle, Meiden Surname) Estella Anderson							
TO BE	19a, INFORMANT'S NAME (Type/Print)				nd Number or Rural F	Route Nu	imber, City or Town	, State, Zip		
-	Mrs. Elizabeth C	20b. PL	ACE OF DISPOSITI	ON (Name of cer	Avenue	-	20c. LO	CATION - C	ity or Town	nd 21214
	1 X Burial 2 Cremation 3 Ramov 4 Donation 5 Other (Specify)		erand Me		Park 10		/9' Ba	ltim	ore M	aryland
	21. SIGNATURE OF FUNERAL SERVICE LICE	Note Since			nard J. F		Baltin Inc			
	23. PART I. Enter the diseases of co	emplications that caused the	e deeth. Do not							Approximete
	iMMEDIATE CAUSE (Finel disease or condition	let only one cause on each		1	embre .	7				Interval Between Onset end Death
	resulting in deeth)	DUE TO (OR AS A CO		derve	eentar	6/44	senst			
CERTIFICATION	Sequentielly list conditions, If any, leeding to immediate cause. Enter UNDERLYING									
IFIC.	CAUSE (Disease or Injury c. that initiated events	DUE TO (OR AS A CO	INSEQUENCE OF):							
CERT	resulting in deeth) LAST									
CAL	PEF						ERFORMED? AVAILABLE PRII COMPLETION D		ERE AUTOPSY FINDINGS MILABLE PRIDE TO DMPLETION DE CAUSE F DEATH?	
PHYSICIAN: MED										YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			26. PI	LACE OF DEATH (Ch	neck only	one)			
SIC		HOSPITAL: 1 Inpetiant 2 ER/Outpetia	ent 3 DOA 4	THER:	ne 5 Raaldenca	e 🗆 O	ther (Specify)			
	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME (Y WO	URY AT ORK? YES 2 NO	20d. (DEȘCRIBE HOW I	NJURY OCC	URED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be detarmined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, ferm, atro	et, factory, offic	•	26f. L	OCATION (Street in State)	and Number	or Rural Rou	te Number,
COMPLETED	CORRECK ORNY	CIAN: To the best of my knowledg	ge, death occurred	at the time, date	and place, and due	to the	cause(s) and mad	ner as atat	ed.	
COM	21	R: On the beels of exemination ar	nd/or investigation,	in my opinion, o			lata and place, ar	d dua to the	e csuse(s) s	nd manner as stated.
BE	296. SIGNADORE AND TITLE OF CENTIFIES	%	mis	•	DIYS			29d. DATE	SIGNED (N	fonth, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH	I (ITEM 27) (Type, P	rint)	0,00	4 /			1	· .

DHMH-16 Rev 1/89



Pages 1, 2, 3 should

DIRECTOR

FUNERAL

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COMPLETED

BE

10a. STATE

Maryland

11. MARITAL STATUS

10e. STREET AND NUMBER

3 X Widowed 4 Divorced

6

Robert

IMMEDIATE CAUSE (Fine)

Sequentially list conditions, if any, leading to immediate

cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events

resulting in death) LAST

disease or condition

resulting in death)

(Specify only high Elementary/Secondary (0-12)

law requires that the death certificate be THE HOSPITAL DR ATTENDING PHYSICIAN; The

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72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation,	If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified
ath w	nart
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afte	28
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CERTIFICATION

PHYSICIAN: MEDICAL

BY

COMPLETED

BE

2

MPORTANT

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29a

4 Homicide

FOR STATE REGISTRAR

4. SOCIAL SECURITY NUMBER

218-60-8498

1 -

28801 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 2. DATE OF DEATH DAY OCTOBER 19 1991 1. DECEDENT'S NAME /First. Middle, Last) 3. TIME OF DEATH Caulk Ida Violet 10:35 7. DATE OF BIRTH (Month, Dey, Year) Feb. 29 1908 8. AGE (In yrs. last birthday) 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 M 2 X F 83 YRS. Maryland 9b. CITY, TOWN OR LOCATION OF DEATH 9a. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF OEATH Baltimore Meridian Multi Medical Towson RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 10b. COUNTY Baltimore City 1 YES 2 NO 101, ZIP CODE 10g. CITIZEN OF WNAT COUNTRY? 21214 United States 6302 Marietta Avenue 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuban, Maxican, Puarto Rican, etc.)
1 YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒ NO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Black, Whita, atc. 1 Never Married 2 Married Specify: White 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) Homemaker 18. MOTHER'S NAME (First, Middle, Maiden Sumame) 17. FATHER'S NAME (First, Middle, Last) Smith Brill Mary Ε. 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Daniel O. Caulk 6302 Marietta Ave. Baltimore, Md. 20a. METHOD OF DISPOSITION
1 ☑ Burlal 2 ☐ Cremation 3 ☐ Ramoval from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State 1 Donation 5 Other (Specify) Faith 10/23/91 Baltimore Gardens of Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Milton Knight Jr Baltimore, Md. Leonard J Ruck, Inc. 5305 HarfordRoad 23. PART I. Enter the diseases, or complications that saused the deeth. Do not enter the mode of dying, such as cerdiac or respiretory arrest, ahock, or heert failure. List only one cause Interval Betwe Onset and Death millian Tuberculosis DUE TO (OR AS A CONSEQUENCE OF OUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS

Athermex's dementia						1 PES 2 TNO	COMPLETION DF CAUSE OF DEATH? 1 YES 2 -NO
WAS CASE REFEREXAMINER?	RRED TO MEDICAL	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3		THER:	28. PLACE OF DEATH (Check only one) : ing Home 5 Residence 6 Other (Specify)		
MANNER OF DEA	TH 5 Pending Investigation	26a: DATE OF INJURY (Month, Day, Year)	28b. TIME (CRIBE HOW INJURY OCCU	RED
3 Suicide	6 Could not be	26e. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, stre	eet, factory, offica		ATION (Street and Number or or Town, State)	Rural Route Number,

CERTIFIER (Check only one)	1 CERTIFYING PHYSICIAN: 2 MEDICAL EXAMINER: On	To the best of my knowledge, beatty of	erred at the time, date and piece, and due to the cause(a) and manner as stated.

ise(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Pay, Year)

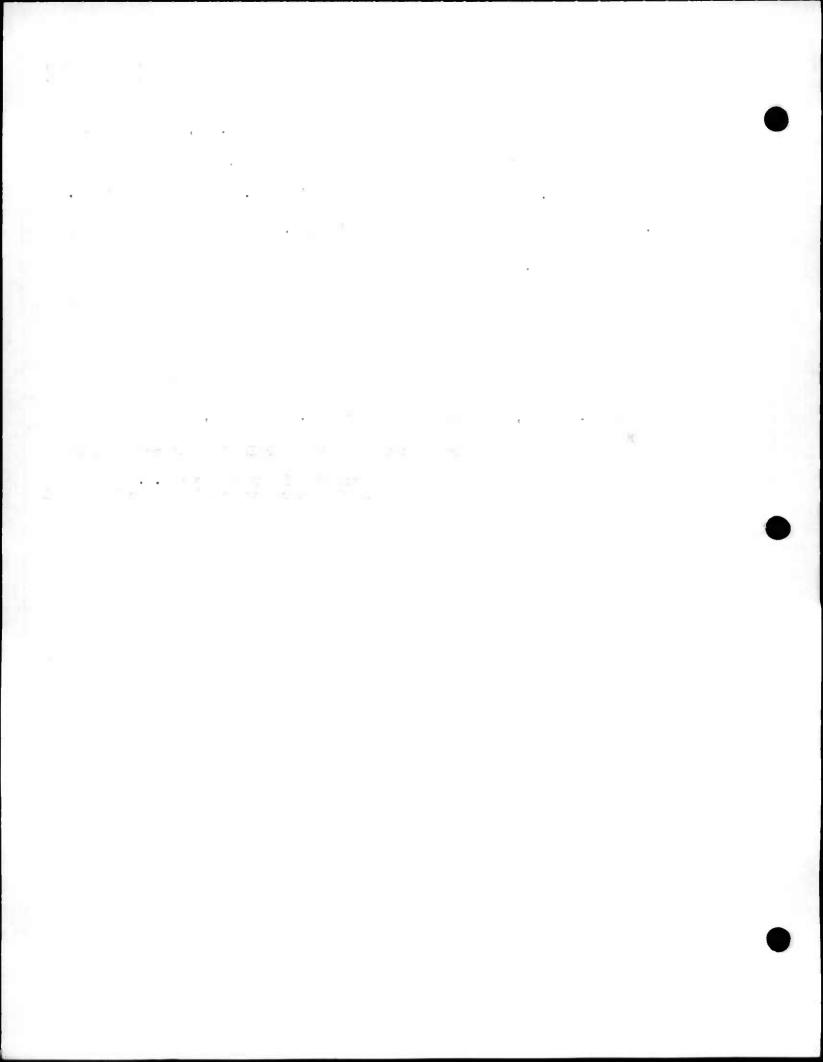
329

30. NAME AND ADDRESS OF PERSON WHO COMPLETEO CAUSE (ITEM 27) (Type, Print) Road B Dr.Gregory S. Pokrywka M.D. 8406 Hai Baltimore.

32. REGISTRAR'S SIGNATURE relia Davidson-Randalla 91

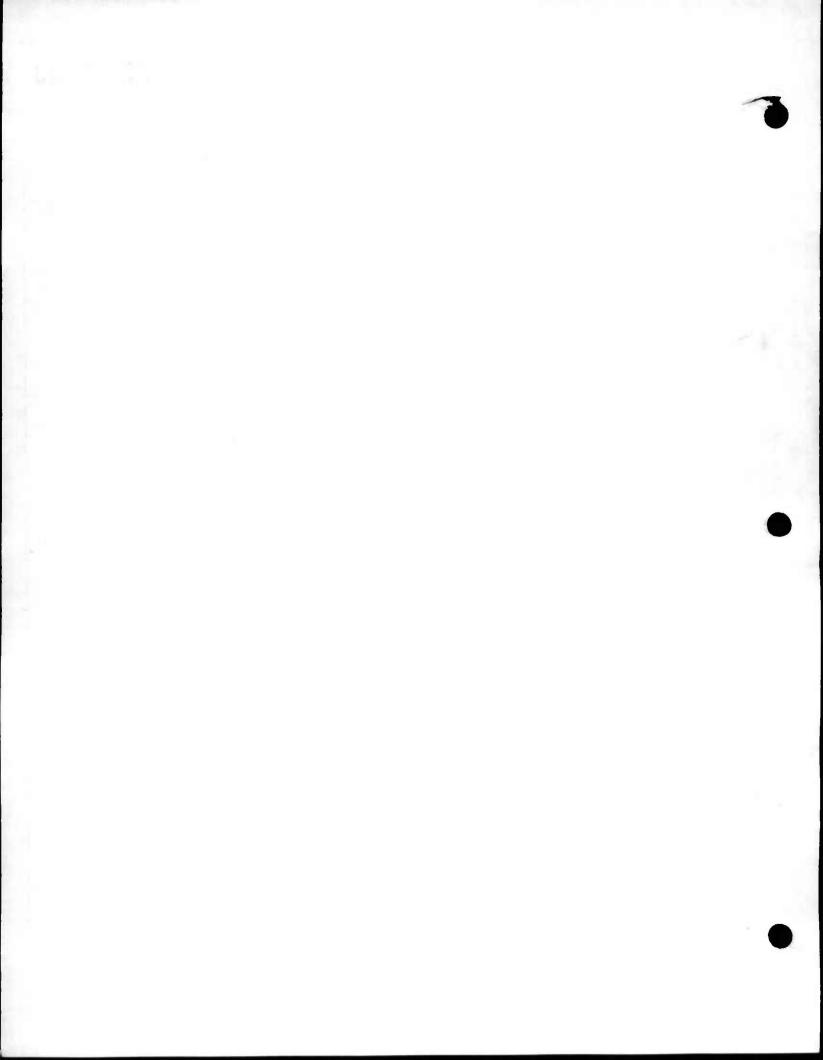
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	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM	MENT OF HEALTH AI	ND MENT	AL HYGIENI	E 91	20002	
	1. DECEDENT'S NAME (First, Middle, Last)				2. DA	TE OF OEATH		3. TIME OF DEATH	
	Wanda Anna	Dell			Oc	et. 20, h	1991 YEAR	11:45 PM "	
1 1	4. SOCIAL SECURITY NUMBER		tec.	UNDER 1 YEAR IF UNDER 24 H	RS. 7. DA	TE OF BIRTH	6. BIR	THPLACE (State or Foreign	
	217 07 8952	10 M 30 F 10	O YRS.			1. 28 18	191 Ma	ryland	
TOR	99. FACILITY NAME (If not institution, give 3908 Chestnut Re		91	Bowley's			e county of Paltim	ore Co.	
DIRECTOR	10e. STATE 10b. COUNT	ltimore		own or Location Wley's Qtrs.				10d. INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER			10f. ZIP CODE			10g. CITIZEN OF	1 YES MO NO	
FUNERAL	3908 Chestnut			2122	C		USA		
B₹	11. MARITAL STATUS 1 Never Married 2 Merried 3 Divorced	12. WAS DECEDENT EVER II FORCES? 1 TYES GIVE WAR OR D	2 NO	13. WAS DECENDENT OF H If yee, specify Cuben, M 1 YES 2 NO	exicen, Puer	GIN? (Specify Yee to Ricen, stc.)	Bia	cc. American Indian, cck, White, etc.	
TED	15. DECEDENT'S EDU (Specify only highest grade	ICATION a completed)	16a. DECEDENT'S USI	JAL OCCUPATION done during most of working	-1	66. KIND OF BUS	INESS/INDUSTRY		
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use re	ewife			Home		
BE CO	17. FATHER'S NAME (First, Middle, Last) John Done	eski			s name (Firs	t, Middle, Meiden S Zelewsk			
TO	190. INFORMANT'S NAME (Type/Print) Catherine H. Be:	atty, Daughte	19b. Mailing ab 9130	Sperl Ave.	Baltir	mber, City or Town	State, Zip Code) 21234		
	20e. METHOD OF DISPOSITION 1	noval from State 20b cen	PLACE AND DATE OF D setery, crematory or other Cennount				ation - city or		
	21. BIGHATURE OF FUNERAL SERVICE LI		h	22. NAME AND ADDRESS OF Bruzdzinski	F FACILITY			Jane Jane	
	22 0400/1 5-1-1-1		7	1407 Easter	arra c	Balt.imo	me Mary	land 21221	
	23. PART I. Enter the disease, or ahock, pr heert fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	e. A	ral	cau se		erdiec or reepir	etory arreet,	Approximate Intervel Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
MEDICAL	PART II. Other eignificent condition	a contributing to death b	ut not resulting in ti	ne Underlying ceuse give	n in Part I.	24a. WAS AN A PERFORM 1 YES 2 (NED?	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			28. PLACE OF DEATH	Check only	one)			
rsic	1 YES 2 NO	HOSPITAL: 1 inpetient 2 ER/Outp		HER: Numing Home 5 Reside	nce 8 🗆 Oti	her (Specify)			
ву РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF		28d. D	ESCRIBE HOW IN	JURY OCCURED		
	3 Suicide 6 Could not be 4 Homicide determined	Suicide 6 Could not be 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify)					281. LOCATION (Street and Number or Rural Routa Number, City or Town, State)		
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSI	ICIAN: To the best of my knowl R: On the basis of examination	edge, death occurred at and/or investigation, in	the time, data and place, and my opinion, death occured a	due to the c	euse(s) end menn	er ee stated.	s) end <i>m</i> enner se stated.	
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	allet	bo	29c. LICENSE	25	503	N 10	Of (Month, Day, Year)	
5	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	617A	TEMMERS	KUK	J RD.	, BALTI	MD2/221	
	31. DATE FILED (Month, Day, Year)	THE PERSON OF THE PROPERTY OF THE PARTY OF T	Davidson-Range			,			



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	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH 21-9]	DAY	YEAR 3	. TIME OF D	
		Emma E. Dennis Social Security Number 5. Sex 8. AGE (In yrs. I			lest birthday)	IF UNDER 1 Y	YEAR	IF UNDER	24 HRS.		ZI-9]		6 BIRTHO	ACE (State o
	216 12 (1 🗆 M 2 🖵 F	70	YRS.	MONTHS E	DAYS	HOURS	MIN.	(Month	1. Day, Year)		Country) Md	JACE (State o
<u>~</u>	90. FACILITY NAME (If not					9b. CITY, TO	O NWO	R LOCATI	ON OF DE			9c. COUN	TY OF DEA	тн
6	614 F	lammer	shire E	Rd		0	Wil	ngs	Mil	ls		Da		
- DIRECTOR	100. MAT.	10b. COUNT	TY		Ba.	TTIMO	re	TON						Od. INSIDE (LIMITS? YES 2
FUNERAL	100. STREET AND NUMBER						10f.	ZIP CODE	1216			10g. CITIZ	US F	AT COUNTR
B	11. MARITAL STATUS 1 Never Merried 2 2 3 Widowed 4 Div			NT EVER IN U.S. A I YES 2 () MAR OR DATES	ARMED NO	If y	res, spe	ecify Cube	of HISPAN on, Mexicer Specify	n, Puerto F	? (Specify Yellicen, atc.)		14. RACE - Black, V	- American I White, etc.
ETED	(Specify or	CEDENT'S EDU			ECEDENT'S Give kind of fe. Do NOT u	USUAL OCCU	UPATIO	ON st of workin	ng	16b.	KIND OF BU	SINESS/INDU	JSTRY	
	Elementary/Secondary	(0-12)	College (1-4 or 5	ssem						Conti	nent	al C	an	
COMP	17. FATHER'S NAME (First,									ME (First, N	liddle, Maiden			
III	Walter (nma					
TO B	Mr. Elwo		ennis	,	294	ADDRESS (S	ina	h Av	or Rural A	Bal.	to.,	Md.	2121	.6
	20e. METHOD OF OISPOSI 1 M Burlel 2 ☐ Cremati		noval from State	20b. PLACE	ANDDATE	OF DISPOSITION	ON/Nan	me of		DATE				
	4 Dopartion 5 Other (Specify) State Cemetery, crematory or other place) Cemetery, crematory or other place) King Memorial Park 10/25 Balto., Md.													
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY James A. Morton & Sons													
3	1 Charles					o am		7.7 .	LIOT	COIL	a DC	7110		
	23. PART I. Enter the c shock, or I IMMEDIATE CAUSE (FI disease or condition	iduit lailere.	complications the	at caused the duse on each lin	leath. Do i	170	1 1	Laui de of dyl	rens	St as card	. Bal	to.,	Md.	212 Approx Interval Onset a
	IMMEDIATE CAUSE (FI	tions, ediate //ING ury	Den oue to oue to oue to	It caused the dise on each line of each line (OR AS A CONSI	EDUENCE O	170 not enter the	1 in mod	Laus	rens	s St	. Bal	to.,	st,	Approx Interval Onset
AL CERTIFICATION	IMMEDIATE CAUSE (Fi disease or condition resulting in death) Sequentially list condi if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inji that initiated events	tions, ediate ring	DUE TO	(OR AS A CONSI	EQUENCE OF	170 not enter the	on mod	Laui de of dyl	rens	St as card	Balliac or reapi	AUTOPSY	24b. W/A	Approx interval Oppet is a construction of the
MEDICAL CERTIFICATION	immediate Cause (Fi disease or condition resulting in death) Sequentially list condition and it any, leading to immediates. Enter UNDERLY CAUSE (Disease or injusted initiated events resulting in death) LAS	tions, ediate ring	DUE TO	(OR AS A CONSI	EQUENCE OF	170 not enter the	on mod	Laui de of dyl	rens	St as card	Balliac or reapi	AUTOPSY	24b. William AM	Approx interval Onset a Onset
MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Fi disease or condition resulting in death) Sequentially list condition and the cause. Enter UNDERLY CAUSE (Disease or in) that initiated events resulting in death) LAS PART II. Other significations are supported by the cause of the	tions, ediate ring ury ST ant condition	DUE TO	(OR AS A CONSI	EQUENCE OF	170 not enter the	O1 1	Laui de of dyl	rens	St as card	Bal lac or reapi	AUTOPSY	24b. William AM	Approx interval Onset a Onset
SICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Fi disease or condition resulting in death) Sequentially list condition if any, leading to immediate. Enter UNDERLY CAUSE (Disease or in) that initiated events resulting in death) LAS PART II. Other significations of the condition of the cond	tions, ediate ring ury ST ant condition	OUE TO C. OUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO	(OR AS A CONSI (OR AS A CONSI (OR AS A CONSI (OR AS A CONSE death but not	EQUENCE OF	170 not enter the	1 e mod	Cause g	rens ng, auch liven in F	Part I.	Bal liac or reapi 2 M 24e. WAS AN PERFOR 1 YES 2	AVTOPSY	24b. William AM CCC OF	Approx interval Oppet a Oppet
PHYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Fi disease or condition resulting in death) Sequentially list condition if any, leading to immediate. Enter UNDERLY CAUSE (Olsease or injuthat initiated events resulting in death) LAS PART II. Other significations of the condition of the cond	tions, ediate ring ury ST ant condition	DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO	(OR AS A CONSI (OR AS A CONSI (OR AS A CONSI (OR AS A CONSI Death but not	EDUENCE OF	170 not enter the	22. PLA	Cause g	rens ng, auch plus in F	Part I.	Bal liac or reapi	AVTOPSY	24b. William AM CCC OF	Approx interval Oppet a Oppet
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ETED BY PHYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Fi disease or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death to list in the cause. Enter UNDERLY CAUSE (Disease or injusted in the cause. Enter UNDERLY CAUSE (Disease or injusted in the cause. Enter Interest or injusted in the cause. Enter Interest or injusted in the cause of the ca	tions, ediate (ING urry ST ant condition Could not be determined Could not be	DUE TO DUE TO	(OR AS A CONSI (OR AS A CONSI	COUENCE OF COUENCE OF	170 not enter the	e mod	Cause g	rens ng, auch place in F EATH (Check sidence 8	Part I. City on the cause of t	24e. WAS AN PERFOR 1 YES 2 (Specify) CRIBE HOW III TION (Street er Town, State)	AUTOPSY MADD NO NO NO NO NO NO NO NO NO NO NO NO NO	24b. Wind All Control of The Pour Pour Pour Pour Pour Pour Pour Pour	Approx interval Onset a Onset
COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Fi disease or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death to list in the cause. Enter UNDERLY CAUSE (Disease or injusted in the cause. Enter UNDERLY CAUSE (Disease or injusted in the cause. Enter Interest or injusted in the cause. Enter Interest or injusted in the cause of the ca	tions, ediate ring and condition ro MEDICAL Pending investigation Could not be determined TIFYING PHYSI INCAL EXAMINE	DUE TO DU	(OR AS A CONSI (OR AS A CONSI	COUENCE OF COUENCE OF	170 not enter the	e mod	Cause g	rens ng, auch place in F EATH (Check sidence 8	Part I. Other 286. LOCA City on the cause time, date of the cause time, date	24e. WAS AN PERFOR 1 YES 2 (Specify) CRIBE HOW III TION (Street er Town, State)	AUTOPSY MED NO NO NO NO NO NO NO NO NO NO NO NO NO	24b. William Code of The Point Found	Approx interval Onset a Onset
ETED BY PHYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Fi disease or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) CAUSE (Disease or injusted initiated events resulting in death) LAST resulting in deat	tions, ediate ring and condition ro MEDICAL Pending investigation Could not be determined TIFYING PHYSI DICAL EXAMINE FOR CEBRITIES	DUE TO DU	(OR AS A CONSI (OR AS A CONSI (OR AS A CONSI (OR AS A CONSI (COURNER OF COURNE OF COURNER OF COURNER OF COURNER OF COURNER OF COURNER OF COURNER OF COURNER OF COURNER OF COURNER OF COURNER OF COURNER OF COURNER OF COURNER OF COURNER OF COURNER OF COURNER OF COURNER OF C	170 not enter the	e mod	Cause g	rens ng, auch plyen in F EATH (Check aldence 8 NO end due to	Part I. Other 286. LOCA City on the cause time, date of the cause time, date	24e. WAS AN PERFOR 1 YES 2 (Specify) CRIBE HOW III TION (Street er Town, State)	AUTOPSY MED NO NO NO NO NO NO NO NO NO NO NO NO NO	24b. William Code of The Point Found	Approx interval Onset a Onset a State Autopsy All Able Park MPLETION D DEATH? YES 2



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BALTIMORE, MARYLAND 21203-3146	r death. Page 6 may be retained by the hospital or attending physician.	he funeral director, page 5 should be detached for use as the bunal-transit permit. P. al.
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the hospital or attending physician.	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25-mouts after death. Page o may be retained to	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should		about any is them 28 to marked or item 23 shows any injury or other traumatic event, the medical examiner must be notified
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NG F	fter 1	e filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	mar
END	R: A	er de	9
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-	REGISTRAR CERT	IFICA	ILE OF	DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) Benjamin Juseph Debi	ns.	Ki.		2. DATE OF DEATH MONTH DA	10 %	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthd) 7. Sex 7.	MONT	HS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Aug. 13, 19	Coun	7.1
	9a. FACILITY NAME (If not institution, give street and number)	9b. (CITY, TOWN	OR LOCATION OF DE		9c. COUNTY OF	
5	Fallston General Hosp.		Fall	Iston		Har.	ford
3		CITY, TOV	VN OR LOCA	TION	-		10d. INSIDE CITY
	Md. Harford				Lston		LIMITS?
	100. STREET AND NUMBER 302 Merrie Lane		10	M. ZIP CODE	17	U.S.A.	WHAT COUNTRY?
	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED	Т		CENDENT OF HISPAN	IC ORIGIN? (Specify Yes	or No- 14. BAC	E — American Indian,
	1 ☐ Never Merried 2 ☐ Merried 3 ☐ Wildowed 4 ☐ Divorced FORCES? 1 ☑ YES 2 ☐ NO IF YES, GIVE WIÂN OR DATES 1942-1945		If yes, sp	pecify Cuban, Mexical S 2XXNO Specify	n, Puerto Ricen, etc.)	Spec	ck, white, atc. city: White
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 18e. DECEDEN (Give kind	IT'S USUA	L OCCUPATI	ION ost of working	18b. KIND OF BUS		
	Elementery/Secondary (0-12) College (1-4 or 5 +)	OT use retin	ed.)		Archdio	rese Of	Baltimore
	17. FATHER'S NAME (First, Middle, Last)		0001		ME (First, Middle, Maiden		Darcinore
	Joseph Debinski			Mary E	Begier		
5		LING ADDI	RESS (Street		loute Number, City or Tow	n, State, Zip Code)	
-	Mrs. Helen M. Debinski 3	02 M	errie	Lane, Fa	allston, M	Md. 2104	7
	20a. METHOD OF DISPOSITION 20b. PLACE OF DIS 20b.	POSITION	(Name of ce)=23=9 20c. LO		Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	T		AND ADDRESS OF FAC	CILITY		
	▶ E. F. Lassahn		117	50 Belair	E.F.Lass Rd, Kings		eral Home d. 21087
CIAN. MEDICAL CENTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE CONSEQUEN	CE OF):	e underlyli		1 YES 2	AUTOPSY 24 MED? 24	Interval Between Onset and Death 2 7 L Ib. WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	EXAMINER? 1 YES 2 NO NOS-ITAL: 1 Tippettent 2 ER/Outpatient 3 DO		HER:				1
		TIME OF	28c. IN	me 5 Reeldenca	28d. DE\$CRIBE HOW I	NJURY OCCURED	
5	2 Accident Investigation 3 Suicide 8 Could not be building, etc. (Specify)	ırm, street		YES 2 NO	281. LOCATION (Street City or Town, State)		l Route Number,
	4 Homicide determined				City of fown, State,		
L	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of examination end/or investigation.					nd due to the ceuse	1 1
4	296. SIGNATURE AND ATLE OF CERTIFIED	4		29c. LICENSE NUI	ABER	29d. DATE SIGN	to (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27)	OF	Fri	SELM!	MD	2/00	47
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 1991 Fulia Davids	or-R	ndelle	1		-	

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the burial-transit

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

ours after death. Page 6 may be retained by the hospital or attending physician. has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. notified at examiner must be HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within State L DIRECTOR: After this certificate hours after death with the State them 28 is marked, or item FUNERAL within 72 h MPORTANT: IF 품 THE BOLL 2 90

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

2

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. OECEDENT'S NAME (First, Middle, Last) Denton

BESSIE AGNES DENTON 2. DATE OF GEATH 3. TIME OF DEATN A gnes Bassie 1015 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) 8. BIRTHPLACE (State of Foreign IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 219-03-5798A 7/5/1900 91 1 M 2 F mar 1 ana 9s. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN Stella Maris DIRECTOR mD Baltimore RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore 1 X YES 2 NO 10s. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1514 Lochwood Rd. 21218 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒ NO IF YES, GIVE WAR OR OATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or NoIf yes, specify Cuban, Mexican, Puerto Ricen, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried BY 3 Widowed 4 Divorced 1 YES 2 X NO Specify Specify: White COMPLETED 15. DECEDENT'S EDUCATION secify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during milite. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 12 Medical Secretary Doctors 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surneme) Edward M. Walker Mary Wible 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Donald E. Houghton 7121 Heathfield Rd., Balto., Md. 21212 20e. METHOD OF DISPOSITION
1 X Burlel 2 Cremetion 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE Meadowridge Cemetery 10-23-91 4 Donatio 5 🗆 Elkridge, Md. 21. SIGNATE RE OF FUNERAY SERVICE LICE 22. NAME AND ADDRESS OF FACILITY Ruck Towson Funeral Home, Inc. 1050 York Rd., Towson, Md. 21204 . Entar the diseases, of complice ne that caused the death. Do not antar the mode of dying, such as cerdiec or respiratory arrest, Approximata shock, or haart failure. List only one ceuse on each line. interval Batween IMMEDIATE CAUSE (Final Onset and Daath diseese or condition_ Dementia recuiting in death) OUE TO (OR AS A CONSEQUENCE OF): Generalized Arterio sclerosis Sequantially list conditions, OUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PAF

RT II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part i.		-
country to death out not reading in the undarrying ceuse given in Part I.	1 YES 2 NO	34b. WERE AUTOPSY FIND AMALABLE PRIOR TO COMPLETION OF CAU OF DEATH?
		1 - YES 2 - NO

EXAMINER?	HOSPITAL:					
27. MANNER OF DEATH 1 M Natural 5 Panding 2 Accident Investigation	28s. DATE OF MJURY (Morm, Disc. West)	286. TIME OF 28c. INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCURED			
3 Solicide 6 Could not be determined	28s. PLACE OF INJUST — At I building, etc. (Strictly)	nome, farm, atreet, factory, office	281. LOCATION (Street and Number or Rural Route Number, City or Esen, State)			

(Check only 1 CERTIFYING PHYSICIAN: To the best of my key 2 MEDICAL EXAMINER: On the basis of some

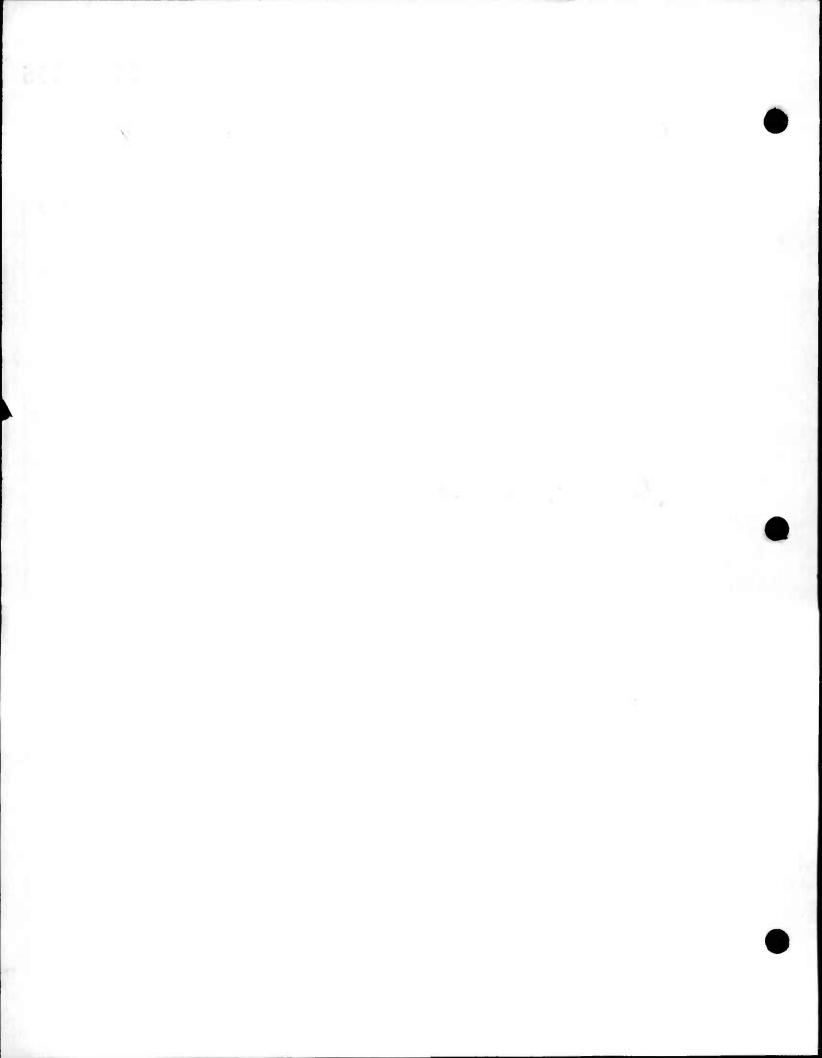
29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) NAKHUDA EDDIE - STELLA MARIS

10-20-91 2300 Dulaney Valley Rd. Towson, Md. 21204

31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

FINDINGS F CAUSE



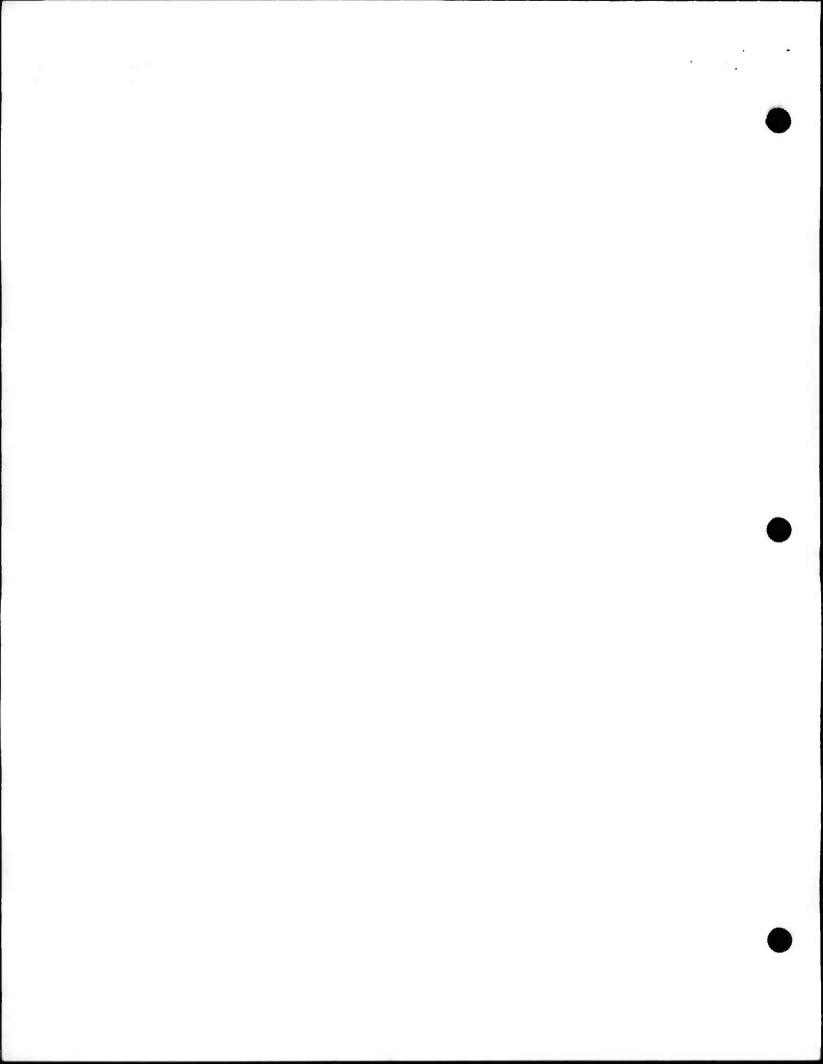
REG. NO.

BALTIMORE, MARYLAND 21203-3146	SICIAN: The law requires that the death certificate be executed within 2-mouns after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burist barreit permit. Pages 1, 2, 3 should the chair and Merial Hydrein prior to hintal cremation or removal	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the face and the state has been signed by the attending physician and completely filled in by the face and the state of the state has been signed by the state of the state	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1. DECEDENT'S NAME (First, Middle, Last)														3. TIME OF DEA		
WILLIAM THOMAS EVANS										00t. 19, 1991				8:00	Рм	
4. SOCIAL SECURITY NUMBER 213-20-7503		5. SEX	6. AGE (In yrs. lest		birthday)	MONTHE	ER 1 YEAR	HOURA	24 HRS. MIN.	7. DATE OF FED.	Day Macl	925	8. BIRTH Count	PLACE (State or Form) Ohi		
9a. FACILITY NAME (If not institution, give street and number)							9b. CITY, TOWN OR LOCATION OF DE					9c. COU	NTY OF D	DEATH		
2003 Magnolia Woods Court							Edgewood				Har			ford		
						Y, TOWN OR LOCATION								10d. INSIDE CITY		
Maryland Harford						Edgewood								LIMITS?		
10e. STREET AND NUMBER						10f. ZIP CODE				10g, CIT			IZEN OF WHAT COUNTRY?			
2003 Magnolia Woods Court							21040				US			SA I		
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.								ECENDENT OF HISPANIC ORIGIN? (Spec				ea or No— 14. RACE — American Indian, Black, White, etc.			len,	
1 Never Married 2 Married IF YES, GIVE V				WAR OR DATES			If yes, specify Cuban, Maxics 1 YES 2 X NO Specify				can, atc.)		Specify:			
	П										White					
15. DEC (Specify onl	(Gi	. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)					16b. KIND OF BUSINESS/INDUSTRY									
Elamentary/Secondary (0-12) College (1-4 or 5+)												Courts			1	
12 Years 5 Years 17. FATHER'S NAME (First, Middle, Last)					Judge				18. MOTHER'S NAME (First, Middle, Melden							
William David Evans					2-1-1					nce Ann Greggs						
19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, C										7.7	n Cada)					
											21222					
William R. Evans, Esquire						_		cernetery, crei		Dunde	20c. LOCATION — City or					
1 X Burial 2 Cremetion 3 Removal from State 4 Donation 6 Other (Specify)						emetery 10/23/91						timore Maryland				
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Duda-Ruck Funeral Home of Dundalk, Inc. 7922 Wise Avenue, Dundalk, Maryland 21222																
23. PART I. Enter the d	iseases, or	conplications the	at cause	d tha da	eth. Do	_				-				Approxin	nate	
Company of the Compan		List only one ca	use on a	ech lina										Interval I		
disease or condition	disease or condition											2	2. 4			
reaulting in death) a. WUTUSTOTIC IV OSTUU (UV COX) DUE TO (OR AS A CONSEQUENCE OF):													122			
	DUE TO (ON AS A CONSEQUENCE OF):															
Sequentially list conditions, If any, leading to immediata										_						
cause. Enter UNDERLY	c															
CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):																
resulting in death) LAS	⁵¹	d														
PART II. Other algnifice	ent condition	na contributing to	deeth	but not i	eaulting	in the	underly	ing ceuse	alven in	Part I.	24a, WAS AN	AUTOPSY	24	b. WERE AUTOPSY	FINDINGS	
					, , ,					PERFO		COMPLETIO		AVAILABLE PRIOR		
-							_	1 - YES 2 NO			OF DEATH?					
1 YES 2 NO														NO		
25. WAS CASE REFERRED 1	TO MEDICAL	1					26	PLACE OF	DEATH (C)	heck only one))					
EXAMINER?		HOSPITAL:	□ ED/Out	motions 2	□ DOA	ОТН	ER:									
1 ☐ YES 2 ☐ MO						3 DOA 4 Nursing Home 6 Realdence 26b. TIME OF 28c. INJURY AT					6 Other (Specify) 28d, DESCRIBE HOW INJURY OCCURED					
1 Natural 5 Pending (Month, Day, Year)					INJURY WORK? M 1 YES 2 NO											
2 Accident Investigation 3 Suicide & Could not be 28e. PLACE OF INJURY —					At home, farm, atreet, factory, offica					26f. LOCATION (Street and Number or Rural Route Number,					\dashv	
Suicide 6 Could not be detarmined building, stc. (Specify)									City o	City or Town, State)						
29a. CERTIFIER	TIEVING BUYE	MAIAN, To the head o	d t	uda da a d												
Corroon only		ER: On the best of												(a) and manner as	atated.	
29b. SIGNATURE AND TITU	710	29c, LIC				ENSE NU	SE NUMBER 29d. DATE SIG				YED (Modth, Day, Year)					
30. NAME AND ADDRESS OF PERSON WHO COMPLETED GAUSE OF DEATH (ITEM 27) (Type, Print)										4/7/						
										,			-			
Charles A. Pad 31. DATE FILED (Month, Den		Y .	OUT L		aven	ROUT	evaro	l, Suit	e 10/							
THE PICEO (MORRIS, D.	X7 2	3 1991	gun,	y Day	day	Amo	LARL.								- 1	



TO THE HOSPITAL DR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-the filled within 72 hours after death with the State Debt, of Health and Mental Hygiere prior to burial, cremation, or removal. IMPORTANT: If them 28 is marked, or them 23 shows any Inlury, or other traumatic event. The medical examiner must be mutified as name
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1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	HEGISTHAR		CERTIF	ICALE (OF DEATH	R	EG. NO.			
Į.	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF (DEATH	YEAR	3. TIME OF DEATH	
	Jay John Bye					10				
	4. SOCIAL SECURITY NUMBER		GE (In yrs. lest birthday)	IF UNDER 1 YE		7. DATE OF E (Month, De	BIRTH v. Year)	8. BIRTHI	PLACE (State or Foreign	
	220-18-8277	1 💹 M 2 🗆 F	65 YRS.			(Month, Per 05/2	5/26		ryland	
or .	9a. FACILITY NAME (If not institution, give				WN OR LOCATION OF D	EATH	9c. CO	UNTY OF DE	ATH	
ō	3048 Stafford S	t.		Balt	imore					
EC	10e. STATE 10b. COUN	TY	10c, CIT	Y, TOWN OR L	DCATION				10d. INSIDE CITY	
5	Md.		Ral	timore					LIMITS?	
4	10a. STREET AND NUMBER		отщоте	10f. ZIP CODE		10a CI		HAT COUNTRY?		
BY FUNERAL DIRECTOR	3048 Stafford		21223		log. G	USA	nai cooninii			
3	11. MARITAL STATUS	13. WAS	DECENDENT OF HISPA	NIC ORIGIN? (Si	pecify Yea or No	-	- American Indien.			
7	1 Never Merried 2 Merried	12. WAS DECEDENT EVEN FORCES? 1 2 YE IF YES, GIVE WAR OF		If ye	yes 2 NO Specify	en, Puerto Rican	i, atc.)	Black, Specifi	White, etc.	
	3 Widowed 4 Divorced	WWII			120 235 110 0,000	7.		Specin	white	
COMPLETED	15. DECEDENT'S ED (Specify only highest grad	UCATION le completed)	16e. DECEDENT'S	work done durin	PATION g most of working	16b. KIN	D OF BUSINESS/IN	DUSTRY		
Ш	Elementary/Secondary (0-12)	College (1-4 or 5+)	ine. Do NOT U	se retired.)						
₽	0		Postal	Clerk		U.	S. Post	tal Se	ervice	
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle	e, Meiden Surname)			
8	Henry Bye				Catheri					
6	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (St	eet end Number or Rural	Route Number, C	ilty or Town, State, Z	(ip Code)	21009	
	Charles V. Bye		511 B	astvie	w Terrace,	Apt.	#3, Hari	ford (o., Md.	
	20a, METHOD OF DISPOSITION 1 D Burlet 2 Cremation 3 Res	novel from State	20b. PLACE AND DATE	OF DISPOSITIO	N (Neme of	DATE	20c. LOCATION -	- City or Tow	n, State	
	4 Donation 8 Done (Specify)		rownsvill		rans Cem.	10/17	Crownsv.	ille,	Md.	
	21. SIGNATURE OF PAINERAL SERVICE L		Iman		y L. Kaufn		owel Her	20		
	· Nary	d. Von	men		5 Main St.				007	
	23. PART i. Enter the diseases, or	complications that caus	and the death. Do r	not entar tha	mode of dying, aud	th as cardiac	or respiretory a	rrest	Approximata	
	shock, or heart falkure. IMMEDIATE CAUSE (Final	List only one cause or	aach iina.		,		or rouphously a	· · · · · · · ·	Interval Batween	
	disease or condition	Luci	· Cuara	_					Onset and Death	
1	resulting in death)	DUE TO (OR A	S A CONSEQUENCE OF	n:						
_	- a ota taris to Liver									
CERTIFICATION	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):									
8	cause. Enter UNDERLYING	c							İ	
Ē	CAUSE (Disesse or injury that initiated evanta	DUE TO (OR AS	S A CONSEQUENCE OF	F):					1	
	resulting in death) LAST	d								
	PART ii Other elgolficent condition	no contribution to design							+	
MEDICAL	PART II. Other significant condition	na contributing to dastr	DUT NOT resulting (n the under	ying cause given in	Part i. 24e.	WAS AN AUTOPSY PERFORMED?		WERE AUTOPSY FINDINGS	
ă						1	YES 2 NO		COMPLETION OF CAUSE OF DEATH?	
									YES 2 NO	
Ž										
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	. PLACE OF DEATH (Ch	eck only one)				
PHYSICIAN:	1 VES 2 NO	1 Inpatient 2 I ER/O			ioma 5 🗆 Residenca	6 Other (Spe	ecity)			
	27. MANNER OF DEATH 1 Netural 5 Pending	26e. DATE OF INJUR (Month, Day, Year		URY	INJURY AT WORK?	26d. DEŞCRIB	E HOW INJURY O	CURED		
B	2 Accident Investigation				YES 2 NO					
8	3 Suicide 6 Could not be determined	26a. PLACE OF INJU building, atc. (S)	RY — At home, farm, a pecify)	treet, fectory,	offica	261. LOCATION City or Tox	N (Street end Number vn, State)	or Rural Ro	ute Number,	
E										
COMPLET	(Check only	ICIAN: To the best of my known	owledge, death occurre	d at the time,	data and place, end due	to the cause(e)	and menner ea ats	rted.		
S I	one) 2 MEDICAL EXAMIN	ER: On the beels of examinat	tion and/or investigatio	n, in my opinio	n, death occured at the	time, data and	place, and dua to t	he cause(a)	and manner se stated.	
ш	296. SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NUI	MBEA . AC.	29d. DA	TE SIGNED (Month, Dey, Year)	
0	Undrew H		474		Ortrace: ta	arting of	Y > 1			
2	30. NAME AND ADDRESS OF PERSON WE	10 COMPLETED CAUSE OF	DEATH (ITEM 27) (Type,	Print)				_		
į	Andrew H. Zwick,	Loch Raven	Veterans	Hospi	tal, 3900	Loch R	aven Blv	rd I	alto., Md.	
	31. DATE FILED (Month, Day Year)	32. REGISTRAR'S SIG	GNATURE					212	.10	
	OCT 2 S	1991 Juli	2 Davidson-A	and 00						
		7	(100)							



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARY	APTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed wirthin 24 hours after death. Page 6 may be retained by
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DIVISION OF VITAL RECORDS, P.O. BOX 68/60,	œ
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31. DATE FILED (Month, Day, Year)

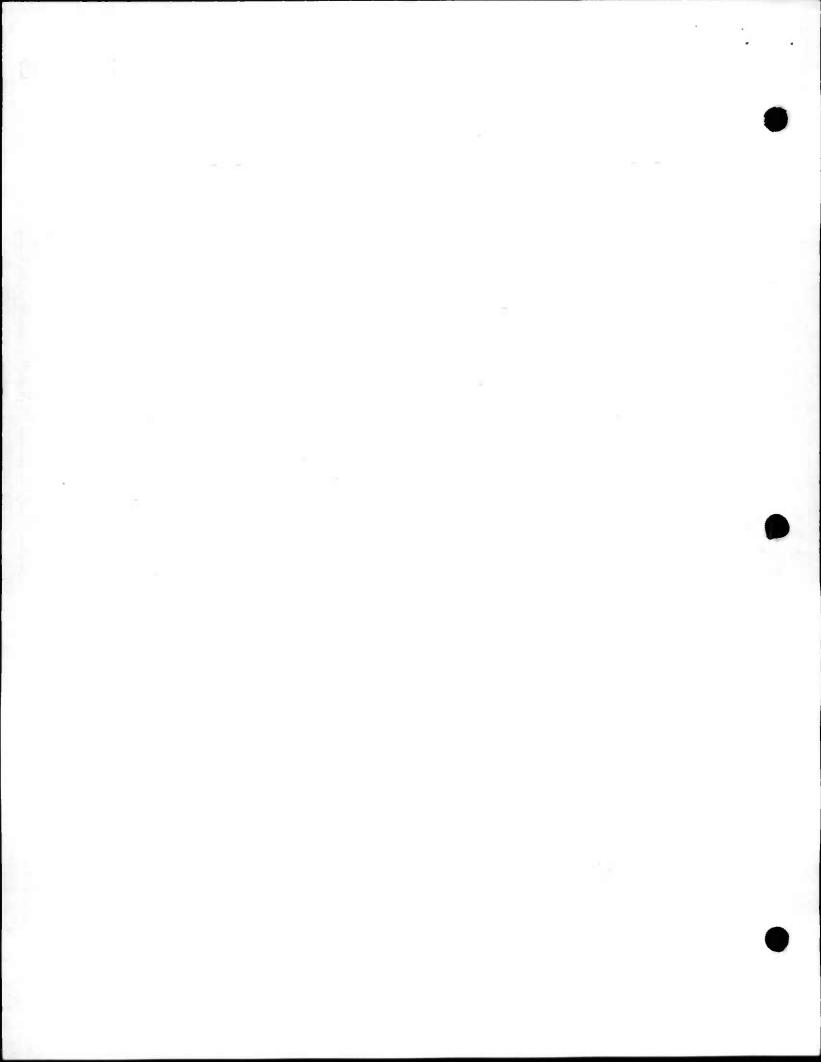
FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 199th THOMAS GRAYSON FORBES, JR. HONTH 7:50 AM 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year, 8. BIRTHPLACE (State or Foreign DAYS HOURS 220-12-9949 1 WM 2 F YRS. 1-19-1926 MARYLAND Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Francis Scott Key Medical Center DIRECTOR Baltimore RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARYLAND SPARROWS POINT BALTIMORE 1 - YES 2 X NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 2513 SPARROWS POINT ROAD 21219 UNITED STATES 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Y YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE - American Indian, Black, White, etc. 1 Never Married 2 X Married If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 YES 2 X NO BY Specify: 3 Widowed 4 Divorced Specify. WHITE WWII-ARMY COMPLETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) Elamentary/Secondary (0-12) College (1-4 or 5 +) 8th GRADE TRUCK DRIVER TRANSPORTATION 17. FATHER'S NAME (First, Middle, Lent)
THOMAS GRAYSON FORBES, SR. 18. MOTHER'S NAME (First, Middle, Meiden Surname)
OMENA MCKINLEY notified at BE 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code)
2513 SPARROWS POINT ROAD BALTIMORE, MARYLAND 21219 2 MARIAN A. FORBES pe 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must 1 Burial 2 Cremetion 3 Removal from State
4 Donetion 5 Other (Specify) the funeral director, HTILLTOP SERVICE CORP. TOWSON. MARYLAND examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY DUDA-RUCK FUNERAL HOME OF DUNDALK. INC. SOL 1922 WISE AVENUE. DUNDALK. MD. medical 23. PART I. Entar the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cardiac or respiratory errest, 3 Approximata filled in t ahock, or haart fallura. List only one cause on each line. **IMMEDIATE CAUSE (Final** and completely filled burial, cremation, Onset and Dasth the disesse or condition _____ event, traumatic CERTIFICATION Sequentially list conditions. 5 DUE TO (OR AS A CONSEQUENCE OF): if any, lasding to immediate CSUSA. Enter UNDERLYING CAUSE (Diseasa or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initisted events resulting in death) LAST injury, or i the attend PART II. Other algnificant conditions contributing to death but not resulting in the undarlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO shows any signed Health a COMPLETION OF CAUSE 1 YES 2 NO been of h 1 YES 2 NO has b. Dept. 23 s. PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL or item 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: 1 YES 2 NO 4 - Nursing Home 5 - Residence a - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? this c marked, 28d. DESCRIBE HOW INJURY OCCURED 5 Pending Investigation 1 Natural м 1 YES 2 NO BY After 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 60 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 品 8 Could not be DIRECTOR: Journ after of Item 28 is 4 Homicide determined 百 item 29e. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and menner as stated. COMPL FUNERAL WITHIN 72 1 = MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and menner as stated. PORTANT: 296 SHOWATHER AND THE OF CERTIFIEF THE P 8 29d. DATE SIGNED (Month, Day, Year) Calliari D21696 21 10 91 2 6 3 ₹ 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Dr. Willarda Edwards 1576 Merritt Blvd. Suite 17 Balto., Md. 21222

32. REGISTRAR'S SIGNATURE

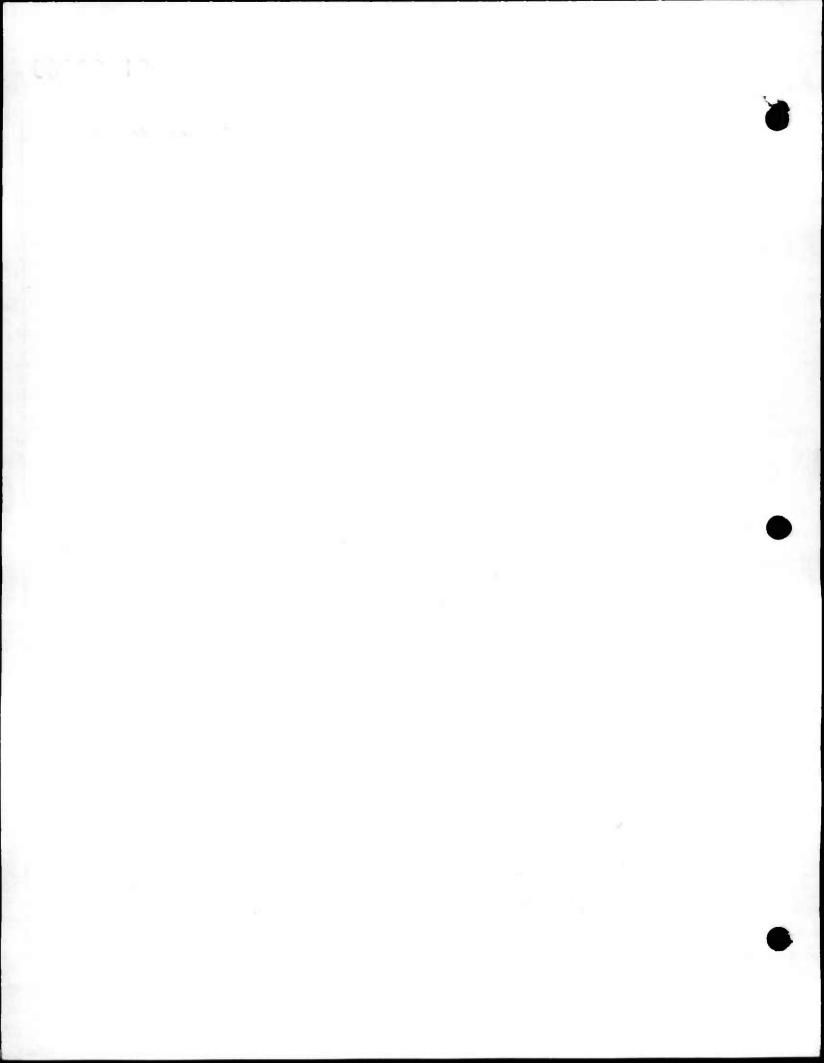
DHMH-18 Rev 1/81



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

-	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIEN
0	ECEDENT'S NAME (First Middle Local)		

	REGISTRAR		CERTIF	ICATE OF	DEATH	RI	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) Doroth	ny Hele	en Feel	hlv		2. DATE OF D	DAY	YEAR	3. TIME OF DEATH	
1	4. SOCIAL SECURITY NUMBER		AGE (In yrs. lest birthday)			10	19	91	2355 M	
1	215-10-1448		79 YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE OF BI (Month, Day,		Coun	HPLACE (State or Foreign try)	
	9a. FACILITY NAME (If not institution, give at	/ /	73	9b, CITY, TOWN (OR LOCATION OF D			Md OUNTY OF I		
OR	Union Memoria	al Hospital	L	Balt	imore Ci	ity	1 55.7		DEATH.	
닯	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY		100 CIT	Y, TOWN OR LOCAL	TION .					
DIRECTOR	Md.			altimore					10d. INSIDE CITY LIMITS? 1 YES 2 NO	
	10e. STREET AND NUMBER			10						
FUNERAL	120 E. 25 th. St	reet			21218			USA		
F	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVE FORCES? 1 1		13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Sp	ecify Yea or No-	- 14, RAC	E — American Indian,	
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR O			2 NO Specif			Spec	White	
ED	t5. DECEDENT'S EDUC (Specify only highest grade	ATION	16a. DECEDENT'S	USUAL OCCUPATION	ON	16b. KINC	OF BUSINESS/			
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Mn. Do NOT us	work done during mose retired.) ne Opera		C.	tate of	Md		
MP	12		Terepho	ne opera	1001	3	tate of	Mu.		
	17. FATHER'S NAME (First, Middle, Last)	Fooks			18. MOTHER'S NA	AME (First, Middle,	Maiden Surname)		
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS /Street a	and Number or Rumi	Boute Number Ci	to an Enum Conta	Tin On day		
2	19a. INFORMANT'S NAME (Type/Print) Catherine Watts 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2954 Freeway Baltimore, Md. 21227									
	20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 28c. LOCATION — City of Town State									
	4 Donation 5 Other (Specify)	tombment	More I and				Baltim	ore,	Md.	
					O ADDRESS OF FA		E20E 11	larford Rd. 21214		
	Mark T.	1000							Rd. 21214	
	23. PART I. Enter the diseases, or cashock, or heart fellure. L	ompifications that cause of the	used the desth. Do n on each line.	ot enter the mo	de of dying, suc	ch as cardiac d	or reaplratory	arreat,	Approximate Intervei Between	
	IMMEDIATE CAUSE (Final disease or condition									
i	resulting in death) a. Sepsis Septic Shock 4 days									
Z	Sequentially list conditions, Disseminated Intravascular Coagulopathy Due to (OR AS A CONSEQUENCE OF):									
CERTIFICATION	wary, reading to miniodiate									
S	CAUSE (Disease or Injury that Initiated events		al Failur as a consequence of						11	
E	reaulting in death) LAST			,-						
	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PINDINGS									
EDICAL		to dear	in but not resulting i	ii tile underlying	a cause given in		WAS AN AUTOPS PERFORMED?	Y 24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE	
						_ 10	YES 2 XNO		OF DEATH?	
Σ									1 TYES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HPSPITAL:			ACE OF DEATH (Ch	eck only ane)				
IXSI	1 TYES 2 NO	1 Ninpatient 2 - ER/C		OTHER: 4 Nursing Home	e 5 🗆 Raaldenca	8 Other (Spec	elfy)			
	27. MANNER OF DEATH 1 Netural 5 Pending	(Month, Day, Yea	RY 26b. TIME	URY WO	RK?	28d. DESCRIBE	HOW INJURY O	CCURED		
BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJ	URY — At home, farm, s		ES 2 NO	281 LOCATION	(Street and Mumb	Ter or Rumi i	Pouto Alumbas	
3 Suicide 8 Could not be determined 8 Could not be determined 226. LOCATION (Street and Number of City or Town, State)								or or nurer r	oute Number,	
COMPLETED	290. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the beat of my ki	nowledge, death occurre	d at the time, date	and place, and due	to the cause(a)	and manner as a	detad		
₩ O	one) 2 MEDICAL EXAMINER								a) and mannar ae steled.	
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	1			29c. LICENSE NUM	MBER	29d. D	ATE SIGNED	(Month, Day, Year)	
2	Thita Usy	alos, M	D				•	10/	20/91	
-	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	DEATH (ITEM 27) (Type,	Print)	1	2 11				
	31. DATE FILED (Month, Day, Year)	32. REGISTRARIS S	IGNATURE	molla	HVe.	DULTIN	nove, 1	ر الاس	ALLY	
	NOT 9 9	alos 17. 32. REGISTRAR'S S 1891 Juli	Kill D	md.00 1						
	- UST 6.V.	7000	The state of the s	082.886					DHMH-18 Rev 1/89	



FOR STATE REGISTRAR

BALTIMORE

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, fool be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH										
	FLOYD LSS FURI		OCTOBER 14, 1991 8:47 p.m.								
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH	8. BIRTHPLACE (State or Foreign		
	231060942 18M20F	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Uay, Year) Country)			γ)	
	9a. FACILITY NAME (If not institution, give street and number)			9b. CITY,	TOWN (OR LOCATION	ON OF DE	ATH		NTY OF D	7.11.11.1
OR	THE JOHNS HOPKINS HOSPIT	CAL		BAL	TIM	ORE C	CITY		BALT	IMOR	RE CITY
딥	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		40- 017	Y, TOWN O							
DIRECTOR	MARYLAND		()	Y, IOWN O	H LOGAI	ION					10d. INSIDE CITY LIMITS?
7	10e. STREET AND NUMBER		12	HYI	1 1 1	ZIP CODE					1 YES 2 NO
RA	409 NORTH ROSS	510:0	7		100	. ZIP CODI	21.		10g. CIT	IZEN OF V	WHAT COUNTRY?
FUNERAL		VT EVER IN U.S. ARM	ED	12.1	MAS DEC	ALO	E HIGHAN	IC ORIGIN? (Specify Yes		1. 9	. М.
E	1 Never Married 2 Married FORCES?	MAR OR DATES)	1	yes, sp	ecify Cuba	n, Maxicar Specify	n, Puarto Rican, etc.)	or No-	Black	— American Indian, c, Whita, atc.
BY	3 Wildowed 4 Divorced			_ _ '	☐ 1E3	2 (2-110	Specify		Speci	Hits	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Give	e kind of	USUAL OC	CUPATIO	ON at of workin	107	16b. KIND OF BUS	SINESS/INC	DUSTRY	
۳	Elementary/Secondary (0-12) College (1-4 or 5		Do NOT us	sa retired.)			· 9				
M	1278S 6 YRS.	SC	H00.	- 19	AC	HSF	3				
	17. FATHER'S NAME (First, Middle, Last)	- 00						ME (First, Middle, Maiden	Sumame)		
B	19a. INFORMANT'S NAME (Type/Print)	URROU					JUU E		Link	S	
2	· · · · · · · · · · · · · · · · · ·	19b.	MAILING	ADDRESS	(Street a	nd Number	or Rural R	loute Number, City or Town	n, State, Zip	Code)	
	20a. METHOD OF DISPOSITION			14U	7	HS.	HU	ONS			
	Burlal 2 Cremation 3 Ramoval from Stala 4 Donalion 5 Other (Specify)	20b. PLACE AN cometery, crem	atory or o	ther plece)		me of		DATE 20c. LO	CATION —	City or To	
	21. SIGNATURE OF PUNERAL SERVICE LICENSEE	- 11 10UI	7	22.1	JAME AL	ID ADDRES	S DE FAC	THITY CO	2300	1 4	LL, VIRGINIA
		1		2	ran	SCH	IAPI	TOE WEL	70R	221	
	Marsy & Shara	h		3	800	HAR	FOR	O ROAD-	TARK	WIL	22
	23. PART I. Enter the diseases, or complications the shock, or heart failure. List only one car	it caused the das	th. Do r	not entar	tha mo	de of dyi	ng, auch	as cardiac or respi	ratory arr	est,	Approximata Interval Batween
	IMMEDIATE CAUSE (Final disease or condition	- (Onset and Daath
	resulting in death)										
	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): ACGUITED IMMUNE DEFICIENCY SYNDROME 3455 DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentially list conditions,	OF AS A CONSEQU	C	MM	imune vericiency syndrone syr						3755
Ă	cause. Entar UNDERLYING	יייי איייייייייייייייייייייייייייייייי	LIVOL O	1.				/			
틸	CAUSE (Disease or Injury that initiated events DUE TO	(OR AS A CONSEQU	JENCE OI	F):							
E	resulting in death) LAST										
	BADT II Other cloubleant and live and it is										
MEDICAL	PART II. Other significant conditions contributing to		nulting (in tha und	darlying	cause g	ivan in F	Part I. 24s. WAS AN . PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ă	Kaposi's Sara		- 1	5.1-				1 YES 2	SARO		COMPLETION OF CAUSE DF DEATH?
	Cytomegatovi			1/7/5	· _				(1 TES (DNO
A N	25. WAS CASE REFERRED TO MEDICAL	ellitus									
PHYSICIAN:		ER/Outpatient 3		OTHER		ACE OF DE	ATH (Chec	ck only one)			
¥ ∥	27. MANNER OF DEATH 28a. DATE OF		26b. TIM					Other (Specify)			
	1) Natural 5 Pending (Month, L	lay, Year)		URY	26c. INJU WOI 1 Y	RK?		28d. DESCRIBE HOW IN	JURY OCC	URED	
E E	2 Accident Investigation 3 Suicide 6 Could not be 28s. PLACE C	F INJURY — At home	e, farm, s	treet, facto				281. LOCATION (Street a	nel Alumbar	or Durant O	auto Mirantoni
COMPLETED	4 Homicide detarmined building,	atc. (Specify)						City or Town, State)	NO NUMBER	ur riurai ci	oute Number,
۳	29a. CERTIFIER	my knowledge dest									
	(Check only one) 2 MEDICAL EXAMINER: On the basis of a	xamination and/or in	n occurre	n in my on	ne, data Inion de	and place,	and dua !	the cause(s) and man	nor an state	ed.	
- 4	290. SIGNATURE AND TITLE OF CERTIFIER		(0)								
8	/ B_	-,00				29c. LICE	NSE NUME	DER C	29d. DATE	SIGNED	(Month., Day, Year)
일 📗	10. NAME AND ADDRESS OF PERSON WHO COMPLETED CAU	SE OF DEATH (ITEM	27) (Time	Print		,	V /	-0		-/1	7/11
	CRAIG BA	550N.	4 T	. 1111)	1	DH	NS	HAPV	ALS	4+2	SSPITAL
	31. DATE FILED (Month, Day, Year) 32. REGISTRA	R'S SIGNATURE			2	- / /	-	IUIL	7,000	11	-11/110
	ACT 2 3 1991 July	2 Davidson-1	Pango4	المال							
	COLUMN TO THE STATE OF THE STAT		9								

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

permit. Pages 1, 2, 3 should

ı	FOR 1 - STATE REGISTRAR	J	STATE OF I			TMENT OF H	IEALTH AND I	MENTAL	HYGIEN REG. NO.	E		28811
	1. DECEDENT'S NAME (FIRST, I	Middle, Last)	(FERRE	oir	10		2. DATE OF MONTH		ă - 9Ĭ	3. T	O B A M
	4. SOCIAL SECURITY NUMBER 069-48-111	5	5. SEX 1 M 2 D F	8. AGE (In yrs. las	t birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Month, I	7. DATE OF BIRTH (Month, Day, Year) 11 - 28 - 27 I			CE (State or Foreign
TOR	90. FACILITY NAME (If not inst	EPh	HOS	pital			WSO N			9c. COUNTY	. 1	IMORE
DIRECTOR	10e. STATE	10b. COUNTY	imore		0	erry H	OWN OR LOCATION					
FUNERAL	100. STREET AND NUMBER 101. ZIP CODE 109. CITIZEN OF WHAT CO 107. ZIP CODE 109. CITIZEN OF WHAT CO 107. ZIP CODE 109. CITIZEN OF WHAT CO 108. STREET AND NUMBER									COUNTRY?		
⋒	11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES					If yes, s	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify: 1 YES 2 NO Specify:					
COMPLETED		DENT'S EDUC highest grade		+) (G		USUAL OCCUPATI work done during m se retired.)		16b. 1		of Business/Industry		
BE COM	17. FATHER'S NAME (First, Mic		aiolo				18. MOTHER'S NA	,	Scot	surname) to Di	SAN	IDOLO
10	FAMILY Re	CORDS		19	SAC	ADDRESS (Street	ABOVS	Route Numbe	r, City or Tow	n, State, Zip Coo	de)	
	20e. METHOD OF DISPOSITION 1 DE Burlet 2 Cremetion 4 Donation 5 Other (oval from State			E OF DISPOSITION y or other place)	(Name	DATE	20c. LO	ICATION — City	or Town,	State
	21. SIONATURE OF FUNERAL	SERVICE LIC	ENSEE CLON	Rose		EVAN BEOX	ND ADDRESS OF FA	1 of 1	Memo	ories	Mp.	21234
	23. PART i. Enter the dishock, or he iMMEDIATE CAUSE (Find disease or condition resulting in death)	art failure. ai	eomplications the List only one ca a. CARD DUE TO	use on each line).		oda of dying, suc	ch as cardle				Approximate interval Between Onset and Deeth
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
	resulting in death) LAST											
PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FINDINOS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO										ILABLE PRIOR TO MPLETION OF CAUSE DEATH?	
ICIAN	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			OTHER:	LACE OF DEATH (C		- 39		l	
	27. MANNER OF DEATH 1 Netural 5 1	Pending	28e. DATE O	☐ ER/Outpatient 3 F INJURY Day, Year)	26b. TII	ME OF 26c. IN	JURY AT ORK? YES 2 NO			INJURY OCCUR	ED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)											
COMPLETED	anal anny						e and place, and du- death occured at the				euse(e) en	d menner ee stated.
B	296. SIGNATURE AND TITLE			Chu	u		De 69	MBER 54		29d, DATE S	GNED (Mo	nth, Day, Year) 2 - 9 /
٩	30. NAME AND ADDRESS OF	PERSON WH	COMPLETED CAN	USE OF DEATH (ITE	EM 27) (Typ	e, Print)	repl Ho	spita	e Pa	Etimo,	11/	2-91

Julia Davidson

3 2

1991

3. TIME OF DEATH

10d. INSIDE CITY

14. RACE — American Indian, Black, White, atc.

Specify: White

1 YES 2 NO

Interval Batwaan Onset and Death

24b. WERE AUTOPSY FINDINGS

MAIL ARLE PRIOR TO

1 | YES 2 | NO

COMPLETION OF CAUSE OF DEATH?

8. BIRTHPLACE (State or Foreign Maryland

5:30 PM

1991

BALTIMORE, MARYLAND 21203-3146

ages 1, 2, 3 should

DIRECTOR

FUNERAL

BY

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COMPL

2

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must

examiner

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

B

9

25. WAS CASE REFERRED TO MEDICAL

5 Pending

Investigation

1 YES 2 NO

27. MANNER OF DEATH

1 Natural

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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ffer	y the	
SIN	In b	edi
5	lled .	E
2 u	ation	=
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fun to find within 72 hours after death with the State Deat, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exar
uted	rial,	9
ехес	and o	mat
8	ician ior t	ng
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH LILLIAN ANN FATKOWSKT October 19, 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) 12-6-24 6. AGE (In vrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 219-16-7990 66 1 M 2 X F 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 719 S. Glover Street Baltimore City RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10a. STATE Maryland Baltimore 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 719 S. Glover Street 21224 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuban, Maxican, Puarto Ric 1 YES 2 NO Specify: FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Married 2 Married 3 Widowed 4 Divorced 15, DECEDENT'S EDUCATION 16a, DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest grade comple Elamentary/Secondary (0-12) College (1-4 or 5+) Housewife 8th 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Melden Surname) Felix Stachorowski Josephine Jaszinski 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. INFORMANT'S NAME (Type/Print) Frank F. Faikowski 719 S. Glover Street, Baltimore, Md. 21224 20e. METHOD OF DISPOSITION
137 Burlal 2 Cremation 3 Removal from State
4 Donetion 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION - City or Town, State Parkwood Cemetery Baltimore. Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22 NAME AND ADDRESS OF FACILITY
Matthews Funeral Home Leas act 3021 Eastern Ave., Baltimore, Md. 21224 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory errest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final Cardias arixthmia disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Coronary arter Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING **CAUSE** (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 1 | YES 2 | NO

2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and menner ee stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month. Day. Year) Es, ms. D21464

OTHER:

М

28b. TIME OF

26. PLACE OF DEATH (Check only one)

4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify)

28c. INJURY AT WORK?

1 YES 2 NO

obert Filer 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) RUBERT LIBERTO MD.

1 | Inpatient 2 | ER/Outpatient 3 | DOA

28a. DATE OF INJURY (Month, Day, Year)

3508 BANK

28d. DESCRIBE HOW INJURY OCCURED

32. REGISTRAR'S SIGNATURE Julia Davidson-Randall

DHMH-16 Rev 1/89

	•

8. BIRTHPLACE (State or Foreign Country)

9 I

9c. COUNTY OF DEATH

2. DATE OF DEATH MONTH

7. DATE OF BIRTH (Month, Day, Year) 6-11-35

CITY

10

21

WILLIAM

212-32-6277

9a. FACILITY NAME (If not institution, give street and number)

FRANCIS SCOTT

4. SOCIAL SECURITY NUMBER

SR

IF UNDER 1 YEAR

IF UNDER 24 HRS.

9b. CITY, TOWN OR LOCATION OF DEATH

BALTIMORE

GOODMAN

56

6. AGE (In yrs. lest birthday)

R.

5. SEX

1 M 2 - F

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BALTIMORE, MARYLAND 21215-0020

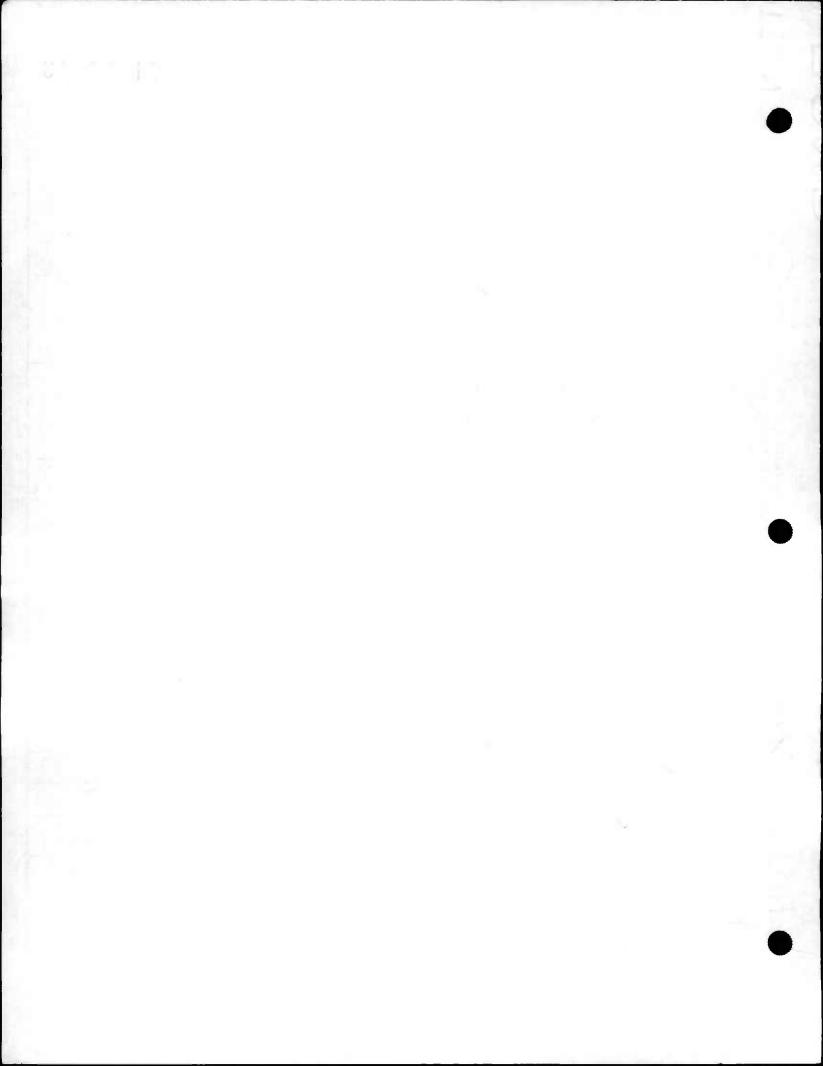
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burne be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BIB	M D	PAIT	IMORE				LOCATION	0=					LIMITS?
	10e. STREET AND NUMBER		5	ALI	IMOF				40- 01717		YES 2 NO		
FUNEHAL	6951 BELCLARE RD.						101, ZIP 0	2122	12		10g. CITIZEN	S A	COUNTRY?
'n	11. MARITAL STATUS 1 Never Married 2 2 3 Dive	Married	2. WAS DECEDENT EYES FORCES? 1 YES IF YES, GIVE WAR OF	S 2 N		11	AS OECENOEN yes, specify C	Luban, Maxica	n, Puerto R		or No— 14.	RACE — A Black, Wh Specify: WH	inerican Indian, its, atc.
3		EDENT'S EDUCAT by highest grade co		(G	CEDENT'S U	rk done du	CUPATION uring most of w	orking	16b.	KIND OF BUS	INESS/INDUS	TRY	
PLE I	Elementary/Secondary (0-12) College (1-4 or 5+)			FOREMAN				B	BETH STEEL				
BE COMPL	17. FATHER'S NAME (First, A	17. FATHER'S NAME (First, Middle, Last) WIRT GOODMAN					18. MOTHER'S NAME (First, Middle, Maiden Surname) ROSINE SARTURIUS						US
0 8	198. INFORMANT'S NAME (CAROLY		AAMGOO		6951	DORESS	(Street and Nur	mber or Rural I	Route Numb	BALT	, State, Zip Co	de) Z 1 Z	122
	28a. METHOD OF DISPOSIT 1 Burlet 2 Cremeti 4 Donation 8 Othe	on 3 🗆 Remov	ni from State	of cemetary	crematory o	OF DISPO	SITION (Name	0	DATE	20c. LO	CATION - CITY		
	21. SIGNATURE OF FUNERA	AL SERVICE LICE				22. N	AME AND ADI	DRESS OF FA			OME		UNDALK
	→ Coet	Con	nelly			71	110 SO	LLERS	S PT.	RD.	BALT	T, M	D21222
	23. PART I. Enter the c shock, or f IMMEDIATE CAUSE (FI disease or condition resulting in death)	eert feilure. Li	et only one ceuse or	n eech line			the mode of		1		ratory erree		Approximate interval Between Onset and Deeth
,			DUE TO (OR A	S A CONSE	OURNOE OF):			' /					
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST												
PHYSICIAN: MEDICAL CI	PERFORMED? AND									RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE DEATH?			
×									- 1			1 [YES 2 NO
AN	25. WAS CASE REFERRED	TO MEDICAL					26, PLACE (OF DEATH (Ch	neck only on	10)			
SIC	EXAMINER?	-	HOSPITAL:	Outpatient 3		OTHER							
		Pending Investigation	28a. DATE OF INJUI (Month, Day, Yea		28b. TIME INJU	OF :	28c. INJURY A WORK? 1 YES	AT		CRIBE HOW I	NJURY OCCU	RED	
TED BY	2 Accident 3 Suicide 8 4 Homicide	Could not be determined	28a. PLACE OF INJU building, atc. (5	URY — At he Specify)	ome, ferm, st	reet, facto	ory, office		28f. LOC City	ATION (Street or Town, State)	and Number or	Rural Route	Number,
COMPLE			AN: To the best of my ke										d manner en stated.
TO BE C	Alst	e of CERTIFIED	Spaneli	VALTE	ER B.	KOI	PPF 29c.	LICENSE NU	B8		29d. DATE S	IGNED (MO	nth, Dely, Year)
	30, NAME AND ADDRESS (OF PERSON WHO	COMPLETED CAUSE OF	1900		110 01	08 on Park	141201					
	31. DATE FILED (Month, Day	Year)	32. REGISTRAR'S S	CNATURE									
	TOP T	2 3 199	Selia No	id	Bandate	yi yi	land 21	233					

OHMH-16 Rev 1/89



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFICA	ATE OF DEATH	REG. N	0.				
	1. DECEDENT'S NAME (First, Middle, Last)	^			2. DATE OF DEATH		3. TIME OF DEATH			
	EDMA ('JAR)	ORIS 1-6	99115		MONTH	DAY YE	11.300			
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE //n	yrs. last birthday) IF I	INDER 1 YEAR IF UNDER 24 HRS.	7.0475.05.017511	7, 171	Tr. 204			
	22-11-7113	1 M 2 F	YRS. MON		7. DATE OF BIRTH (Month, Day, Year)	8. 8	IRTHPLACE (State or Foreign ountry)			
	290 4 1163	. 00	YRS.		110V.11	910 11	ARYLAND			
	9a. FACILITY NAME (If not institution, give str	et and number)	9b.	CITY TOWN OR LOCATION OF I	DEATH	9c. COUNTY	OF DEATH			
16	1 Anor LARS	- RUXTOR		KUYTON		RAI	I mage			
5	RESIDENCE OF DECEDENT									
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCATION			10d. INSIDE CITY			
<u></u>	MARYLAND BAIT	IMARS	R	ATT-MARC			LIMITS?			
1	10e. STREET AND NUMBER	11/0/0		101. ZIP CODE		40 - 0171751	OF WHAT COUNTRY?			
2	1100000000	ECODY R	^ ^	0.10	_	iug. Citizen	OF WHAT COUNTRY?			
Z	PP93 M155U	7 L FICKA IV	DAO	3133	9	U.	S.A.			
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U FORCES? 1 YES	J.S. ARMED	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic	NIC ORIGIN? (Specify Y	ea or No— 14. I	RACE — American Indien, Black, White, atc.			
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DAT	ES	1 YES 2 NO Spec			Specify:			
	The state of the s						STIKE			
i iii	15. DECEDENT'S EOUC. (Specify only highest grade c	ATION (1	ISA. DECEDENT'S USU	AL OCCUPATION	16b. KIND OF B	USINESS/INDUSTR	IY			
[[i]	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use reti	done during most of working red.)						
릴	12 YRS.	, , , ,	AT HO	m s	i					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		111 /10		AME (First, Middle, Maide	4.000				
	ARRAILAM F	1000		IS. MOTHER'S N		*	- o1 - o			
BE	LIBICHOLHIII I	SUUINGIOU		1 HSF		ZZINA				
2	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	RESS (Street and Number or Rural	Route Number, City or To	wn, State, Zip Code)			
-	FACTIFA KEC	OROS	SAC	15 AS ABO	2VC					
	20a. METHOD OF DISPOSITION	20b. P	LACE AND DATE OF OIS			OCATION — City of	r Town State			
	134 Burial 2 Cremation 3 Ramov		PROSOS C		10-33	10000	· Ma			
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEF \	ARDEAS C	22. NAME AND ADDRESS OF F	91	1025TD(4)	5 1 10.			
		1		SUANS CHAP	ST OF UT	TORILS				
	trails to N	am. /		DOM HORE	San Rang	-Pag	V rue			
	23. PART i. Enter the diseases, Dr co		he death Do set -	9000 LIMINA	OKT LOUT	THI	NILL			
	shock, or heart fellure. Li	at Dnly Dne ceuse on eac	h line.	nter the mode of dying, su	ch as cerdlec or rea	piratory arreat,	Approximete interval Batween			
	IMMEDIATE CAUSE (Final						Oneet and Death			
	disease or condition	STRO	KF.				1 Month			
	DUE TO (OR AS A CONSEQUENCE OF):									
-										
CERTIFICATION	Sequentially list conditions, b.	DUE TO (OR AS A C	ONSEQUENCE OF							
AT	if any, leeding to immediate cause. Enter UNDERLYING									
유	CAUSE (Disease or injury C.	DUE TO (OR AS A C	011050115105 05							
ΙĒΙ	that initiated eventa reaulting in deeth) LAST	DOE TO TON AS A C	ONSEGUENCE OF):							
H	d.									
	PART ii. Other eignificent conditions	contributing to death but	net mouleton to the		-					
EDICAL	A A C	A A A	not resulting in the	e underlying ceuse given in		N AUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
ă	HN	-19/4.			1 _ YES		COMPLETION OF CAUSE			
						1.00	OF DEATH?			
Σ.					_		1 TYES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL									
힐	EXAMINER?	HOSPITAL:	OTI	26. PLACE OF DEATH (C)	heck only one)					
YS		Inpetlant 2 ER/Outpeti	ent 3 DOA 456	Nursing Homa 5 - Realdenca	8 Other (Specify)					
표	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCURE)			
ВУ	128 Natural 5 Pending	(monn, bay, lear)		I YES 2 NO			1			
	3 Deutolds —	28a. PLACE OF INJURY	At home, term, street.	fectory office	28f. LOCATION (Street	and Mumber or Bu				
8	4 Homicide determined	building, etc. (Specify)		, , , , , , , , , , , , , , , , , , , ,	City or Town, State)	er Houte Number,			
L L					·					
COMPLET	29a. CERTIFIER (Check only	AN: To the best of my knowled	ge, death occurred at t	he time, data and place, and due	to the cause(a) end ma	nner ea stated.				
S	one) 2 MEDICAL EXAMINED:	On the basis of examination e	nd/or investigation, in	my opinion, death occured at the	time, date and place a	nd due to the cou-	se(a) and manner as eteled			
	296. SIGNAPOR MIS TITLE OF CETTORER									
BE	11111	/		29c. LICENSE NU	MBER	29d. DATE SIGN	IEO (Month, Day, Year)			
2	1011 CV WELL	327		0-12	949	OCT	100116			
-	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH	H (ITEM 27) (Type, Print)				7			
	DR A. H. CTHILD	O: D1	lon and	2000	Tainsac		I			
	31. DATE FILED (Month, Day, (her)	32/REGISTRIKR'S SIGNATI	JAE J. DO	TU MILIAS.	- 1 owsor	\				
	OCT 2 3 1991	32 HEGISTHAN S SIGNATI	-Manage							
. 11	CALL AND STREET	W/								

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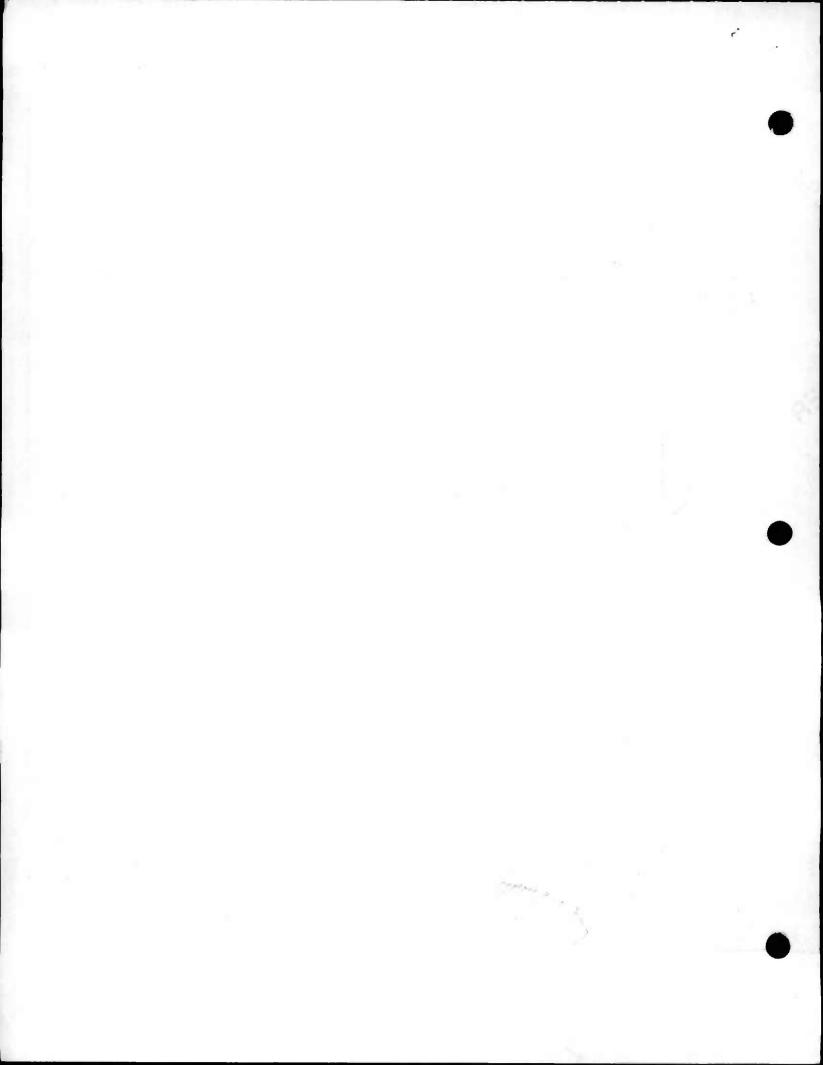
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2.3 wours after death. Page 6 may label.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pag be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burfal, cremation, or removal.	
J. P	eral	
age	direc	
E	tor,	
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31. DATE FILED (Month, Day, Year) 32

32. REGISTRAR'S SIGNATURE

	FOR 1 - STATE REGISTRAR		STATE OF !	MARYL			TMENT OF			MEN	TAL HYGIEN	E	91	28815
	1. DECEDENT'S NAME (First,	Middle, Last)									ATE OF DEATH			3. TIME OF DEATH
	Harry A		Gemmill,	Sr							ct. 16	19	91	8:30 AM
	4. SOCIAL SECURITY NUME	ER	5. SEX	6. AGE (In yrs. last bir	rthday)	IF UNDER 1 YEA	R IF UND	ER 24 HRS.	7. D	ATE OF BIRTH		8. BIRTI	HPLACE (State or Foreign
1 1	218-05-97	36	1 🛛 M 2 🗆 F	C	9.4	YRS.	MONTHS DAY	's HOURS	MIN.	.Tu	Month, Day, Year) ine 7, 18	97	M = x	yland
	9e. FACILITY NAME (If not in	etitution also	street and number)		-		9b. CITY, TOV	/N OB LOCA	TION OF D	_	unc // 10		INTY OF D	
l cc				n a			2811-11-11-			LATIT			tim	
10	21318 Dui		eeland	Ra.			Park	ton				Dal	CIII	016
DIRECTOR	10e. STATE	10b. COUNT	Υ		1	IOc. CIT	Y, TOWN OR LO	CATION						10d. INSIDE CITY
18	Maryland	Bal	timore			Р	arkto	n						LIMITS?
	10e. STREET AND NUMBER							101. ZIP CO	DE			10g, CI1	IZEN OF	WHAT COUNTRY?
A A	21318 Dur	nk Fr	eeland	Road	A			211	20			•	U.S	7\
FUNERAL	11. MARITAL STATUS	111	12. WAS DECEDEN				12 42 486			NIC OF	RIGIN? (Specify Yes	or No		E — American Indian,
문	1 Never Merried 2 X	Married	FORCES?	YES	2 NO	U	If you	, specify Cui	ban, Mexic	en, Pu	erto Ricen, atc.)	01 110-	Blec	k, White, etc.
B	3 Widowed 4 Dive		IF YES, GIVE	MAR OR D	ATES		1 🖪	YES 2 X N	D Speci	Ψy:			Spec	White
	(Specify onl	y highest grade	e completed)		(Give	kind of 1	work done during se retired.)	most of wor	king	- 1	1000 111110 01 000			
1 2 1	Elemantary/Secondary (6)-12)	College (1-4 or 5	+)	Main	ten	ance E	nain	eer	- 1	Furni	tur	o Mf	Ecc
COMPLETED	17. FATHER'S NAME (First, M	liddin Last)								AME (E	irst. Middle, Maiden			- 9 •
	Cody F.		i 1 1											
BE			<u> </u>					_			et Bre	-		
TO B	190. INFORMANT'S NAME (Number, City or Tow			
	Mary L. (TT	_										D 21120
must be	208 METHOD OF DISPOSIT	ION on 3 - Ren	noval from State		other place	A.	SITION (Neme o		, -				-	own, State
Ē	4 Donation 6 Quantity West Liberty Cemetery White Hall, MD													
	21. SIGNAPORE OF MINERAL MINICE MONREE 22. NAME AND ADDRESS OF FACILITY T. T. Wartongtoin Monthsansy Tree													
examiner	J.J. Hartenstein Mortuary, Inc. 24 Second St., New Freedom, PA 17349													
	23. PANTA. Enter Wis d	lisassas or	complications th	at cause	d the deat	h. Do i								Approximate
medical			. List only one ca				iot ontor the	^	ying, ou	011 00	1	natory a	,,,,,	interval Batwean
me m	IMMEDIATE CAUSE (FI	nal	. 000	00		01	lan	Ala	1	0	chellin	1		Onsat and Death
и, п	disease or condition resulting in death)	\rightarrow	8.					VC 244			- COM	13		
200			DUE TO	O (OR AS	A CONSEQUI	ENCE O	F):	la.	9,	ام ه	11 2000	100	4.00	
N I	Sequentisliy ilst condi	tions.	b		~~	VK	ren	en	04	4	19700		vey	
CERTIFICATION	if any, leading to imme	diats	S POR TO	OR AS	A CONSEQUI	ENCE O	F):	1	tr.	1	1288	1.4	1 10	
5 3	cause. Enter UNDERLY CAUSE (Disease or inju		c - A	W	76		- La	,,,,				~	M	
TIFIC	that initiated events resulting in death) LAS		DUE TO	OR AS	A CONSEQUI	ENCE O	F): \(\mathcal{O}\)							
2 H	readiting in death, LAS	"	d											
	PART II. Other signific	ent conditio	ona contributing to	o death i	but not res	ulting	in the under	tving caus	e given l	n Part	1. 24a, WAS AP	AUTOPSY	24	b. WERE AUTOPSY FINDINGS
1 7								,			PERFO	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
E 0	·								-		1 TYES	NO		OF DEATH?
shows any : MEDICA											.			1 TYES 2 NO
PHYSICIAN:														
E S	25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:					6. PLACE OF	DEATH (Check o	only one)			
YSICI,	1 TES 2 NO		1 Inpatient 2	☐ ER/Out	tpatient 3	DOA	OTHER:	Home 5	Residence	6 🗆	Other (Specify)			
£ 16	27. MANNER OF DEATH		28a. DATE O	F INJURY Day, Year)		26b. TH	ME OF 28	: INJURY AT		280	d. DESCRIBE HOW	INJURY O	CCUREO	
marke BY F	1 Netural 5 2 Accident	Pending Investigation		,				YES 2	ON 🗌					
	0 - 0-1-14-	Could not be	26a. PLACE	OF INJUR	Y — At home	e, ferm,	atreet, factory,	office		261	LOCATION (Street City or Town, State	end Numb	er or Rure	l Route Number,
28 ts	4 Homicide	determined		g, ato. (op.	outy						only or lown, orang	7		
트	29s. CERTIFIER 1 V CER	TIEVING PHY	SICIAN: To the best	of my know	wladna danti	h occur	red at the time	data and pl	ace and d	un to ti	he cause(e) and m	20007 40 5	tetad	
₩ M	planets only													e(e) and manner as stated.
COMPLET			96	>	A	A	opin					_		
O BE COMPLE	395 SIGNATURE AND TITL	E OF CERTIFI	ERK /	Α.	4	W	, 11/	29c. t	LICENSE N	UMBER	520	29d. D	TE SIGNE	(Month, Day, Year)
D B	Kohne	4-1	00	M	w	7	, cy		ن حر	7 0	00 -	10	U	V-416,1771
F	30. NAME AND ADDRESS (OF PERSON W	THO COMPLETED CA	USE OF O	EATH (ITEM	27) (Typ	e, Print)							
	Reginald B.	Cemm	ill MD	24	Sprin	205.70	NIA FOO	C	-OF.70 W	+ 01	-oum Da	17	262	



BALTIMORE, MARYLAND 212

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - FOR STATE REGISTRAR		MARYL	CER	TIFI	CATE OF	DEA	TH	MENTAL HYGIE REG. N			
	1. DECEDENT'S NAME (First, Middle, Las	LE	AVELL	L		O A D M	- m m	1.0	2. DATE OF DEATH	DAY	991	3. TIME OF DEATN
	NELSON 4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE	(In yrs. last birt	thrima	GARNI IF UNDER 1 YEAR	_	JR.	10 17			10:59
	223-31-2865	1 M 2 - F				MONTHS DAYS	HOURS	MIN.	JAN 29,	967	Country	PLACE (State of Fore) EORGIA
	9a. FACILITY NAME (If not Institution, give	street and number)				9b. CITY, TOWN (R LOCAT	ION OF DE		7	JNTY OF DE	
5	3710 THIRTY H	EIGHTH A	VEN	UE		COTTA	AGE	CIT	Y	PRI	INCE	GEORGE
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUN	TY		T 10	ne CITY	TOWN OR LOCAT	TON					
5	VIRGINIA A	LBEMARL	E	"		CHARLO'		SVII	T.F		- 1	10d. INSIDE CITY LIMITS? 1 YES XX NO
	10e. STREET AND NUMBER						. ZIP COD			10g. CI	IZEN OF W	HAT COUNTRY?
- CNERAL	RT. 5 BOX 264	1					2	2290	1		U.S	
10	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDED FORCES? 1 IF YES, GIVE V	YES	2 NO)	13. WAS BEC	city Cubi	nn, Mexica	IIC ORIGIN? (Specify Y n, Puerto Rican, atc.)	es or No-	Black,	- American Indian, White, atc.
	15. DECEDENT'S ED	UCATION		16a. DECED	ENT'S U	SUAL OCCUPATION	ON		16b. KIND OF B	USINESS/IN		
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	+)	(Give ki	NOT use	ork done during mo retired.)	st of world	ng				
	12	5		GRA	DUA	ATE ST	UDEN	1T	CATHOI	IC U	JNIV	ERSITY,
COMP EL	17. FATNER'S NAME (First, Middle, Last)						GAY	NER'S NA	ME (First, Middle, Meide	n Sumame)		
Ä	NELSON L. GAF 190. INFORMANT'S NAME (Type/Print)	RNETT		Brother.					ROBERTS			_
2		TD MM			_				Route Number, City or To			22901
	NELSON I GARN 200. METHOD OF DISPOSITION		20b	RT.		DISPOSITION (Na		CHA	RLOTTESV DATE 20c. L		City or Tow	
	1 Buriat 2 Cremation 3 Ra 4 Donation 5 Other (Specify)	moval from Stata	cem	netery, cremato	ory or othe			SED	1.		BORO	1111111
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE		00001		22. NAME AN						RD.2121
	William	K. Car	ce	111		H. W.	JE	NKI	NS < SON			
	23. PART I. Enter the diseases, or shock, or heart feliure	complications tha	t caused	the death.	. Do no	t enter the mo	de of dy	ing, auci	h as cardiec or res	olratory er	reat,	Approximate
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Asph										Onset end D
CERTIFICATION	Sequentisily list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury thet initieted events resulting in death) LAST	b. DUE TO	(OR AS A	CONSEQUEN	NCE OF):	Inl	nalo	ution	\			
MEDICAL C	PART II. Other significant condition	ons contributing to	deeth be	ut not resul	Iting in	the underlying	cause	given in		RMED?		WERE AUTOPSY FIND AVAILABLE PRIOR TO COMPLETION OF CAU
	1										- 1	OF DEATH? NES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				DELLA MARIE			ick only one)			
2 L	1 X YES 2 NO 27. MANNER OF DEATN	1 Inpatient 2 I			b. TIME	☐ Nursing Nome	_	eldenca	6 Other (Specify)			
	1 Netural 5 Pending 2 Accident Investigation	10/17		77.	nkno	IOW YF		ои 🖟	Unknown	INJURY OC	CURED	
3	3 Suicide 6 Could not be detarmined	28e. PLACE O building, home	F INJURY etc. (Speci	— At home, f	farm, atre	eet, factory, office			281. LOCATION (Street City or Town, State	3710)_38t1	ute Number, AVe.
COMPLE	29e. CERTIFIER (Check only one)	SICIAN: To the best of	my knowle	ledga, death o	occurred	at the time, data	and place	and dua	to the cause(a) and ma	nner aa ata	led.	
3	2 MEDICAL EXAMIN		temination	end/or Invest	tigetion,	In my opinion, de	eth occur	ed at the	time, date end placa, e	nd due to ti	ne ceuse(e)	end menner as state
BE C	296. SIGNATURE AND TITLE OF CERTIFIE	1. Che		ws				. C .	mer M . E .			Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON	OTTITION CAUS	SE OF DEA	ATN (ITEM 27)	(Type, Pi	rint)			•		- /	,
	DENNIS J.	CHUTE M	٠, ٠, ١	111 P	ENN	STREE	T	BAL	TIMORE,	MARY	TANT	2120

DHMH-16 Rev 1/89

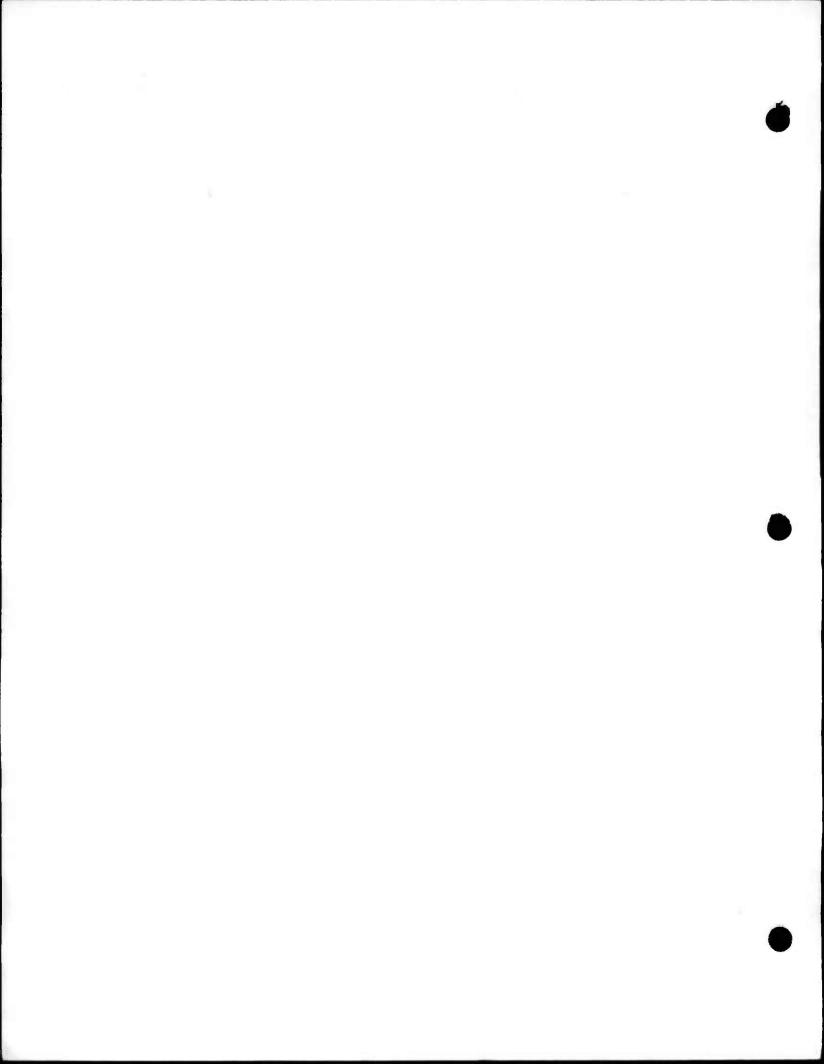
BALTIMORE, MARYLAND 21215-0020

	REGISTRAR 1. OECEDENT'S NAME (First, Middle, Last)			CERTIF	ICATE (OF DEATH		REG. NO.			
		EVEL	УN E.	HOWELL			MC	ATE OF DEATH		YEAR 3	I. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 214-20-0685	5. SEX		yrs. lest birthday) 67 YRS.	IF UNDER 1 YE		1RS. 7. DA	TE OF BIRTH	!	MAR	ACE (State or Foreign
TOR	90. FACILITY NAME (If not institution, give a 54 MAVISTA AVENUE RESIDENCE OF DECEDENT				9b. CITY, TO	DUNDA			9c. COUNT		MORE
DIRECTOR	10a. STATE 10b. COUNT	ALTIMORE		10c. CIT	Y, TOWN OR LO	DUNDA	ALK			- 1	Od. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	100. STREET AND NUMBER 54 MAVISTA AVENUE					10f. ZIP CODE	21222				AT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Merried XX Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	T EVER IN U	2 X ARMED 2 X AO ES	If you	OECENDENT OF H s, specify Cuben, N YES 2 2 100	lexicen, Puar	GIN? (Specify Yee to Rican, etc.)	or No- 1	4. RACE — Black, \ Specify:	- American Indian, White, etc. WHITE
COMPLETED	15. DECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12) 1 2TH GRADE	CATION completed) College (1-4 or 5 + N / Å		6e. DECEDENT'S (Give kind of life. Do NOT u	work done during se retired.)	ATION most of working		186. KIND OF BUS			
SE COM	17. FATHER'S NAME (First, Middle, Lest) GEORGE HANNA	NYT		, SAL		16. MOTHER	S NAME (FIRE	st, Middle, Melden		1/131	
20	190. INFORMANT'S NAME (Type/Print) ROGER L. HOWELL			19b. MAILING 2501	GRAY M	et end Number or I ANOR TEI	RRACE	umber, City or Town BALTIN	ORE,	ode) MD	21222
	20s, METHOD OF DISPOSITION We write 2 Cremation 3 Rem 4 Donetion 8 Other (Specify)		20b. P	K CAWN	CEMETE	RY 10-2	21-91°	BALT	TMORE	, MA	RYLAND
	21. SIGNATURE OF FUNERAL SERVICE LIC	Cand	20-		000A	-RUCK FE WISE AL	NEKA I VENUE	HOME O			INC. 21222
	23. PART i. Enter the diseases, or a shock, or haert failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	. ALTERI	Orche	n IIne.	Coroni			0		ıt,	Approximate interval Between Onaet and Deat
CERTIFICATION	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that inkleted events resulting in daeth) LAST	c		ONSEQUENCE OF							
MEDICAL	PART II. Other significent condition	a contributing to	death but	not resulting	in the underl	ying ceuse giva	n in Part i.	1 TYES 2	MED?	CC	ERE AUTOPSY FINDINGS ALLABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ER/Outpatie	ent 3 🗆 004	OTHER:	PLACE OF DEATH					
ву РНУ	27. MANNER OF OEATH 1 Natural 5 Pending 2 Accident Investigation	26e. OATE OF (Month, Da	INJURY	26b, TIM	E OF 28c.	INJURY AT WORK?		PESCRIBE HOW IN	JURY OCCUI	RED	
ETED 8	3 Suicide 6 Could not be detarmined	28e. PLACE Of building,	F INJURY — etc. (Specify)	At home, ferm, a	street, factory, o	ffice		OCATION (Street er ity or Town, Stete)	nd Number or	Rural Rout	e Number,
COMPLE	299. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINE	CIAN: To the best of a	my knowled	ge, deeth occurre	nd at the time, o	lete and place, and	due to the d	ceuse(e) and menr	ner se stated.	euse(e) er	nd mannar as stated.
TO BE C	29b. SIGNATURE AND THE STOCKHIFTER	IST DEPUR	1 ME	DICAL EX	ANINA	29c. LICENSE			29d. OATE S		onth, Day, Year)
	of name and address of genson who	COMPLETEO CAUS	E OF DEATH	(ITEM 27) (Type,	Print)	RE DR.	BAL	10, me			
	31. OATE FILEO (Month, Day, Year)	32. HEGISTHAT	R'S SIGNATU	JHE.	J. 00 .					- 1	

2102. 1.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 cours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burrial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - FOR STATE REGISTRAR EMMA G. Hamr	TATE OF MARYLAND / D	EPARTMENT OF H		IENTAL HYGIENE REG. NO.	91	28818	
	1. DECEDENT'S NAME (First, Middle, Last)	HAMM	LER -		2. DATE OF DEATH DAY	YEAR	3. TIME OF OEATH	
	4. SOCIAL SECURITY NUMBER 5. S	BEX 6. AGE (In yrs. lest b	irthday) IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day Year)		LACE (State or Foreign	
	2/4 36 9876 1	M 2 DF 95	YRS.	OR LOCATION OF DEA	12-30-1895	Virg	inia	
R O	CHURCH-HOSPITAL CO	ALL CANADA	Balti		ra .	9c. COUNTY OF DEA	NIH.	
ECT	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CITY, TOWN OR LOCAT	TION			10d. INSIDE CITY	
P.		re County	Dundalk				LIMITS?	
FUNERAL DIRECTOR	100. STREET AND NUMBER 8152 Bullneck Roa	d	101	ZIP CODE	,	10g. CITIZEN OF WH	IAT COUNTRY?	
ON	11. MARITAL STATUS 12.	WAS DECEDENT EVER IN U.S. ARME FORCES? 1 ☐ YES 2 ☑ NO		9rd J., 4rd 4rd	C ORIGIN? (Specify Year	U.S.A. or No.— 14. RACE - Black.	– American Indian, White, atc.	
B		IF YES, GIVE WAR OR DATES		2 NO Specify:	Specify	White		
COMPLETED	15. DECEDENT'S EDUCATIO (Specify only highest grade comp Elementary/Secondary (0-12) Co	oleted) (Give	EDENT'S USUAL OCCUPATION IN THE PROPERTY OF WORK done during most of NOT use retired.)	ON ast of working	16b. KIND OF BUSI	INESS/INDUSTRY		
MPLI	6	Gecondary (0-12) College (1-4 or 5+) Housewife						
	17. FATHER'S NAME (First, Middle, Last)	(2)		16. MOTHER'S NAM	AE (First, Middle, Maiden S	Surname)		
BE	19a. INFORMANT'S NAME (Type/Print)	196.	MAILING ADDRESS (Street a	and Number or Rural R	loute Number, City or Town,	State, Zip Code)		
임	George Hammer	81	152 Bullneck				222	
	20g METHOD OF DISPOSITION 1 M Burial 2 Cremation 3 Removal	from State 20b. PLACE Of other place	F DISPOSITION (Name of ceres)			ATION — City or Tow		
	4 Donellon 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSI	Daltim	ore Nationa	L Cemeter ND ADDRESS OF FAC		<u>ltimore,</u>	Maryland	
	Jans Bingo	In when	Bruzdz 1407 F	zinski Fu Zastern A	neral Home ve. Baltim	P.A.	and21221	
	23. PART I. Enter the diseases, or comp shock, or heart failure. List	olications that caused the deat					Approximata Interval Between	
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	DUE TO (OR AS A CONSEOU MYOCA DUE TO (OR AS A CONSEOU	respira	Hory	arre	st	Onset end Deeth	
_		DUE TO (OR AS A CONSEOU	IENCE OF):	INKA	16112N			
TIO	Sequentielly list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEOU	IENCE OF):					
FICA	ceuse. Entar UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CONSEQU	IENCE OF):					
CERTIFICATION	resulting in deeth) LAST							
占	PART II. Other aignificent conditions co		suiting in the underlyin	g cause given in i	Part I. 24a. WAS AN A		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
MEDIC	HYPERTE	NSTON HS	EUD; PR	it has	MI 1 YES 2	77/10	COMPLETION OF CAUSE OF DEATH?	
	GANGRENE (2)	uns & 3n	do Laces	APENDIN	6		1 PES 2 PATO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL	26. P	LACE OF DEATH (Che	ck only one)			
1XSI		Impatient 2 ER/Outpatient 3	DOA 4 Nursing Hor	JURY AT	a Other (Specify) 28d. OESCRIBE HOW IN	HIRV OCCURED		
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	W YRULNI	PRK? YES 2 NO	200. OLGORIDE HOW IN	SONI COCONEC		
8	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — Al hom building, stc. (Specify)	e, farm, street, factory, offic	ca .	26f. LOCATION (Street a City or Town, State)	nd Number or Rural Ro	oute Number,	
COMPLET	and any	t: To the best of my knowledge, dest in the besis of axamination and/or in					and manner as stated.	
B	29b. SIGNATURE AND TITLE OF CERTIFIER	ioma	a MD	29c. LICENSE NUM	BER 77	≥ 1072	(Month, Day, Year)	
DT.	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF OEATH (ITEM	1 10 100 01	DWAN	BARTO 1	42212	3/	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE		1				
	06120	1991 guharlan	idson-Handell					



In the in signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be the Health and Mental Hygiene prior to burial, cremation, or removal. requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 lows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSIC TO THE FUNERAL DIRECTOR: After this crebe filed within 72 hours after death with it important: If Item 28 is marked,

31. DATE FILED (Month, Day,

1991

12. REGISTRAR'S SIGNATURE

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAI	RTMENT OF	HEALTH AND			28819	
	DECEDENT'S NAME (First, Middle, Last)		IE E. H			REG. NO 2. DATE OF DEATH MONTH 21		3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 219-22-4916 99. FACILITY NAME (If not institution, give stre	5. SEX 6. AGE (in yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 6/24/0	6. BIR Cou	THPLACE (State or Foreign ntry)	
CTOR	2837 Remington Aver			Baltimore	OR LOCATION OF D	EATH	9c. COUNTY OF	DEATH	
- DIRECTOR	10a, STATE Md 10b, COUNTY			timor				tod. INSIDE CITY LIMITS? 1X YES 2 NO	
FUNERAL	10e. STREET AND NUMBER 2837 Remington 11. MARITAL STATUS	12 WAS DECEDENT SUSP IN			21211		U.S		
B	1 Never Married 2 Married 3 Widowed & Divorced	FORCES? 1 YES	2 V NO	13. WAS DE If yes, s 1 YE	NIC ORIGIN? (Specify Yearn, Puarto Rican, atc.) y:	CE - American Indian, ick, Whita, atc. Polity: Black			
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12) 8th								
BE CON		hardson Regal Laundry **Patsy Middle, Melden Sumeme) **Mamie Richardson**							
10	19a. INFORMANT'S NAME (Type/Print) Evangeline Ken 20a. METHOD OF DISPOSITION	e Kent 2931 Baker St./ Baltimore, Md. 21216							
	20a METHOD OF DISPOSITION 1 Disposition 2 Cremation 3 Remov 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE	20b. PLACE AND DATE of DISPOSITION (Name of Corpularly, Crematory or other place): A DATE Considery, Crematory or other place): Randallstown, MD							
	> Glades	Warred		110	ch F/H Eas 1 E. Nort	h Avenue			
	23. PART I. Entar the diseasea, pr co shock, pr heart failure. Li IMMEDIATE CAUSE (Final disease pr condition resulting in death)	st Dnly Dna cauaa Dn ea	ich line.		Interp		ratory arrest,	Approximata Intarval Batwean Onset and Death	
CERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		consequence of						
MEDICAL	PART II. Other algnificant conditions	contributing to death bu	ut not reaulting	in tha underlyin	g cause given in	Part I. 24a. WAS AN PERFORI	MED?	b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO	
PHYSICIAN:		HOSPITAL;	itlant 3 DOA	OTHER:	LACE OF DEATH (Che				
BY	27. MANNER OF DEATH 1. Netural 5 Pending 2 Accident Investigation 28b. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED								
LETED	3 Suicide 6 Could not be detarmined	detarmined City or Town, State)							
COMPL	(Check only one) 2 MEDICAL EXAMINER:	N: To the best of my knowle On the basis of examination	edga, daath occurre and/or investigatio	n, in my opinion, c	leath occured at the	time, data and place, and	ner as stated, I dua to the cause	(a) and menner as stated.	
O BE	296. SIGNATURE AND TITLE OF CERTIFIER	notgi	MKI	In me	29c. LICENSE NUN	7928	29d. DATE SIGNE	D (Month, Day, Year)	

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Belvedere Svite22 Be

ospital or attending physician.	ise as the burial-transit permit. Pages 1, 2, 3 should	
rurs after death. Page 6 may be retained by the hospital o	the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, Marial Modern Andiana prior to burial-transit permit. Pages 1, 2,	redical examiner must be notified at once.
HYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	sen signed by the attending physician and completely filled	I from a set beach with the part cept, or freeth and mema hypore product comment, or concern. FIRST If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ILLUTERITAL OR ATTENDING PHYSICIAN: The law	PHUERAL DIRECTOR: After this certificate has be	FIANT: If Item 28 is marked, or item 23 s

n A 3 t	T. 1						2. DATE	OF DEATH	NY.	YEAR	3. TIA	ME OF DEATH
MOZE/IC 4. SOCIAL SECURITY NUMBER	JOh 5. SEX	nson					10		9	91		730 A
219 40 6090	1 M 2 XF	6. AGE (In yrs. las	YRS.	MONTHS D		UNDER 24 HRS DURS MIN.	7. DATE (Mon	OF BIRTH 2/6/38	3	Coun	·C.	(State or Foreign
ea. FACILITY NAME (If not institution, give str Liberty Medica				96. CITY, TO Balt		ocation of	DEATH		9c. COU	NTY OF	DEATH	
RESIDENCE OF DECEDENT 10. STATE 10. COUNTY			10g cit	I TOWN OR I							10d. I	INSIDE CITY
												YES 2 NO
1601 Laurens S	treet					1217			10g. CIT			COUNTRY?
11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR	RMED	13. WAS			USA ANIC ORIGIN? (Specify Yea or No			nericen Indian.		
1 Never Married 2 Married 3 Widowed 4 Divorced		YES 2X		If yo		Cuban, Max	can, Puarto			Spe	ek, White effy: ack	nerican Indian, e, atc.
15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a, OE	CEOENT'S	USUAL OCCL	UPATION	l working	16	b. KIND OF BU	SINESS/INI	DUSTRY		
Elementary/Secondary (0-12)	College (1-4 or 5	Ma	. Do NOT u	se retired.)								
			Hou	sewif								
17. FATHER'S NAME (First, Middle, Last) Stewart Hill					10	s. MOTHER'S		Middle, Melden				
19a. INFORMANT'S NAME (Type/Print)		10	h MAII INC	ADDRESS /S	Street and	Number or Bu		T Paic		n Cadel		
Kay Wilkerson				10 W.							ьм	2121
20a. METHOD OF DISPOSITION		20b. PLACE	AND DAT	E OF DISPOS	ITION (Na		DA		CATION -			
1 🔀 Burlal 2 □ Cremation 3 □ Remo 4 □ Donation 5 □ Other (Specify)	oval from State	of cometary	crematory	or other place	ce)			Di	110	n.	S.C	
						ADDRESS OF		on c c	ona			
23. PARY I. Enter the diseases, or control of the shock, or heart felture. I	complications the	t caused the de	eath. Do	Ja 17	ames 701	A. I	Morto	on & S St. Ba	lto		Md.	
shock, or heart fellure. I	Liet only one cet	tandit caused the dese on each line ta sta hic	. Colo	Ja 17 not enter the	mes 701 ne mode	A. I Laure of dying, a	Morto	St. Ba	lto			
shock, or heart feilure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	s. Me-	tastatic	Colo	Ja 17 not enter th	mes 701 ne mode	A. I Laure of dying, a	Morto	St. Ba	lto			Approximete interval Between
shock, or heart fellure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	s. Me DUE TO	ta sta tic	COLOUENCE O	Ja 17 not enter th in Con	mes 701 ne mode	A. I Laure of dying, a	Morto	St. Ba	lto			Approximete interval Between
shock, or heart feilure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	B. DUE TO	HA STATIC (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE	COLOUENCE O	Ja 17 not enter th n Con Fi:	ames 701 ne mode	A. I	Morto	St. Ba	alto Iratory er	rest,	4b. WERE	Approximete interval Betwo Onset and De De De De De De De De De De De De De
shock, or heart fellure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	B. DUE TO	HA STATIC (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE	COLOUENCE O	Ja 17 not enter th n Con Fi:	ames 701 ne mode	A. I	Morto	St. Bardiec or reap	AUTOPSY	rest,	4b. WERE AWAIL COMPORT DE	Approximate interval Betwee Onset and De
shock, or heart fellure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition	B. DUE TO	HA STATIC (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE	COLOUENCE O	Ja 17 not enter th n Con Fi:	ames 701 ne mode	A. I	Morto	24e. WAS AN PERFO	AUTOPSY	rest,	4b. WERE AWAIL COMPORT DE	Approximete interval Betwo Onset and De De De De De De De De De De De De De
shock, or heart fellure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificent condition	B. DUE TO	OR AS A CONSE OR AS A CONSE OR AS A CONSE OR AS A CONSE	COLOUENCE O	Ja 17 not enter th n Con Fr: In the unde	ames 701 ne mode erlying c	A. I	In Part I.	24a. WAS AN PERFO	AUTOPSY	rest,	4b. WERE AWAIL COMPORT DE	Approximate interval Between Onset and De On
shock, or heart fellure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequantielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	BUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO	OR AS A CONSE OR AS A CONSE OR AS A CONSE OR AS A CONSE DEPLOYMENT :	COLOUENCE O	Ja 17 not enter th n Con F): OTHER: 4 Nursin AE OF 21	ames 701 ne mode recording to the control of the co	A. I Laure of dying, a euse given E OF DEATH 5 — Residen y AT	In Part I.	24a. WAS AN PERFO	AUTOPSY RMED?	24	4b. WERE AWAIL COMPORT DE	Approximate interval Between Onset and De On
shock, or heart fellure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	BUE TO DUE TO	OR AS A CONSE OR AS A CONSE OR AS A CONSE OR AS A CONSE DEPLOYMENT :	COLOUENCE O	Ja 17 not enter th In Con IF): In the unde	erlying c	A. I Laure of dying, s euse given E OF DEATH 5 □ Residen 7 AT	In Part I.	24a. WAS AN PERFO	AUTOPSY RMED?	24	4b. WERE AWAIL COMMON TO THE TOTAL COMMON TO T	Approximete interval Betw Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De

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290. SIGNATURE AND TILLE OF CERTIFIER

(. Kind Choong Kim, m.D. D384

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Liberty Medical Center, Baltimore, mD 21215

32. REGISTRAR'S SIGNATURE

11.14 186-4

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

HE OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

The FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE	0F	MARYLAND						MENTAL	HYGI	ENE
			ERTIF	ICATE	0	F DEAT	TH		REG.	NO

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC	MENT OF H	EALTH AND DEATH	MENTA	L HYGIENI	E)	1 200) (m 1
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE	OF DEATH		3. TIME OF	DEATH
	William	Thomas	Jor	dan		10		199	I 1:30	р м
	4. SOCIAL SECURITY NUMBER 231-18-3042			UNDER 1 YEAR	IF UNDER 24 HMS. HOURS MIN.	(Mont	OF BIRTH th, Day, Year) 21-25		BIRTHPLACE (State Country) IRGINIA	or Foreign
	9a. FACILITY NAME (If not institution, give	street and number)	91	b. CITY, TOWN O	R LOCATION OF D		-1 23	9c. COUNTY		
DIRECTOR	Knights Inn-	Room 101		Laur	e l			Anne	Arund	e1
RE	10a. STATE 10b. COUN		10c. CiTY, T	OWN OR LOCAT	ION		-		10d. INSIDE	
AL DI	VIRGINIA KING 10e. STREET AND NUMBER	WILLIAM	AY	LETT 101.	ZIP CODE			10a CITIZEI	1 TES	NO 🔯
FUNERAL	5009 MANQUIN DR	IVE			23009			77	USA	117
5	11. MARITAL STATUS	12. WAS DECEDENT, EVER II	U.S. ARMED	13. WAS DECI	ENDENT OF HISPA	T OF HISPANIC ORIGIN? (Specify Yes or No. 14, RACE - American Indian				
BY F	1 Never Married 2 X Married 3 Widowed 4 Divorced	FORCES? 1- YES		If yes, spe	cify Cuban, Maxic	an, Puarto	Rican, alc.)		Black, White, atc. Specify:	
		l unknown							WHI	ΓE
COMPLETED	15. OECEDENT'S ED (Specify only highest grad	de completed)	18a. DECEDENT'S USI (Give kind of work life. Do NOT use re	done during mos	N at of working	168	. KIND OF BUS	INESS/INDUS	TRY	
7	Elementary/Secondary (0-12)	College (1-4 or 5 +)	U . 100 350		•	Dr	OT DID	0 1/1 7		
OM	17. FATHER'S NAME (First, Middle, Lest)		owner-pro	obriero	18. MOTHER'S NA				NTENANCE	CORP
	WILLIAM THOMAS J	ORDAN, TT			LOTTI		Middle, Maiden s .ANE	iumame)		
BE	19a, INFORMANT'S NAME (Type/Print)	Jan 1921	19b. MAILING AD	DRESS (Street ar	nd Number or Rural			State 7to Co	del	
2	FRANCES M. JORDAN	N	5009 MAI							
	20a, METHOD OF DISPOSITION	20b	PLACE AND DATE OF D			OAT			or Town, State	
	1 XBurial 2 Cremation 3 Rai 4 Donation 5 Other (Specify)		etery, cremetory or other AURY CEME			10-	1		VIRGINIA	1
	21. SIGNATURE OF FUNERAL SERVICE L	CEMPER /			D AOORESS OF FA	ACILITY			VIROINIZ	1
	M. Tleat	Colera			D FUNER				m 0100	
	23. PART i. Enter the diseases, or	complications that caused	the deeth. Do not	enter the mod	te of dving, suc	AVE,	BALIIM diec or resoir	ORE, I	D. 21229	ximete
	iMMEDIATE CAUSE (Finsi disease or condition recuiting in death)	a. Alleron	ech line.	1 1	idor		1		interv	Between and Deeth
CERTIFICATION	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	b	CONSEQUENCE OF):							
ERTIFI	thet initieted events resulting in desth) LAST	OUE TO (OR AS A	CONSEQUENCE OF):							
07	PART ii. Other significant condition	ens contributing to deeth b	ut not resulting in ti	he underiving	cause given in	Pert i	24a. WAS AN A	ILLUDBEA	24b. WERE AUTOPS	V Chinaico
ICAL			,		badoo given in		PERFORM	AED?	AVAILABLE PE COMPLETION	IOR TO
PHYSICIAN: MEDI						_	YES 2	NO	DF DEATH?	
=							110111	>	YES 2	□ NO
M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLA	ACE OF OEATH (C)	heck only on	10)			
SIC	1 XYES 2 NO	HOSPITAL: 1 tripatient 2 ER/Outp		THER: Nursing Home	5 - Rasidenca	s X Othe	r (Specify) m	otel		
됩	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	F 28c, INJU	RY AT		CRIBE HOW IN	JURY OCCUR	ED	
BY	1 Natural 5 Pending Investigation			M 1 1 YE						
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS	BICIAN: To the best of my knowl	edge, death occurred at	t the time, date a	and place, and due	to the cau	ree(s) and mann	er as stated.		
	SHIPSTERATURE AND RITLE OF CENTIFIE									
8	tald Or	of my			29c. LICENSE NUI			.	QNED (Month, Day, Y	bar)
유	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF OE	ATH (ITEM 27) (Type, Prin	nt)	O.C.M	1.E.		10	<u>21 1991</u>	
	FRYNK JI	BREIL, M	A.11 Pa		eet. F	Balt	imore	Marv	land 21	201
	"OCT 23" 1991" 9	(Ab) ale meet property when	HUHE					-		

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must be notified at once.

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 fiburs after death. Page	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in try the tuneral of the filed within 72 hours after clearth with the State Deat, of Health and Mental Hydiene prior to burial, crenation, or remains	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner
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SPIT	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the filed within 72 hours after death with the State Deut, of Health and Mental Hydiene prior to burial, crenation, or remaining	H
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1 - FOR REGISTRAR	STATE OF MARYLAND / DE	MENTAL HYGIENE REG. NO.	51	
1. DECEDENT'S NAME (First, Middle, Last)			2, DATE OF DEATH	
VENNETH	r	TOUNCTON	MONTH DAY	YEAR

REGISTRAN			-HIII	ICALE	UF L	JEAIH		REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last KENNETH)	J	OHN	ISTON	MONTH	-	_	YEAR	3. TIME OF DEATN		
4. SOCIAL SECURITY NUMBER	5. SEX	E . 6. AGE (In yrs. lest	hirthday	IF UNDER 1 Y		IF UNDER 24 HRS.	7. DATE 0		7	91	5:40 P
216-40-2303	1 🖾 M 2 🗆 F	48	YRS.			HOURS MIN.	(Adapath	O4/43	1	Count	PLACE (State or Foreign ry) ryland
9a. FACILITY NAME (If not institution, give				9b. CITY, TO	OWN OR	LOCATION OF O		04/4)	-	INTY OF C	
MARYLAND RO	UTE #140)		FIN	KSB	URG				RROI	
RESIDENCE OF DECEDENT 10a. STATE 10b. COUN	TY		10a CIT								
MARYLAND RO RESIDENCE OF DECEDENT 10a. STATE 10b. COUN Md. 10c. STREET AND NUMBER 111 S. SMALLWOO 11. MARITAL STATUS 1 Never Merried 2 M Merried				altimore					10d. INSIDE CITY LIMITS? 1 A YES 2 NO		
10e. STREET AND NUMBER				10f, ZIP CODE			10g. CITIZ			IZEN OF	WHAT COUNTRY?
411 S. Smallwoo				2122	3			USA			
11. MARITAL STATUS 1 Never Married 2 Merried	11. MARITAL STATUS 1 Never Married 2 1 Married FORCES? 1 1 YES 2 N.				DECEN	DENT OF HISPA	HISPANIC ORIGIN? (Specify Yes or No-			14. RACI	— American Indian, k, Whita, afc.
3 Widowed 4 Divorced	Widowed 4 Diverced IF YES, GIVE WAR OR OATES					t YES 2 NO Specify: Specify:					ffv:
15. DECEDENT'S ED	15. DECEDENT'S EDUCATION 168. OECEDENT'S USUAL OCCUPATION 168. KIND OF BUSINESS/INDUSTRY									white	
(Specify only highest grad	le complèted) College (1-4 or 5	(Gh	e kind of v Do NOT us	vork done duri	ng most o	of working	100.	KIND OF BUS	SINE 35/IN	OUSTRY	
12	55.10g0 (1-4 b) 5	"	Che:	f				Mart	inte		
17. FATNER'S NAME (First, Middle, Last)			V-10.		Ti	IS. MOTNER'S N	AME (First, Mi				
Fred Johnston	1				- 1	Sara E				ton	
19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADDRESS (S	treet and	Number or Rural	Route Numbe	r, City or Town	n, State, Zi	p Code)	
Elizabeth J. Joh	nston					od St.,					3
20s. METHOD OF DISPOSITION 1X Burlel 2 Cremetton 3 Rec	noval from State	20b. PLACE A	NDDATEC	F DISPOSITIO			DATE	200 100			
4 Donation 6 Other (Specify)		cemetery, cren			era	ns Cem.	10/2	2 Cr	rowns	vill	e, Md.
21. SIGNATURE OF AMERAL SERVICE L	ICENSEE /			22. NAI	ME AND	AODRESS OF FA	ACILITY				
6/0440	7. Low	Imour				ain St.					1227
DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditione, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF): D. OUE TO (OR AS A CONSEQUENCE OF):											
PART II. Other eignificent condition	dne contributing to	death but not re	aulting l	n the under	rlying c	euse given in		24a. WAS AN PERFOR	MED?	24b	WERE AUTOPSY FINDING
								1X YES 2	□ NO		CDMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?				- 2	26. PLAC	E OF DEATH (C)	heck only one)				
1 X YES 2 NO	HOSPITAL:	ER/Outpatient 3	DOA	OTHER:	Home	5 🗆 Rasidence	8 Other	Specify) F	HIGH	WAY	
27. MANNER OF DEATH	28a. DATE OF (Month, D	INJURY ay, Year)	28b. TIME	OF 286	. INJURY	Y AT		RIBE NOW IN			DRIVER IN
1 Natural 5 Pending 2 X Accident Investigation	10-17	-91 4	:5"	P' M 1	YES		AUTO	/AUTO) IM		
3 Suicide 6 Could not be 28s. PLACE OF INJURY — At home, ferm, street, factory, office 28s. LOCATION (Street and Number or Rural Rouge Num											
4 Homicide defarmined			n I G	HWAY							ROL CO. N
29a. CERTIFIER (Check only one) 1 CERTIFYING PNYS	ER: On the best of						to the cause	e(s) and men	ner an ata	ted.	
29b. SIGNATURE AND TITLE OF CERTIFIE						9c. LICENSE NU		1			(Month, Day, Year)
Nonaletty (1)	alt M.D.					O.C.					R 18, 199
30. NAME AND ADDRESS OF PERSON W		SE OF DEATH (ITEM	27) (Type,								
	GHT M.D				PEN	NN ST.	BAL	TIMOF	RE,	MD.	21201
31. DATE FILED (Month, Day, Year)		R'S SIGNATURE									
nct.	2 3 1991	Julia Da	Widson	- Hands	220	*					

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J.LARON LOCKE

3 1991

	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND / DEPA		OF HEALTH AND	MENTAL HYGIEN		28823			
	1. DECEDENT'S NAME (First, Middle, Lest) WALTER	E.			JHN	2. DATE OF DEATH		3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 215 - 09 - 617/	5. SEX 1 M 2 F	6. AGE (in yrs. lest birthde) 74 YRS.	MONTHS	1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 10 - 24-	1916 E	BIRTHPLACE (State or Foreign Country) SALTO. MD.			
OR	9e. FACILITY NAME (If not institution, give s KEY MEDICAL C			96. CITY, TOWN OR LOCATION OF DEATH BALTIMORE CITY							
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY MALYLAND BAL	TIMOR	E CO. 10c. C	CAI	R LOCATION			10d. INSIDE CITY LIMITS? 1 YES 2 W NO			
FUNERAL	100. STREET AND NUMBER 27/2 GLEN	DALE	ROAD		101. ZIP COOE	34	10g. CITIZE	N OF WHAT COUNTRY?			
BY	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yee, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 WO Specify: 1 YES 2 Specify:								
PLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION	16a. OECEDENT (Give kind o	work done d use retired.)	SUAL OCCUPATION & done during most of working WHA BALTO - GAS + ELA						
E COMPL	17. FATHER'S NAME (First, Middle, Last) MICHAEL	KUH	W	001	16. MOTHER'S N	IAME (First, Middle, Maider		no.veay,			
TO B	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)										
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Remo 4 Donation 5 Other (Specify)		20b. PLACE AND DAT		FLBT VA.	DATE 20c. LC	CATION - City	nor Town, State More CO, My			
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	f-gain	22. N	AME AND ADDRESS OF E	WINDPA HOLED	L CI	HAPER PS PREVIO			
	23. PART Enter the diseases, or o shock or heart failure. I IMMEDIATE CAUSE (Finel disease or condition recuiting in death)	M	t coursed the deeth. Do		the mode of dying, eu		piretory erreet	Approximete interval Between Onset end Deeth			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. OUE TO (OR AS A CONSEQUENCE OF):										
PHYSICIAN: MEDICAL C	PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 24a. WAS AN AUTOPSY FIN ANALABLE PRIOR TO COMPLETION DE CO OF DEATH? 1 VES 2 NO 24b. WERE AUTOPSY FIN ANALABLE PRIOR TO COMPLETION DE CO OF DEATH? 1 VES 2 NO										
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X VES 2 NO 1 Inpetient 2 X ER/Outpettent 3 ODA 4 Nursing Home 5 Residence 8 Other (Specify)										
PHYS	1 X YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	4 🗆 Nursi	ng Home 5 Residence Rec. INJURY AT WORK?		Other (Specify) OESCRIBE HOW INJURY OCCURED PEDESTRIAN						
TED BY	Accident Investigation Suicide Homicide Investigation 10-15-91 9:0			street, factor	1 YES 2 NO	26f. LOCATION (Street City or Town, State)	TRUCK BY PICK UP TRUCK LOCATION (Street and Number of Rural Route Number, City or Yours, States) 9 2 0 0 BLK: HARFORI				
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the beet of my knowledge, death occurred at the time, date and place, and due to the ceuse(a) and manner se stated. 2 XMEDICAL EXAMINER: On the beels of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner se stated.										
ш	286. AGNATURE AND TITLE OF CERTIFIER	on the basis of ex	amination and/or investigat	ion, in my op	Inion, death occured at the			GNED (Month, Day, Year)			
0 B	18 MMF AND ADDRESS OF BERSON WAY	rtee	M		0.C.M	1.E.	N	BER 16,1991			

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) M.D 111 PENN ST. BALTIMORE, MD. 21201 32. REGISTRAR'S SIGNATURE

DHMH-16 Rev 1/89

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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending ph	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the by flud within 75 hours after health with the State Debt, of Health and Mental Hydiene prior to burial, cremation, or removal.	9
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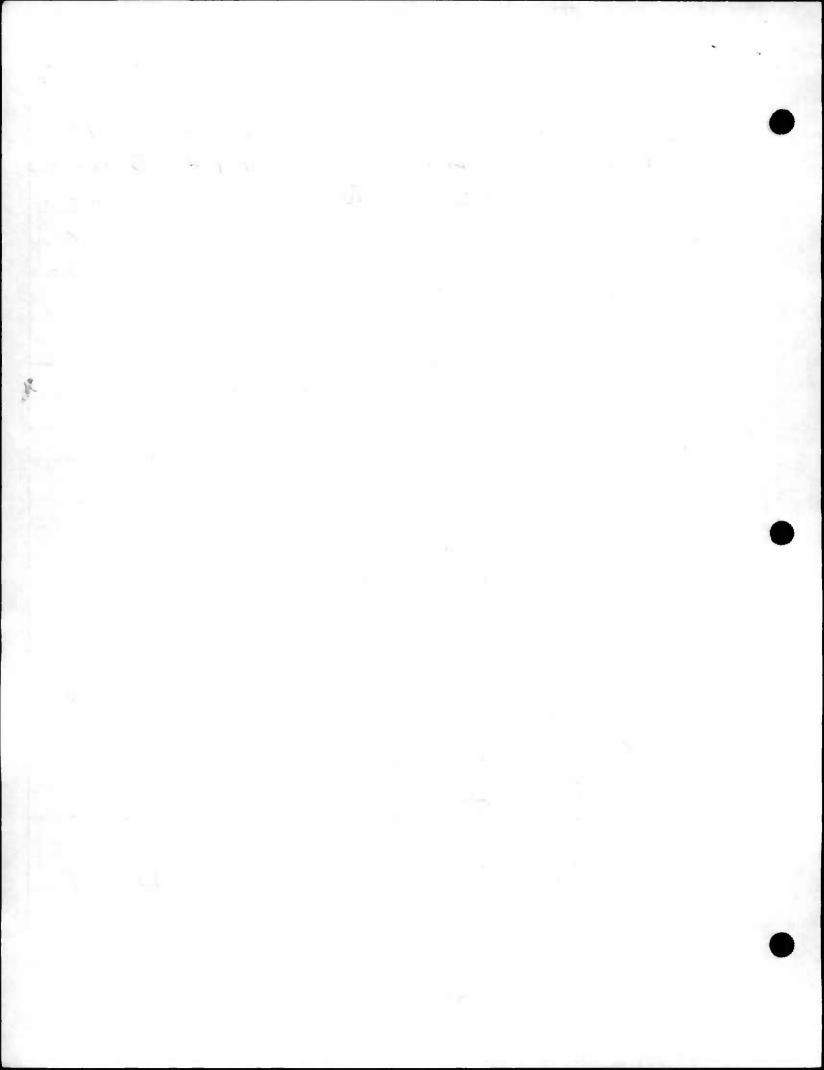
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IMPORTANT: If item 28

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28824 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEPENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR 6. AGE (in vrs. last birthday) IF UNDER 24 HRS. M 2 DF YRS. 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF CEATH FUNERAL DIRECTOR DECEDENT 10W.SOC RESIDENCE OF 10e. STATE 10b. COUNTY toc. CITY, TOWN OR LOCATION 10d. INSIGE CITY LIMITS? PARYLANC KEYSVILLS 1 YES 2 NO 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-SOUTH KORSA 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE — American Indian, Black, White, atc. If yes, specify Cuben, Mexican, Puerto Rid 1 ☐ YES 2⊠ NO Specify: 1 Never Married 2 Married Specify. BY 3 Widowed 4 Divorced COMPLETED 15. OECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade College (1-4 or 5+) Elementary/Secondary (0-12) YRS 12YRS 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) 2000 KANG 1 BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 AMIL 20a. METHOD OF DISPOSITION
1 Burtel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND OATE OF DISPOSITION (Name 20c. LOCATION — City or Town, State OATE 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 9 OR 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heert failure. List only one cause on each line. Approximate Interval Between **Onset and Death** IMMEDIATE CAUSE (Final PETASTATIC SMALL disease or condition resulting in death) PHYSICIAN: MEDICAL CERTIFICATION Sequentielly list conditions, BY

if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	c	OUE TO (OR AS A CONSE	OUENCE (OF):					
PART II. Other significent condition	ns cor	ntributing to death but not	reaulting	in the u	inderlying cause given in	Part I.	24a. WAS AN AUTOPSY PERFORMED? 1 VES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL					26. PLACE OF DEATH (C	heck only o	one)		
1 VES 2 THO		SPITAL: Inpatient 2 - ER/Outpatient 3	□ DOA	ner (Specify)					
27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year) 28b. TIN			ME OF JURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DE	EȘCRIBE HOW INJURY OCCURED		
2 Accident Investigation 3 Suicide 8 Could not be determined							CATION (Street and Number or Rural Route Number, or Town, State)		
torsect only		To the best of my knowledge, do							
296. SIGNATURE AND TITLE OF CERTIFIE	1. (alexand	ev	5	D27	MBER 08	7 20d. DATE	SIGNED (Month, Day, Year)	
30. NAME AND ADDRESS OF PERSON WI	10 COI	MPLETED CAUSE OF DEATH (ITE	M 27) (Typ	e, Print)					
31. DATE FILED (NOTE 2 3.1	99	32. REGISTRAR'S SIGNATURE	PW	الملاء					
		1 / 69						DHMH-18 Rev 1/	



IF UNDER 1 YEAR 579-56-9700 1 M 2 F DAYS HOURS 24 frouts after death. Page 6 may be retained by the hospital or attending physician. If filled in by the funeral director, page 5 should be detached for use as the bural-transft permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street DIRECTOR WAS HING TON RESIDENCE OF DECEDENT 1ALDH 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland Montgomery Silver Spring FUNERAL 10e, STREET AND NUMBER 1219 Tanley Road 11. MARITAL STATUS 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO BALTIMORE, MARYLAND 21215-0020 1 Never Married XX Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION Elementary/Secondary (0-12) College (1-4 or 5+) Statistician 17, FATHER'S NAME (First, Middle, Last) Max Goldberg notified at BE 19a. INFORMANT'S NAME (Type/Print) 2 George M. Kornspan pe 29e, METHOO OF DISPOSITION
AIA Burlal 2 Cremation 3 Ramoval from State
4 Donation 6 Other (Specify) must examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE · Donald filled in by the filon, or removal. medicai shock, or heert feilure. List only one ceuse on eech line. **IMMEDIATE CAUSE (Fins)** DIRECTOR: After this certificate has been signed by the attending physician and completely fille hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, event, the disease or condition resulting in death) Acute HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760, traumatic CERTIFICATION Sequentielly llat conditions, OUE TO (OR AS A CONSEQUENCE OF) if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST any injury, MEDICAL 3MI3H5 DISEASE PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL item **EXAMINER?** HOSPITAL:
1 M Inpetient 2 - ER/Outpetient 3 - DOA 1 YES 2 NO 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? marked, 1 Natural 5 Pending BY 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 69 3 Sulcide COMPLETED 6 Could not be determined 28 4 Homicide item FUNERAL WITHIN 72 P IMPORTANT: If 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, 29b. SIGNATURE AND THE OF CHITIFIES THE BE BE 223 ဥ 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
PETER J SASIA M. B.
10313 GEORGIA AVEUL SUITE 308 SILVER SPRING 31. DATE FILED (Month, Day, TOTAR'S SIGNATURE DEMISSION-P

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH YEAR EBECCA ORNSPAN 3: 32 10 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday)
87 YRS. 7. DATE OF BIRTH

JULY 15, IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign New York 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Mon taome 10d, INSIDE CITY YES 2 NO 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 20904 U. S. A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If was abacify Cuben, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. If yes, specify Cuben, Maxican, Puerto R

1 YES 2 NO Specify: White 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY U. S. Government 18. MOTHER'S NAME (First, Middle, Maiden Surname) Sadie Pollock 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
1219 Tanley Road, Silver Spring, Maryland 20904 opmetry cropylary representation of the marial Garden 1991 Falls Church. V. Falls Church, Virginia 22. NAME AND ADDRESS OF FACILITY STEIN HEBREW MEMORIAL FUNERAL HOME. INC. 232 CARROLL STREET. N.W., WASHINGTON. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory errest, Approximate Onset and Death oute Myocardial Inferction DAY PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24s. WAS AN AUTOPSY WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 TO NO OF DEATH? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) OTHER:
4 | Nursing Homa 5 | Rasidence 6 | Other (Specify) 26d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. time, data and pieca, and due to the cause(s) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) 403 October 20, 1991

MARYLAND 20902

SALIIMORE, MANIENIN ZIZIJ-0020	10 THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician	TO THE RUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	d, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, T.O. BOX 667 60,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic

	FOR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HY	GIENE
1	STATE	CEDTIFICATE OF DEATH	

1. DECEDENT'S NAME (First, Middle, Las						2. DATE C	F DEATH	AY	YEAR	3. TIME OF OEATH
L. Velma Kl	uge					10		8	91	8:05 a.
4. SOCIAL SECURITY NUMBER 230-42-0965	5. SEX 1 M 2 X F	8. AGE (In	yrs. last birthday) YRS,	MONTHS DAYS	HOURS MIN.	7. DATE 0 (Month,	Day, Year)	1900	8. BIRTI Count	HPLACE (State or Foreign
9a. FACILITY NAME (If not institution, giv	e atreet end number)			9b. CITY, TOWN	OR LOCATION OF D	EATH			INTY OF E	
Montgomery	General	Hosp	ital	01ne	У			Mor	itgo	merv
RESIDENCE OF DECEDENT 10e. STATE 10b. COU	NTY		10c. Ci	TY, TOWN OR LOC	ATION					10d. INSIDE CITY
MD. MONTO	GOMERY			OLNEY						1 YES 2 NO
100. STREET AND NUMBER 17700 LAFAYETTE	DRIVE			1	01. ZIP CODE 208	32		US.		WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDE FORCES? IF YES, GIVE	1 YES	2 NO	if yes, t	CENDENT OF HISPA specify Cuben, Mexic S 2 NO Speci	an, Puerto R	(Specify Yelican, etc.)	o or No—	14. RAC Biac Spec	E — American Indian, ck, White, atc. chy: WHITE
15. DECEDENT'S E (Specify only highest gra Elementary/Secondery (0-12)	DUCATION ade completed) College (1-4 or 5		18a. DECEDENT'S (Give kind of life. Do NOT of		TION nost of working	18b.	KIND OF BU	SINESS/IN		OME
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N	AME (First, M	iddle, Maiden	Surneme)		
JAMES ALEXAN	DER					E ROB				
19a. INFORMANT'S NAME (Type/Print)			19b. MAJLIN	G ADDRESS (Street	and Number or Rural	Route Numb	er, City or Tow	vn, State, Z	ip Code)	
BARBARA J. ANDE	RSON			SAME AS	# 10					
20e. METHOD OF DISPOSITION 130 Burlal 2 Cremation 3 R	emoval from State			TE OF OISPOSITIO		OATE				own, State
4 Donetion 5 Other (Specify)		AR	LINGTON		CEMETERY	/	24 AR			VA.
21. SIGNATURE OF FUNERAL SERVICE	1 Bu	. 1.			ANO ADDRESS OF F					
23. PART f. Enter the diseases, c shock, or heart fallut IMMEDIATE CAUSE (Final	re. List only one co	euse on aa	ch line.	not anter the n						Approximate interval Between
shock, or heart failure immediate cause (Final disease or condition resulting in death)	a. CONG	ESTIV TO (OR AS A	CONSEQUENCE	rot anter the n FA16 OF): ADIOVASC	node of dying, su	ch ss card	iac or resp			Approximate interval Betwee Onset end De
shock, or heart failure immediate cause or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a. CONG. DUE T b. ATHERO DUE T C. PHIRM	ESTIVO (OR AS A PHEAS	CONSEQUENCE OF CONSEQ	orbinot anter the not anter the not anter the not not not not not not not not not not	OURE CURE DIS	EASE	lac or resp			Approximate interval Between Onset end De Z LA E # A
shock, or heart failure immediate cause. Enter UNDERLYING	a. CONG. DUE T b. ATHERO DUE T C. PHIRM	ESTIVO (OR AS A PHEAS	CONSEQUENCE OF CONSEQ	orbinot anter the not anter the not anter the not not not not not not not not not not	ORE	EASE	lac or resp			Approximate interval Between Onset and De Z WEEK SO YS.
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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the furne management of 5 should be detached for use as the burial-transit perr	e filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	MPORTANT: It Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notifie
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STATE OF MARYLAND	DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
C	ERTIFICATE	OF DEA	TH		REG. NO.

	REGISTRAR	CERTIFIC	CATE OF DEAT	Н	REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Leat) CLAUDE P. CLAUDE P. KATZEN BERKE	KATZENBI	ERGER	MON	A . A	22 199				
1.60	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In y 064-32-6933 12 M 2 - F		F UNDER 1 YEAR IF UNDER 2 ONTHS DAYS HOURS	4 HRS. 7. DAT	e of Birth hth, Day, Year) ne 1,19:	C	IRTHPLACE (State or Foreign ountry)			
LOR	90. FACILITY NAME (If not institution, give street and number) LEVINYAVE HEBREW GERLATRIC, HISP. RESIDENCE OF DECEDENT	10 4	Baltimore C			9c. COUNTY (OF DEATH			
DIREC	100. STATE 10b. COUNTY Maryland Anne Arundel		TOWN OR LOCATION OWNSVIlle				10d. INSIDE CITY LIMITS? 1 YES 25 NO			
FUNERAL DIRECTOR	100. STREET AND NUMBER P.O.Box 546, Mulberry Dr.		101. ZIP CODE 21032			U.S.A	DF WHAT COUNTRY?			
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U. FORCES? 1 YES 3 IF YES, GIVE WAR OR DATE		13. WAS DECENDENT OF	, Mexicen, Puerl			RACE — American Indien, Black, White, atc. Specify: 11te			
COMPLETED	15. OECEOENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5 +) 2	Give kind of wo life. Do NOT use Chef	SUAL OCCUPATION ix done during most of working retired.)	7	Hope I		av .			
BE CON	17. FATHER'S NAME (First, Middle, Last) Martin W. H. Katzenberger			er's NAME (First	, Middle, Maiden	Sumame)				
TO B	190. INFORMANT'S NAME (Type/Print) Lelia Spraggins		Cheffield Rd				•			
	20e. METHOD OF DISPOSITION 1	ACE AND DATE (or other place) ervice Corp.	0.4	TE 200 LOG	CATION - City	or Town State			
	21. SIGNATURE OF PUMERAL SERVICE/LICENSEE		22. NAME AND ADDRES Ruck Towso 1050 York	s of facility n Funer	al Home	e, Inc.				
CATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially liet conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury	ONSEQUENCE OF):					Onset and Deatl			
EDICAL CERTIFICATION	that initiated events resulting in deeth) LAST PART II. Other algnificant conditions contributing to deeth but			iven in Part I.	24a, WAS AN		24b. WERE AUTOPSY FINDINGS			
Σ					PERFOR		AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 1 Simplifient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)									
ВУ РН	27. MANNIER OF DEATH 1. Netural 5 Pending Investigation 260. DATE OF INJURY (Month, Dey, Year) 260. IMP OF INJURY AT WORK? 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO									
ETED I	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm, at	reet, factory, office	26f. L	OCATION (Street a ity or Town, State)	and Number or R	tural Route Number,			
COMPLE	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowled one) 2 MEDICAL EXAMINER: On the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic o						use(e) and manner ee stated.			
TO BE C	296/ SIGNATURE AND TITLE OF CERTIFIER	u m	29c. LICE	NSE NUMBER	37	29d. DATE SIG	GNED (Month, Day, Year)			
F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH STRENTA O. K., M. : VEUIN 31. DNE FLEEDING (10 Dry Paper) 32. BEGISTRAT'S SIGNATI	VALE HEL	REN REGIATE	no cert	TER : +	bsfran	MMY			

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BALTIMORE, MARYLAND 21215-0020

ours after death. Page 6 may be

certificate be executed within

requires that the death

O. BOX 68760.

DIVISION OF VITAL RECORDS, P.

funeral director, page 5 should be detached for removal. filled in by 1 ö completely filled trial, cre nation. and com burial. 0 has been signed by the attending physiclan Dept. of Health and Mental Hygiene prior to OR ATENDING PHYSICIAN: The law a DIRECTOR: After this certificate has be hours after death with the State Dept. Item 6 with t marked, 60 28

Hem

IMPORTANT THE

FRANCE

31. DATE FILED (Month, Day, Year)

5

DCT 23

GENEIN

32. REGISTRAR'S SIGNATURE

Lulia Savidson-Randelle

FUNERAL WITHIN 72 h

223

28828 Items:23 part I,27,28a,b,c,d,e,f per MEO 12/13/919 | STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - FOR STATE PED REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last)
Baby 2. DATE OF DEATH 3. TIME OF DEATH Kelvin Lewis Lawrence Jr.) 20 10 1991 11:02 AM 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) s. BIRTHPLACE (State or Foreign 1 🕅 M 2 🗌 F DAYS HOURS N/A YRS Md. 9/13/9 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Union Memorial Hospital Baltimore 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY Md. Baltimore 1 XYES 2 NO 10e. STREET AND NUMBER 101 ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2637 Harlem Avenue U.S.A 21216 11-MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 THO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married It yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 TYES 2 NO BY Specify: 3 Wildowed 4 Divorced Specify: Black COMPLETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) Child Child 17, FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Kelvin L. Lawrence Sr. Teressa Lee 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Teressa Lee 700 McCabe Ave./Baltimore, Md. 21202 20a, METHOD OF DISPOSITION
1 A Burlet 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - Cify or Town, State DATE emetery, creme King 4 ☐ Donation 5 ☐ Other (Specify) Memorial Pk. Cem. Randallstown, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Glady Wm.C. March F/H 1101 E. North Ave. a 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or haart failure. List only one cause on each line. Intarval Batween IMMEDIATE CAUSE (Final **Onset and Death** disease or condition Positional asphyxia resulting in death) DUE TO (OR AS A CONSEQUENCE CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE t TYES 2 NO 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpetient 3 | DOA OTHER:
4 | Nursing Home 5 | Residence 5 | Other (Specily) 1 X YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED COMPression 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF 28c, INJURY AT WORK? 1 Netural
2 Accident 20/91 Jnknown 1 YES 2 NO BY neck over baby bottle 25e, PLACE OF INJURY - At home, term, atreet, factory, office 3 Suicide 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) S Could not be COMPLETED 4 Homicide Ave., Balto. 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 🔯 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) H 12 O.C.M.E 9 1991 MESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Penn Street, Baltimore Maryland

DHMH-16 Rev 1/89

1 - STATE

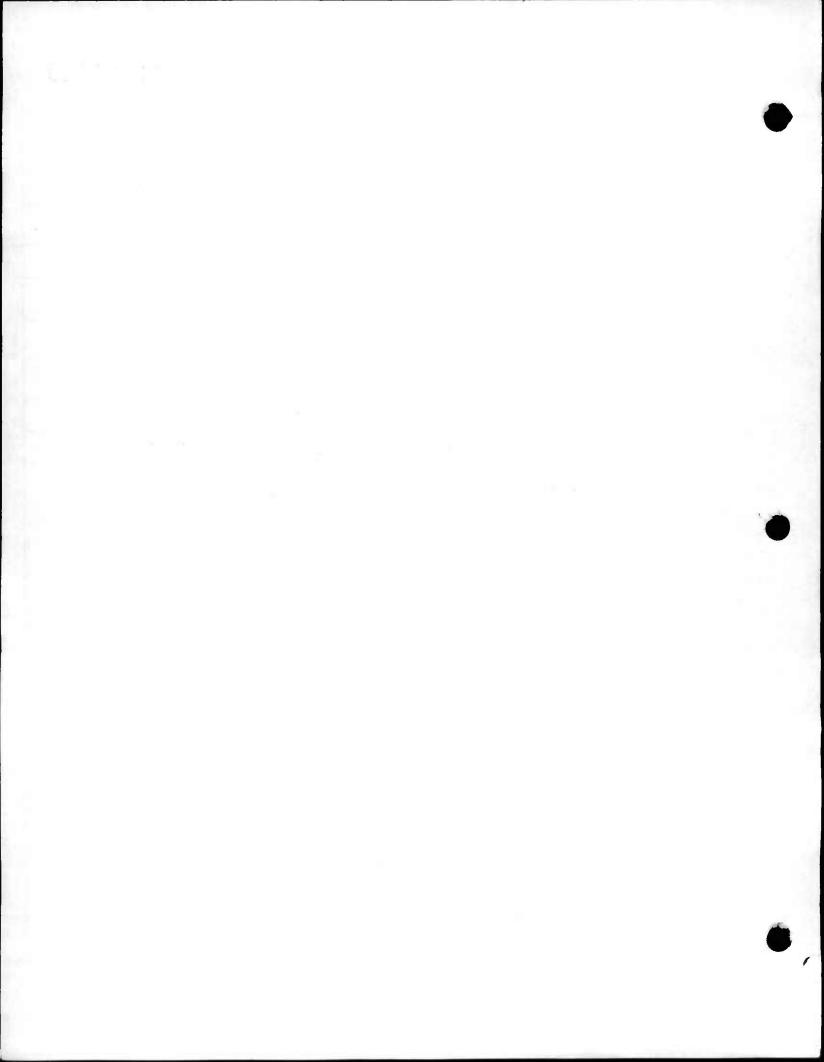
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			C	ERTIF	ICAT	E OF	DEATH		REG. NO			
	1. DECEDENT'S NAME (First	, Middle, Last) JONG	KU		LEE				2. DAT MON OCT	E OF DEATH		1 ^{YEAR}	3. TIME OF DEATH
2	4. SOCIAL SECURITY NUMBER 213-98-4787		5. SEX	6. AGE (In yrs. In 48	YRS.	IF UNDE	DAYS	IF UNDER 24 HRS. HOURS MIN.	7 DAT	E OF BIRTH oth, Day, Year) il 25,1			
TOR	90. FACILITY NAME (# not in 902 Shelley RESIDENCE OF DEC		street and number)				r, town	OR LOCATION OF C				imor	
DIRECTOR	10a. STATE Maryland	10b. COUNT	imore		10c. CIT	y, town Tows	or Local	TION					10d. INSIDE CITY LIMITS? 1 TYES 2 PA NO
FUNERAL	10e. STREET AND NUMBER 902 Shelley	Road					10	2 1204				ZEN OF W	HAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 3 Divo		12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2 妃	RMED NO		it yes, sp	ENDENT OF HISPA ecity Cuban, Maxic 2 ND Speci	an, Puarto	IN? (Specify Yas Rican, atc.)		14. RACE Black Spech Kore	
COMPLETED		EOENT'S EOU y highest grade 1-12)) (C	ECEDENT'S Give kind of vis Do NOT us	vork done e retired.)	during mo	DN st of working		b. KIND OF BUS			
00	17. FATHER'S NAME (First, M	iddie, Lesi)						18. MOTHER'S N.	AME (First,	Middle, Malden	Surname)		
BE	Sun-S				Lee			Yu		Hi			un
2	Mrs. Byun		T.00					nd Number or Rural - #10f	Route Nur	nber, City or Tow	n, State, Zip	Code)	
	20a. METHOD OF DISPOSITI	ION in 3 🗆 Harr		20b. PLACE	AND DATE O	OF DISPOS	SITION (Na		10/2	TE 20c. LO	cation —	City or Too	wn, Steta arvland
	21. SION PURE OF FUNDIA	springe	fre	Dazan	Cy vo	22. Ru	NAME AI	O AODRESS OF FA Cowson F York Rd.	winer	al Home	e, In	c.	
	23. PART I. Enter the di	seeses; of	complications that	caused the de	eath. Do r								Approximata
	IMMEDIATE CAUSE (Fin	sert lellare.	List only one caus	se on eech line	в.								Interval Between Onset and Death
	IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. Graftwintestinal bleeding DUE TO (DR AS A CONSEQUENCE OF):										1 month		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST b. GASTAIC WCL DUE TO (OR AS A CONSEQUENCE OF): C. GASTAIC Malignancy DUE TO (DR AS A CONSEQUENCE OF):												
	DARK II ON		d,										1
EDICAL	PART II. Other algolfice	nt condition	a contributing to	death but not i	resulting i	n the ur	nderlylng	g cause given in	Part I.	24a. WAS AN PERFOR 1 TYES 2	MED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Σ													1 TYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEOICAL					26. PL	ACE OF DEATH (C/	heck only a	ne)			
Sic	1 YES 2 NO		HOSPITAL: 1 Inpatient 2	ER/Outpatient 3	DOA	OTHER	₹:	8 Rasidence				-	
ВУ РН		Pending investigation	28a. OATE DF ((Month, Da		28b. TIMI INJ	OF	28c. INJ WO		_	SCRIBE HOW IN	NJURY OCC	UREO	
	3 Suicide 6	Could not be satermined	28e. PLACE OF building, e	INJURY — At ho rc. (Specify)	ome, farm, e	treet, fact	ory, office		28t, LOI C/ty	CATION (Street a or Town, State)	nd Number	or Rural Ro	oute Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERT MEDI-	IFYING PHYSI	CIAN: To the beat of ax	ny knowledge, de imination and/or	eth occurre	d at the t	ime, data	and place, and due	to the ca	use(a) and man	ner sa state	d.	and manner as stated.
8	29b. SIGNATURE AND TITLE	OF CERTIFIE						29c. LICENSE NU	MBER]	29d. DATE	SIGNED	(Month, Day, Year)
유	30. NAME AND ACCRESS OF		D COMPLETEO CAUS	OF DEATH (ITE	M 27) (Type,	Print)		V 40	23	0	10	1/	20/9/
	Choon Kyu 31. DATE FILED (Month, Day,		M.D.		ork I	Rd.	Suit	e 102, 1	owso	n, Md.	2120	4	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. **BALTIMORE, MARYLAND 21215-0020**

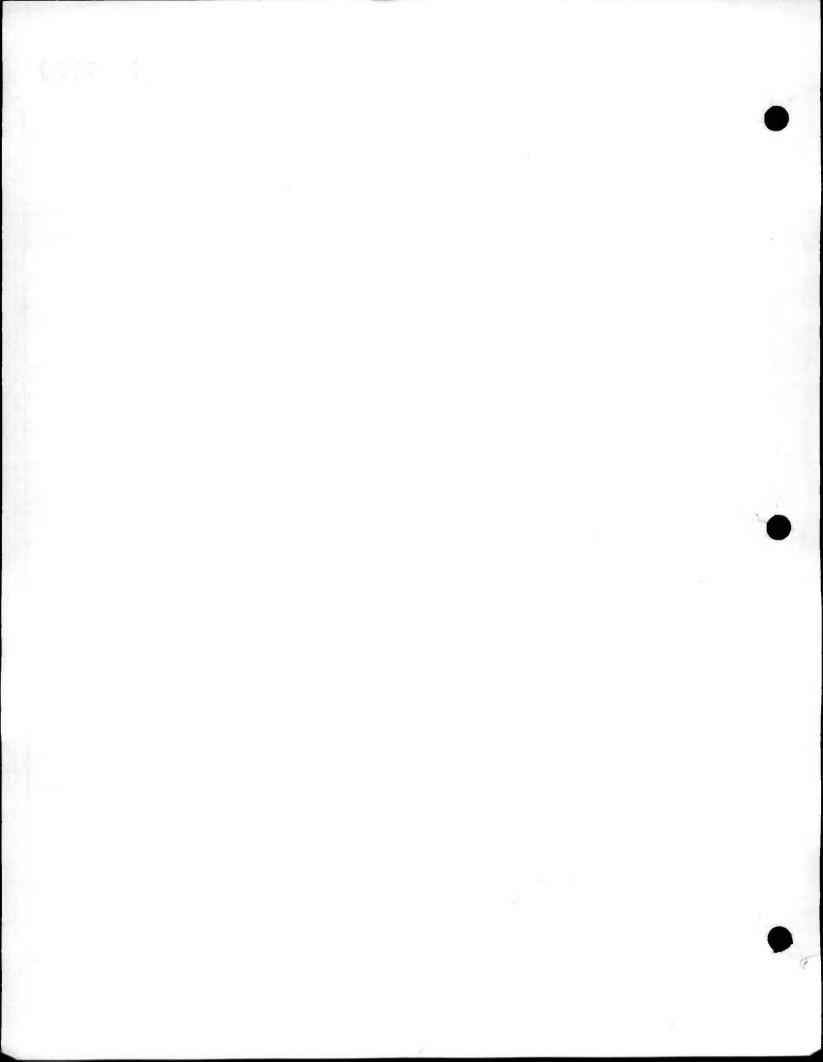
DIVISION OF VITAL RECORDS, P.O. BOX 68760,



DHMH-16 Rav 1/89

	DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	YLAND 21215-0020
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicia	by the hospital or attending physicia
/	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-to he filed within 72 hours after death with the State Dent, of Health and Mental Hunlese notor in huntal commission, or common	be detached for use as the burial-t
	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	at once.
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	1 - STATE REGISTRAR	STATE OF MAR	YLAND / DEPA CERTIF	RTMENT	OF HE	ALTH AND DEATH	MENTA	L HYGIEN		1 (.	.000	0
	1. DECEDENT'S NAME (First, Middle, Last						2. DATE	OF OEATH			TIME OF OEATH	
	William	The second secon			itt1	e, Sr.	Oct		91	EAR 07	726	М
	4. SOCIAL SECURITY NUMBER 220-40-7944	1 🛣 M 2 🗆 F	3E (In yrs. lest birthday) 48 YRS.	IF UNDER		HOURS MIN,	7. DATE (Mon	OF BIRTH	43	BIRTHPLA Country)	CE (State or Fore	ilgn
DIRECTOR	90. FACILITY NAME (If not institution, give PENINSULA GENERA)					BURY, 1	EATH		9c. COUNTY	OMICO		
E C	RESIDENCE OF DECEDENT 100. STATE 10b. COUNT	TY	10c, CI	TY, TOWN O	R LOCATIO	DN .				104	, INSIDE CITY	
	Maryland Balt	imore		ltimo	re					1 [LIMITS?	10
FUNERAL	3 Ranger Ct.				101. 2	21234			U.S.		COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 X YI IF YES, GIVE WAR OF VIETNAM	ES 2 NO R DATES	11	yee, spec	ITY Cuben, Mexica NO Specific	an, Puerto	N? (Specify Yea Rican, etc.)			American indian inte, etc. White	•
COMPLETED	15. DECEDENT'S ED (Specify only highest grad	UCATION le completed)	16e. DECEDENT'S	work done d	CUPATION luring most	of working	168	. KIND OF BUS	SINESS/INDUS	TRY		
MPLE	Elementery/Secondary (0-12)	College (1-4 or 5+)	Police	,								
8	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First,	Middle, Malden	Sumame)	-		
BE	William R. Zitt	le, II				Anna		tman				
2	190. INFORMANT'S NAME (Type/Print)					Number or Rural				ide)		
	Mary Ann Zittle					Balto.		7				
	1 X Burlel 2 Cremetion 3 Rer 4 Donation 5 Other (Specify)	noval from State	cometery, crematory or Cometery, crematory Va	of disposition of the place of the control of the c	emeter	°°′ ^y 10-25	_91	- 0.00	nium, M		State	
	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE				ADDRESS OF FA		12116	il Luiis 1		· · · · · · · · · · · · · · · · · · ·	
	Roy H. Cather	theker?		Leo	nam	J. Ruck,	Inc	5305 Hai	rford R	f Rai	to Mrl 2	1214
	23. PART i. Enter the diseases, or shock, or heart failure IMMEDIATE CAUSE (Final disease or condition rasulting in death)	a. Coronary	Artery I	iseas		of dying, auc	h aa can	diac or respi	ratory arrea	,	Approximate Interval Bet Onset and I	ween Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	S A CONSEQUENCE O									
CAL C	PART II. Other algnificant condition	na contributing to death	but not resulting	in the unc	derlying o	ause given in	Part i.	24e. WAS AN			E AUTOPSY FIND	
MEDIC								PERFOR		COM	LABLE PRIOR TO PLETION OF CAL DEATH?	
Z Z							_			1 [YES 2 NO	F
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					E OF DEATH (Ch	eck only or	76)				
YSI	1x YES 2 □ NO	HOSPITAL: 1 Inpatient 2 ER/O	utpatiant 3 🔯 DOA	OTHER:		5 Realdence	6 🗆 Othe	r (Specify)				
ву РН	27. MANNER OF DEATH 1 X Matural 5 Pending 2 Accident investigation	28e. DATE OF INJUR (Month, Day, Year		IE OF :	28c, INJUR WORK 1 YES	Y AT	28d. DES	CRIBE HOW IN	JURY OCCUR	ED		
	3 Suicide s Could not be determined 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, ferm, street, factory, office City or Town, Stete) 28f. LOCATION (Street and Number or Rural Floute Number, City or Town, Stete)								Number,			
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYINO PHYS	ICIAN: To the best of my known	owledge, death occurr tion end/or investigation	ed at the tim on, in my op	ne, date en	d place, end due	to the cau	use(e) and man	ner sa stated. I due to the c	ause(e) end	menner ee state	ed.
BE	296, SIGNATURE AND TITLE OF CERTIFIE				2	9c. LICENSE NUN	ABER		29d. DATE SI	GNED (Mon	th, Day, Year)	
5	70. NAME AND ADDRESS OF PERSON WI	Deputy	M.E.	Print)		D0359	9		10/2	21/91		
	John T. Bulkele				hao	Salieh	11 2 37	MD				
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG		N	,	Jarrob	ury,	ינונ			-	



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FOR	71	V	1	/	V	- 0	U
4 CTATE							

	1 - STATE REGISTRAR	STATE OF N	MARYLAND / D Cef		ICATI				MENTA	REG. NO	_		
		Edward	M	asc	n			T	2. DATE MONT	OF DEATH DA		YEAR	3. TIME OF DEATH 1:00 A M
	4. SOCIAL SECURITY NUMBER 220-64-9909	5. SEX 1 AM 2 F	6. AGE (In yrs. lest b	irthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.		OF BIRTH			PLACE (State or Formion
NC.	9e. FACILITY NAME (If not institution, give		a 1 II a a a				R LOCATIO			T V	9c. COUN		
5	Baltimore Coun RESIDENCE OF DECEDENT 100. STATE 100. COUN							SLOV	vn		Bal	tim	ore
DIRECTOR	Md .	· ·		10c. CIT		Balto.							10d. INSIDE CITY LIMITS? 12 YES 2 NO
₹	10e. STREET AND NUMBER					10f	ZIP CODE				10g. CITIZ	EN OF W	HAT COUNTRY?
FUNERAL	1816 N. Spring						2	121	3			U.S	S
BY	11. MARITAL STATUS Y V R Wildowed A Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	TEVER IN U.S. ARME YES A NO AR OR DATES	D	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify II yes, specify Cuban, Maxican, Puerto Rican, etc. 1 YES 2 NO Specify: 13. WAS DECENDENT OF HISPANIC ORIGIN? 14. WAS DECENDENT OF HISPANIC ORIGIN?					i? (Specify Yea Rican, etc.)	or No—	Black	- American Indian, White, alc.
COMPLETED	15. OECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) Waite					CCUPATIO	IN st of workin	g	16b	KIND OF BUS		JSTRY	
ME	17. FATHER'S NAME (First, Middle, Last)		Wa	alt	er					Foo			
	James Paul Mas	on					To	77.0.0	Don	Middle, Melden	VI	_	
BE	19a. INFORMANT'S NAME (Type/Print)	OH	F7781				30	yce	וסע	sey l	Masor	1	
5	Joyce Mason		181	16	N.	Spr I	nd Number ng	St.	Ba]	ber, City or Town	Md .	21	.213
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Rer 4 Donetion 5 Other (Specify)	noval from State	20b. PLACE AND cerpetery, creman Weste	tory or o	of DISPOS	ition (Na	me of Leme	ter	OAT	20c. LO	CATION CZ	ATON	SVILLE, MD
1	21. SIGNATURE OF FUNERAL SERVICE L	ASS	el		7	NAME AN	O ADDRES	s of fac	CILITY L	vin (arro	011	Fun. Home
CERTIFICATION	Interval Batween Onset and Daath But To (or as a consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST Later To (or as a consequence of): DUE TO (or as a consequence of): DUE TO (or as a consequence of):												
PHYSICIAN: MEDICAL CE	PART II. Other aignificant condition	na contributing to	death but not read	uiting	n tha un	deriying	causa g	ivan in I	Part I.	24a. WAS AN PERFOR AUYES 2			WERE AUTOPSY FINDINGS AVAILABLE PRIDR TO COMPLETION DF CAUSE OF DEATH?
YSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO	HOSPITAL:	ER/Outpatient 3 🗆	DOA	OTHER	t:	ACE OF DE						
ВУ РН	27. MANNER OF OEATH Netural 5 Pending Investigation	28a. OATE OF I (Month, Da		8b. TIMI INJ	E OF URY M	28c, INJU WOI 1 Y		SNO	28d. DES	CRIBE HOW IT	JURY OCCU	JRED	
	3 Suicide 6 Could not be determined	28s. PLACE OF building, a	INJURY — At home, itc. (Specify)	ferm, s	treet, lacto	ory, office		- 1	281. LOCA City	ATION (Street a or Town, State)	nd Number o	r Rural Ro	oute Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS	ICIAN: To the best of a	my knowledge, death	occurre	d at the ti	me, data	and place,	and dua	to the cau	se(s) and man	ner as stated	d.	
_	2 MEDICAL EXAMIN		annial and/or more	engano	n, in my o	oinion, de	ann occur	d at the l	lime, data	and place, and	d due lo lhe	cause(a)	and menner as stated.
TO BE	Let te	#, I	N-D				29c, LICE	C.N			29d. DATE		Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WI	32. REGISTRAR	1 Mg			Str	eet	B a	alti	more		lan	d 21201

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit pe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. **BALTIMORE, MARYLAND 21215-0020**

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89

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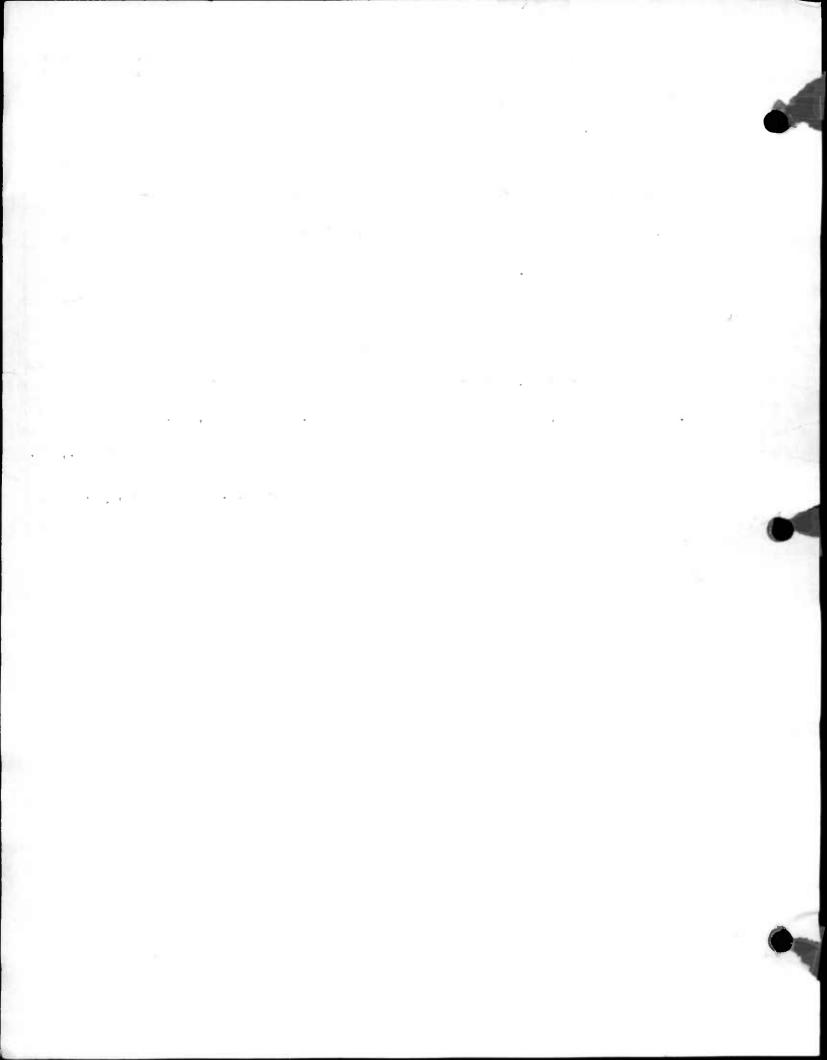
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1 - FOR STATE REGISTRAR

OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	r this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should hwith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	IE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2	IE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the of within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	1 - FOR STATE REGISTRAR		RYLAND / DEPAI CERTIF	RTMENT OF	HEALTH AND N	MENTAL HYGIEN REG. NO				
		Daniel				2. DATE OF DEATH MONTH		ar /2:00 p m		
	4. SOCIAL SECURITY NUMBER 503 34 9821	1 🗌 M 2 🔀 F	AGE (In yrs. lest birthday) 60 YRS.	IF UNDER 1 YEAR MONTHS DAYS		7. DATE OF BIRTH	1931	BIRTHPLACE (State or Foreign South Dakota		
TOR	90. FACILITY NAME (If not institution, give Francis Scott Ke		enter		on Location of OE.					
DIRECTOR	10a. STATE 10b. COUN	Baltimore		Middle F				10d. INSIDE CITY LIMITS? 1 YES 2 X NO		
FUNERAL	10e. STREET AND NUMBER 1910 Leland	Ave		1	01. ZIP CODE 21220		10g. CITIZE	USA		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Vidowed 4 Divorced	12. WAS DECEDENT EVI FORCES? 1 V IF YES, GIVE WAR O	YES 2 NO	II yes, s		C ORIGIN? (Specify Yes	n or No- 14	RACE — American Indian, Black, White, atc. Specify: White		
COMPLETED	15. DECEDENT'S EC (Specify only highest gra Elementary/Secondary (0-12)	OUCATION de completed) College (1-4 or 5+)	(Give kind of life, Do NOT u	usual occupat work done during n se retired.)	TION nost of working	18b. KIND OF BU	siness/indus	TRY		
ш	17. FATHER'S NAME (First, Middle, Last) Clarer	nce H. Becke	r		18. MOTHER'S NAM	E (First, Middle, Maiden Starke	Surname)			
TO B	190. INFORMANT'S NAME (Type/Prim) E. Lamar McDaniel	, Husband	19b. MAILING 1,910	ADDRESS (Street Leland	and Number or Rural Ra Ave Ba	oute Number, City or Tow 1 timore,	m, State, Zip Co	220		
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Re 4 Donation 0 Other (Specify)	moval from State	Varme of Cemetery	DATE 20c. LO	Balt	or Town, State				
	21, SIGNATURE OF FUNERAL SERVICE S	englysis	h	Bruz	AND ADDRESS OF FAC	uneral Ho	me PA	re, Md. 21221		
	Approximeta interval Betwee Onsat and Deat disease or condition resulting in dasth) Due To (or as a consequence of):									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. Car do a yearly DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
: MEDICAL	PART II. Other significent condition Thater Part Co	one contributing to deat	th but not resulting	in tha underlyir	ng cause given in P	Part I. 24s. WAS AN PERFORM	MED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	Output 2 Door	OTHER:	PLACE OF DEATN (Chec					
ву рну	27. MANNER OF DEATH Netural 5 Pending Netural Investigation	28s. DATE OF INJUI (Month, Day, Yes	RY 28b, TIM	E OF 28c. IN	JURY AT ORK? YES 2 NO	26d. DESCRIBE NOW II	NJURY OCCUR	ED		
ETED E	3 Suicide 6 Could not be determined	28e. PLACE OF INJU building, atc. (8	URY — At home, lerm, Specify)	streat, factory, offic	ce	281, LOCATION (Street a City or Town, State)	and Number or F	Rural Route Number,		
COMPLE	2 MEDICAL EXAMIN							iuse(s) and manner as stated.		
10 BE	29b. SIGNATURE AND TITLE OF CERTIFIE 30. NAME AND ADDRESS OF PERSON W	My. V	Wit	Porte-	29cUCENSE NUME	937	29d. DATE S	GNED (Mogth, Day, Year)		
	4940 Eastern 31. DATE FILED (Month, Day, Year)	21 ZZY	: TAE	France	; South k	Ey Hont	DD	pt- Sugery.		
	OCT 2 3	1991 Julia	Tavidon Pan	400		1 0		OHMH-16 Rev 1/89		



LIVISION OF VITAL RECORDS, P.O. BOX 68760, P. BALTIMORE, MARYLAND 21215	TO THE HOSTING ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attend	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
DIVIS	TO THE HOST WALL OR ATTE	TO THE FUNERAL DIRECTOR	be filed within 72 hours afte	IMPORTANT: If item 28	

	1 STATE REGISTRAR	STATE OF M					DEATH		REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)	rrine		М	cGee			1101	tober	DAY 20 1	YEAR OO 1	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. Ia		IF UNDER 1		IF UNDER 24 HRS	S. 7. DAT	E OF BIRTH		8. BIRTH	7:23pm
	12T2 77 142T	1 🗌 M 2 🔀 F	66	YRS.	MONTHS	DAYS	HOURS MIN.	10	71272	5	Countr	"C.
œ	99. FACILITY NAME (If not institution, give stree Maryland General H	et and number)									INTY OF D	EATH
65	RESIDENCE OF DECEDENT				Baltimore City							
DIRECTOR	Md .			10c. CITY	Y, TOWN OF Ba		more					10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	10% STREET AND NUMBER 3717 Edmo:	ndson A	venue		101. ZIP CODE 21229						U.S.	VHAT COUNTRY?
B	11. MARITAL STATUS 1	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2-	RMED	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or If yea, specify: Buben, Mexicen, Puarto Rican, stc.) 1 YES 2 NO Specify:					na or No—	14. RACE Black Specifi Bla	— American Indian, c, White, atc.
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12)	(Give kind of wi ife. Do NOT use	PENT'S USUAL OCCUPATION Indeed of working which of the during most of working work done during most of working working. Housewife					•				
BE COM	17. FATHER'S NAME (First, Middle, Last) Edgar Linto:				18. MOTHER'S		, Middle, Maiden					
10	196. INFORMANT'S NAME (TyperPrint) Mrs. Mamie Tate 19b. Malling address (Street and Number or Rural Route Number, City or Town, State, 3717 Edmondson Avenue Balto								un, State, Zip 1to.	, Mc	1. 21229	
	See METHOD OF DISPOSITION TO Burlal 2 Cremation 3 Remov 4 Donetion 5 Other (Specify)		20b. PLACE cometery, cr	EAND DATE OF oth	FDISPOSIT her place) US	FION (Nam	ne of	DA		ocation -		
	21. SIGNATURE OF FUNERAL SERVICE LICEI	Morte	EN				A. Mo Laure				- Mc	1. 21217
	23. PART/y Enter the diseases, or co shock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	Probab	e on each line	sis w	ith b	the mod	le of dying, so	uch se car	rdiac Dr resp	olratory sm	reat,	Approximate Interval Between Onset and Death aphylococc
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST End stage liver disease. Due to (or as a consequence of): Due to (or as a consequence of):											
MEDICAL CI	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. Arteriosclerotic cardiovascular disease 1 X yes 2 No									WERE AUTOPSY FINDINGS AWAILABLE PRIDE TO COMPLETION DF CAUSE DF DEATH? XX YES 2 \(\square\) NO		
PHYSICIAN:		HOSPITAL:	ER/Outpatient		OTHER:	:	ACE OF DEATH (0					
ву Рну	27. MANNER OF DEATH 1 🔼 Natural 5 📗 Pending 2 📗 Accident Investigation	28a. DATE OF IN (Month, Day,	NJURY	28b. TIME INJU	E OF 2	28c. INJUI WOR	RY AT		SCRIBE HOW I	INJURY OCC	CURED	
	3 Suicide 6 Could not be datermined	26a. PLACE OF I building, at	NJURY — At he c. (Specify)	ите, farm, str	reet, tector	y, offica		281, LOC City	CATION (Street a or Town, State)	and Number	or Rural Ro	oute Number,
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	AN: To the best of m	y knowledge, de	eath occurred	d at the tim	ie, date e	nd place, end du	ue to the ca	use(a) end mar	nner ea state	ed.	and mannar as stated.
()											4.7	

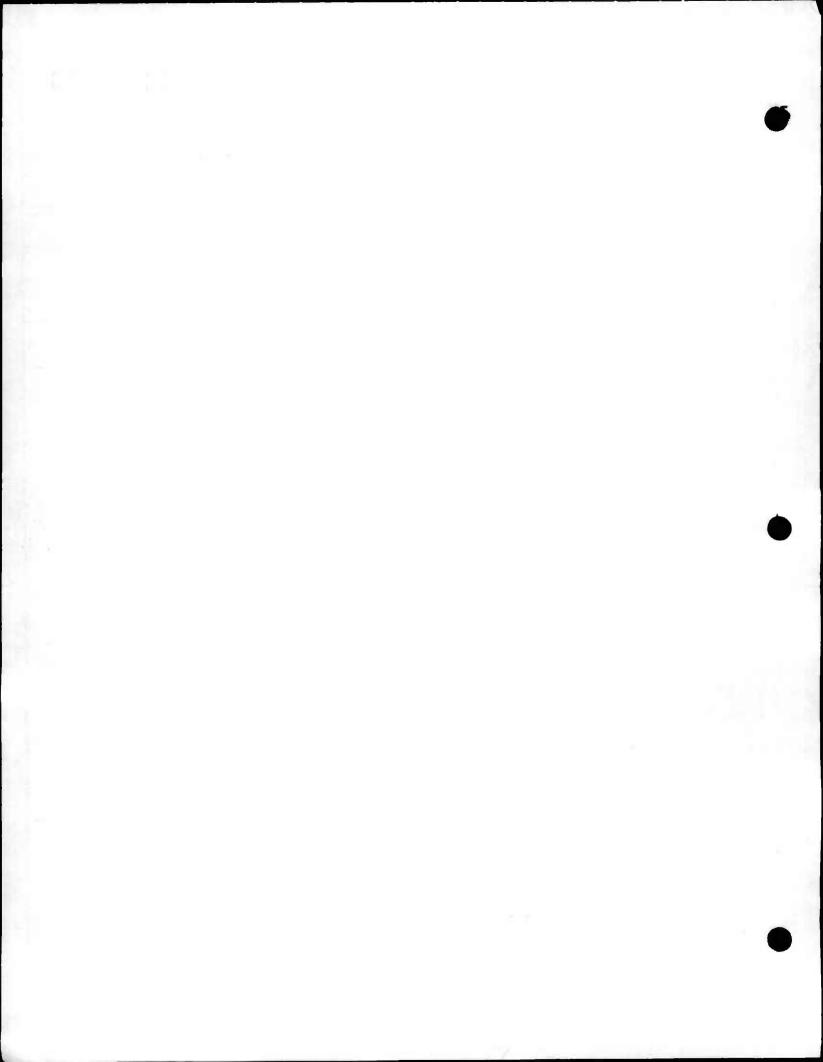
c/o Marvland General Hospital

Ka-Ming Tse
31. DATE FILED (Month, Day, Year) M.D.

32. REGISTRAR'S SIGNATURE a Davidson

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

23 1991



	1 - STATE REGISTRAR	STATE OF M	IARYLAND /			OF DE		D MENTA				
	1. DECEDENT'S NAME (First, Middle, Last)		CE	HILL	JAIL	OF DE	АІП	2. DAT	REG. NO		[:	. TIME OF DEATH
	JENNA MYER	2S						1 C		2 1	991	3:00 a.m.
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER	1 YEAR IF U	NDER 24 HR		E OF BIRTH			ACE (State or Foreign
	213-31-4041	1 M 2 K F	1	YRS.	IONTHS	DAYS HOU	RS MIN	. (Mor	oth, Day, Year)	90	Country)	7
	9a. FACILITY NAME (If not institution, give st	reet end number)		- 1	9b. CITY.	TOWN OR LO	CATION O	DEATH	-5-		TY OF DE	D.
Œ	THE JOHNS HOPKI	NS HOSPT	πΔτ			LTIMOR				111	TIMO	
18	RESIDENCE OF DECEDENT	TICOH CM.	IAL		מע	LITTIOI	(17 (1	. 1 1		DAL	1110	KL
DIRECTOR	106. STATE 106. COUNTY			10c. CITY,	TOWN O	R LOCATION						IOd. INSIDE CITY
		LTIMO	RE	-(DRA	LEST	H1.	LL_				YES 2 NO
\¥	10e. STREET AND NUMBER		1			10f. ZIP		-		10g. CITIZ	EN OF WH	A COUNTRY?
FUNERAL	815 DELRA	-	<u> </u>				210				03.	A
BY FUI	11. MARITAL STATUS 1 M Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN' FORCES? 1 IF YES, GIVE W	YES 2 WN		- 11	MAS DECENDE I yes, specify (Cuben, Me	xican, Puerio	IN? (Specify Ye Rican, etc.)	e or No—	t4. RACE - Black, Specify	
B	15. DECEDENT'S EDUC		16e. DE0	CEDENT'S U	SUAL OC	CUPATION		16	b. KIND OF BU	SINESS/INDI	USTRY	ITE
COMPLETE	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 16e. DECEDIT'S USUAL OCCUPATION (Give kind over done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY											
BE COM	17. FATHER'S NAME (First, Middle, Last) LLOYD E. MYERS III SUSAN M. DILLON											
TO B	19. INFORMANT'S NAME (Type/Print) LLOYD E. MYERS TII 19. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 8.15 DELRAY DR. FORRESTHILL, MD 2.105											
	20e, METHOD OF DISPOSITION 1 1 Burlal 2 Cremation 3 Ramoval from State 4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other piece) 20c. LOCATION - City or Town, State DULÂNEY VALLEY MEMORIAL BALT MD.											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 22. NAME AND ADDRESS OF FACILITY 23. NAME AND ADDRESS OF FACILITY 24. SIGNATURE OF FUNERAL SERVICE LICENSEE											
	Colt Connelly CONNELLY FUNERAL HOME OF SUNDALING											
	7110 Soccess 11, Ks. Sha) 1 0 and 2											
	IMMEDIATE CAUSE (Final											Interval Bstween Oneet and Death
	resulting in deeth)	tul lur	OR AS A CONSEC	JOUN D	tai	n Er	13/1	al n	whit	ion		4 weeks
	_	4.1				20.0						lamonths
0 N	Sequentially list conditions,	DUE TO	OR AS A CONSEC	DUENCE OF):	TOI	ne						10111011110
	if sny, leading to immediate cause. Enter UNDERLYING		· ·									-
Į Į	CAUSE (Diseese or injury	C	(OR AS A CONSEC	HENCE OF								
FICAT	that initiated events	DUE TO	(DENCE OF	:							
RTIFICAT		DUE TO	(an ha n admona	DENCE OF):	:							
CERTIFICATION	that initiated events resulting in deeth) LAST	d										
	that initiated events	d				derlying csu	ise giver	In Part i.	24e. WAS A	NAUTOPSY RMED?		WERE AUTOPSY FINDINGS
	that initiated events resulting in deeth) LAST	d				derlying csu	use giver	In Part i.		RMED?		
	that initiated events resulting in deeth) LAST	d				derlying csu	use giver	In Part i.	PERFO	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
	PART II. Other significant condition	d				derlying csu	use giver	i in Part i.	PERFO	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	that initiated events resulting in deeth) LAST	d. e contributing to	death but not re	esulting in	the un	26. PLACE		In Part i.	PERFO	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	d	death but not re	esulting in	other	26. PLACE	OF DEATH	(Check only	PERFO 1 YES	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL CERTIFICAT	PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	d. e contributing to	death but not re	esulting in	OTHEF	26. PLACE	OF DEATH	(Check only	PERFO 1 YES	RMED? 2 X NO		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 X Inpatient 2 28e DATE OF (Month, D	DER/Outpetient 3 INJURY by, Year)	DOA 26b. TIME	OTHER	26. PLACE 3: sing Home 6 28c. INJURY WORK? 1 YES	OF DEATH	(Check only) ice 6 Ott	PERFO 1 YES one) her (Specify) ESCRIBE HOW	RMED? 2 NO NO INJURY OCC	CURED	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 VES 2 NO
ED BY PHYSICIAN: MEDICAL	PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 6 Pending	HOSPITAL: 1 X Inpetient 2 28e. DATE OF (Month, D) 26e. PLACE O	death but not re	DOA 26b. TIME	OTHER	26. PLACE 3: sing Home 6 28c. INJURY WORK? 1 YES	OF DEATH	(Check only	PERFO 1 YES one)	RMED? 2 NO INJURY OCC	CURED	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 VES 2 NO
ED BY PHYSICIAN: MEDICAL	PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 8 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only) 1 CERTIFYING PHYS	HOSPITAL: 1 Inpatient 2 28e. DATE OF (Month, D) 26e. PLACE O building.	DER/Outpatient 3 INJURY oy, Year) FINJURY — At hose, (Specify) my knowledge, de	DOA 20b. TIME INJU	OTHER	26. PLACE 3: sing Home 6 28c. NUTRY WORK? 1 YES ory, office	OF DEATH	(Check only) sice 6 Ott 26d. D 26f. LC Ch	PERFO 1 YES 1 YES One) her (Specify) ESCRIBE HOW CATION (Street y or Town, State ause(e) and me	INJURY OCC	or Rural Ro	MANLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO NO NO NO NO NO NO NO NO NO NO NO NO
COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 6 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	HOSPITAL: 1 X Inpatient 2 28e. DATE OF (Month, D 26e. PLACE O building,	DER/Outpatient 3 INJURY oy, Year) FINJURY — At hose, (Specify) my knowledge, de	DOA 20b. TIME INJU	OTHER	26. PLACE 1: slng Home 6 28c. INJURY WORK? 1 YES ory, office	OF DEATH Resident AT 2 NO	(Check only toce 6 Ott 26d. D	PERFO 1 YES 1 YES One) her (Specify) ESCRIBE HOW CATION (Street y or Town, State ause(e) and me	INJURY OCC	or Rural Ro	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO NO Number,
ED BY PHYSICIAN: MEDICAL	PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 8 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only) 1 CERTIFYING PHYS	HOSPITAL: 1 X Inpatient 2 28e. DATE OF (Month, D 26e. PLACE O building,	DER/Outpatient 3 INJURY oy, Year) FINJURY — At hose, (Specify) my knowledge, de	DOA 20b. TIME INJU	OTHER	26. PLACE 1: slng Home 6 28c. INJURY WORK? 1 YES ory, office	OF DEATH	(Check only toce 6 Ott 26d. D	PERFO 1 YES 1 YES One) her (Specify) ESCRIBE HOW CATION (Street y or Town, State ause(e) and me	INJURY OCC and Number inner ee state nd due to the	or Rural Ro	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO ule Number, and manner as stated. Month, Day, Year)

190 32. REGISTRAR'S SIGNATURE

JUNE DEVICED FORMARE

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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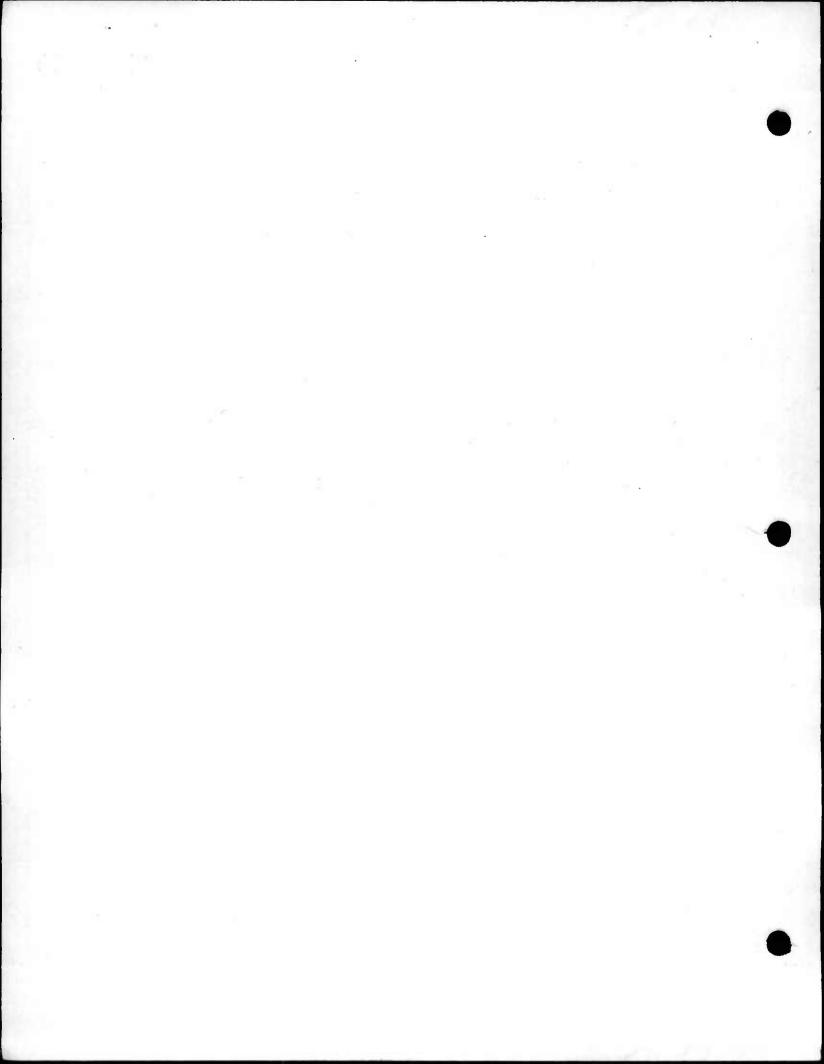
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Hospital

Hopkins

Baltmore



detache		once.
8		듆
5 should	ter death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
page		9
director,		r must
funeral		xamine
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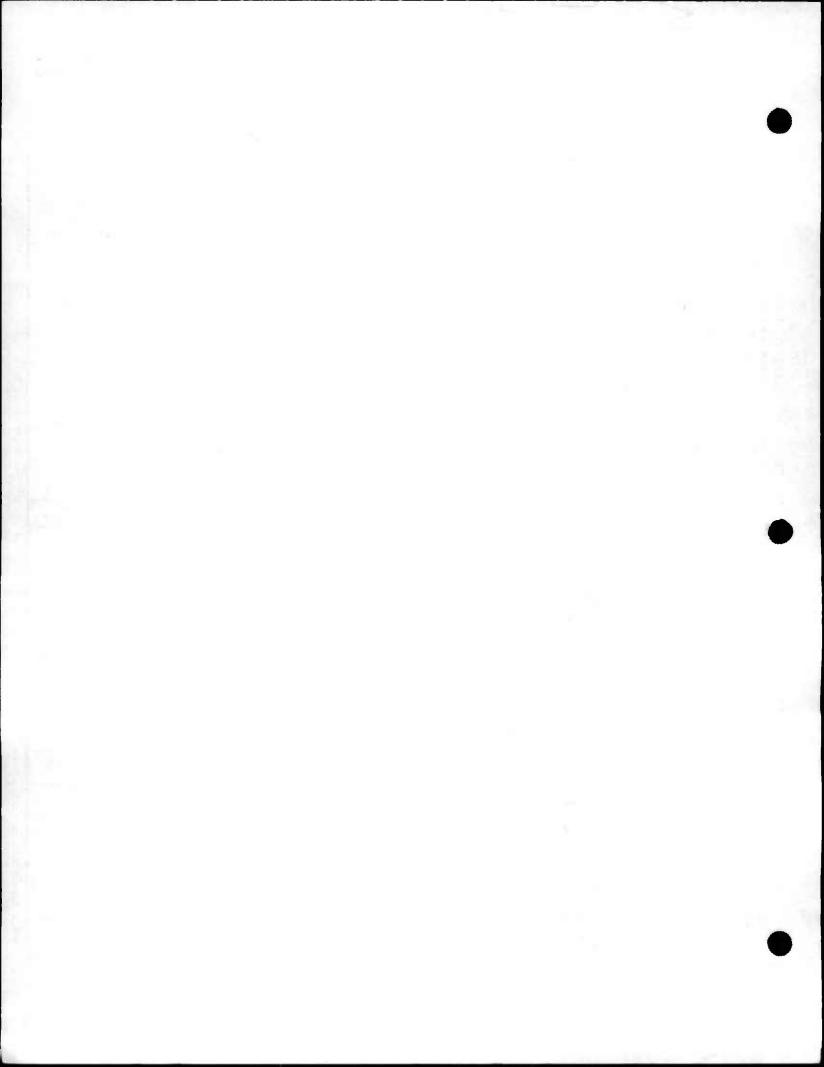
	REGISTRAR		CERTIFI	CATE OF	DEATH	RE	G. NO.			
	1. DECEDENT'S, NAME (First Middle, Last)	Catherine L	orraine 1	Matthews		2. DATE OF OE MONTH		YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 218 22 4482	5. SEX 6. AGE	(In yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIF (Month, Day, 11/23)	TTH Year)	Count	NPLACE (State or Foreign	
TOR	Sa. FACILITY NAME (If not institution, give starbor Hospita RESIDENCE OF DECEDENT			Baltir	OR LOCATION OF DE			DUNTY OF D	DEATH	
DIRECTOR	10a. STATE 10b. COUNTY	e Arundel		n Burn					10d. INSIDE CITY LIMITS?	
FUNERAL	100. STREET AND NUMBER 7730 Locust Gro	ve Poad			21060			1 ☐ YES 2 ☒ NO		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS OECEOENT EVER II FORCES? 1 TYES IF YES, GIVE WAR OR D.	2 XNO	If yes, sp	ENDENT OF NISPAN solfly Cuban, Maxicar 2 X NO Specify	1, Puarto Rican, I	cify Yea or No-	Black	14. RACE — American Indian, Black, White, atc. Specify:	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	16a. DECEDENT'S ((Give kind of w life. Do NOT use	JSUAL OCCUPATION of done during monotred.)	16b. KIND	OF BUSINESS/	NDUSTRY	White		
OMPL	12th Grade 17. FATNER'S NAME (First, Middle, Last)		Housew	ife	16. MOTHER'S NAM		me Make			
BE	Ja. INFORMANT'S NAME (Type/Print)	Theiss		Thel	ma Lee	Hay				
٥	Arthur Holtz		7728	Locust	nd Number or Rural R Grove Ro				Md. 21060	
	1 ☆ Burlal 2 ☐ Cremation 3 ☐ Remo 4 ☐ Donation 5 ☐ Other (Specify)	val trom Stata cem	PLACE AND DATE OF the state of	erplace) n Memori	al Park	10/25	Glen E		wn, State	
	21. SIGNATURE OF FUNERAL SERVICE LICE Perone 3	namujur	hv	Georg	p ADDRESS OF FAC ge J. Gon Ritchie	ice Fune	eral Ho	me P.	Α.	
	23. PART I. Enter the diseases or or shock, or heart fellure. L IMMEDIATE CAUSE (Final disease or condition resulting in death)	omplications that caused lat only one cause on a	ch lina.	t antar tha mod	de of dying, such	an cardiac or	r respiratory s	arrest,	Approximata interval Batwaen Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to insmediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST Sequentially list conditions, Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Sequentially list conditions, or consequence of): Due to (or as a consequence of): Sequentially list conditions, or consequence of): Due to (or as a consequence of): Due to (or as a consequence of):						rx D	1588	your years	
MEDICAL	PART II. Other significant conditions School O	contributing to death by	ut not resulting in	١	ateleta	1 D 3	VAS AN AUTOPS' PERFORMED? YES 2 NO	Y 24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	V		ACE OF DEATN (Chec	ck only one)				
PHYSICIAN:	1 YES 2 JAME 27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)		OF 28c. INJU	RK?	Other (Special 28d, DESCRIBE		CCURED		
TED BY	2 Accident investigation 3 Suicide S Could not be datarmined	28a. PLACE OF INJURY building, etc. (Special	— At home, term, str		ES 2 NO	281. LOCATION (Street and Numb State)	er or Rural R	loute Number,	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICI CHECK ONLY 0 DE CERTIFICA CHECK ONLY 0 DE CERTIFICA CHECK ONLY 0 DE CERTIFICA CHECK ONLY 0 DE CERTIFICA CHECK ONLY 0 DE CERTIFICA CHECK ONLY 0 DE CERTIFICA CHECK ONLY 0 DE CERTIFICA CHECK ONLY 0 DE CERTIFICA CHECK ONLY 0 DE CERTIFICA CHECK ONL	AN: To the best of my knowle	edge, death occurred	at the time, data in my opinion, de	and place, and due to	o the cause(a) ar	nd manner as st	ated.	and manner as stated.	
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	Carter	29c. LICENSE NUMBER 29d. DATE SIGNED (Mont.							
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, F	rint)						
	31. DATE FILED (Month, Day, Your 1991)	JUNE DEVICE	TUBE MORNING	9						

tor in			
		•	

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		CERTIFIC	ATE OF DEATH		REG. NO.				
1. DECEDENT'S NAME (First, Middle, Last)				2. DATE	OF DEATH	YEAR	3. TIME OF DEATH		
MARGARE	T E.	MC GRA	TH	10	22	91	1:00 P		
4. SOCIAL SECURITY NUMBER 218 - 05-3355	5. SEX 6. A		F UNDER 1 YEAR F UNDER 24 F ONTHS DAYS HOURS M	M (Mont	OF BIRTH h, Day, Year) -/5-20	8. BIRT Coun	HPLACE (State or Foreign (try)		
99. FACILITY NAME (If not institution, give 4801 E. HOF			BALTIMOR	OF DEATH		OUNTY OF			
10e. STATE 10b. COUN	ту	_	TOWN OR LOCATION	CITY	/		10d. INSIDE CITY LIMITS?		
100. STREET AND NUMBER 4801 E. HOI	FMAN S		10f. ZIP CODE	1205	10g. (US.	WHAT COUNTRY?		
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVEN FORCES? 1 1 YES, GIVE WAR O	ES 2 NO	13. WAS DECENDENT OF H If yes, specify Cuben, & 1 YES 2 NO	lexican, Puerto		- 14. RAC Blac Spe	CE — American Indian, ck, White, atc.		
15. DECEDENT'S ED (Specify only highest grad		16a. DECEDENT'S U (Give kind of wo life. Do NOT use	rk done during most of working retired.)		SOC SE		ITY ADM		
17. FATHER'S NAME (First, Middle, Last) JOSEPH E. S	CHOENRE	RGER	18. MOTHER		Middle, Malden Surnam				
19e. INFORMANT'S NAME (Type/Print)	ENCHA		DDRESS (Street and Number or	1 11					
MARGARET		1040	HIGNET	WAY	BALT,	MD.	21205		
20a. METHOD OF DISPOSITION 1	moval from State	of cemetary, crematory of	REMATORY	19/21	6/41 BAL	T. A	MD.		
21. SIGNATURE OF FUNERAL SERVICE I	ornelly		22. NAME AND ADDRESS CONNELLY 17110 SOLLEA	UN ERF	RD BAL	OF DL	NDALK D 21222		
disease or condition resulting in death) a. Chronic Ostra the Pulmonary Dr Jea pl DUE TO (OR AS A CONSEQUENCE OF): b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
reaulting in death) LAST	d								
PART II. Other significant condition	ons contributing to dea	th but not resulting in	the underlying cause give	on in Part I.	24a. WAS AN AUTOP PERFORMED? 1 YES 2 NO		No. WERE AUTOPSY FINDIF AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26, PLACE OF DEAT						
27. MANNER OF DEATH 1 Natural 8 Pending	1 Inpatient 2 ER. 28e. DATE OF INJU (Month, Day, Y	IRY 28b. TIME	RY WORK?	28d. DE	er (Specify) ESCRIBE HOW INJURY	OCCUREO			
2 Accident Investigation 3 Suicide 8 Could not b 4 Homicide determined	28a PLACE OF IN.	JURY — At home, ferm, at (Specify)	M 1 YES 2 N	28f. LO	CATION (Street and Nur y or Town, State)	mber or Rura	I Route Number,		
onel only	The second secon		at the time, data end place, er				e(s) end manner es state		
29b. SIGNATURE AND TITLE OF CERTIF	(1)	sh	29c. LICENS	355	98 D	10	ED (Month, Dely, Year)		
30. NAME AND ADDRESS OF PERSON V	N J. CO	F DEATH (ITEM 27) (Type:	STEAMER.	s Ru	NRP,	BALT	19 MD21		
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE	A. 00 . c						



BALTIMORE, MARYLAND 21215-0020

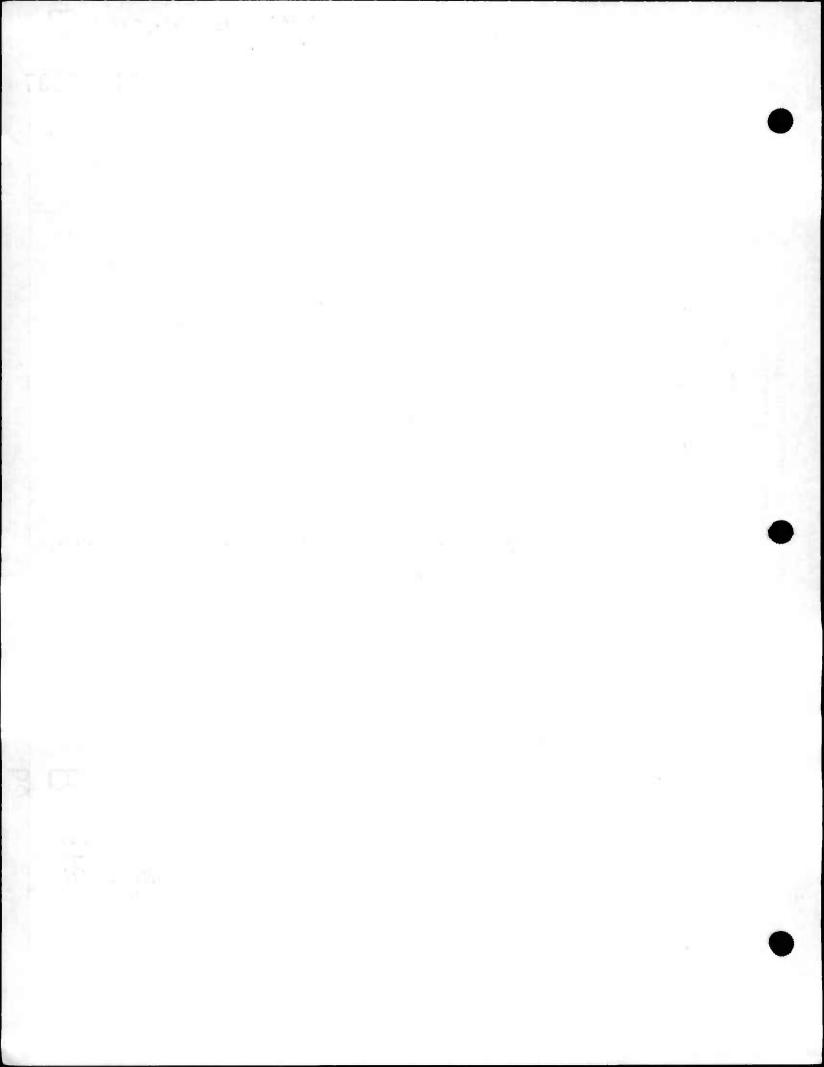
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within \$2 nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perribe filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

- 4	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH MONTH DA	Y YEAR	3. TIME OF DEATH
	DOROTHY M. MIN	NICK		10 22	91	4:00 PM
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs.	lest birthday) IF UNDE	DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTH Countr	PLACE (State or Foreign
	213-34-3261 10 M2 WF 84	YRS.	DAYS HOURS WIN.	9-5-6		A \$5
_	9a. FACILITY NAME (If not institution, give street and number)		Y, TOWN OR LOCATION OF O		9c. COUNTY OF D	EATH
DIRECTOR	FRANCIS SCOTT KEY	15,	ALTIMORE	CITY		
E C	10e. STATE 10b. COUNTY	10c. CITY, TOWN	OR LOCATION			10d. INSIDE CITY
E I	MD BALTIMORE	DU	NDALK			LIMITS?
A	10e. STREET AND NUMBER	0.5	10f. ZIP CODE		10g. CITIZEN OF V	VHAT COUNTRY?
FUNERAL	7050 SOLLERS POINT	RD.	212	22	US.	A
5	11. MARITAL STATUS 1 Never Merried 2 Married 12. WAS DECEDENT EVER IN U.S., FORCES? 1 YES 2	ARMED 13	I. WAS DECENDENT OF HISPA If yes, specify Cuban, Maxici		or No- 14. RACE Black	E American Indien, k, Whita, etc.
BY	3 Widowed 4 Divorced IF YES, GIVE WAR OR DATES		1 TYES 2 NO Specifi		Speci	W. TE
	15. DECEDENT'S EDUCATION 16a.	DECEDENT'S USUAL	OCCUPATION	18b. KIND OF BUS	INESS/INDUSTRY	7116
E	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	(Give kind of work done life, Do NOT use retired.	e during most of working)			1
4	6 TH T	AVERN	OWNER			
COMPLETED	17. FATHER'S NAME (First, Middle, Last) WALTER MELESKI		18. MOTHER'S NA	AME (First, Middle, Maiden	Sumame)	
BE						
2			SS (Street and Number or Rural			0.000
7	JOSEPH MINNICK		TOKESLEY			21222
		CE AND DATE OF DIS	nlace)	110/ //	CATION — City or To	rwn, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		OF MARY CE		ALT, I	VIDALK
	Cot Commell		2. NAME AND ADDRESS OF FA			
	Cocc Connecty		110 SOLLERS			
	23. PART i. Enter the dieeeses, or complicatione that deused the shock, or heart fellure. List only one cause on each if		er the mode of dying, suc	on se cerdied or reepi	ratory arrest,	Approximete interval Between
	IMMEDIATE CAUSE (Final disease or condition	Clus	reusm	RIJOT	120	Onset and Death
	resulting in death) e. DUE TO (OR AS A CON)	SEQUENCE OF:	DREJON 1	Topic		bacys
-	- THENCACE	ie ACK	veysm	trvsy	18m	12/40
2	Sequentially list conditions, if any, leading to immediate			- 1		
3	cause, Enter UNDERLYING CAUSE (Disease or Injury					
	that initisted events OUE TO (OR AS A CONS	SEOUENCE OF):				
1						
SERTIF	resulting in deeth) LAST					
AL CERTIFICATION		nt resulting in the (underlying cause given in	Part I. 24s. WAS AN		b. WERE AUTOPSY FINDINGS
	resulting in deeth) LAST	ot resulting in the	underlying cause given in	Part I. 24s. WAS AN PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
EDICAL	resulting in deeth) LAST	ot resulting in the o	underlying cause given in	Q PERFOR	MED?	AMAILABLE PRIOR TO
MEDICAL	resulting in deeth) LAST	ot resulting in the o	underlying cause given in	Q PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	PART II. Other significent conditions contributing to deeth but no	ery	DISCOR	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	PART II. Other significent conditions contributing to deeth but no CONCONCONCONCONCONCONCONCONCONCONCONCONC	3 DOA OTHI	28. PLACE OF DEATH (CER: unsling Home 5 - Realdence	PERFOR 1 YES 2 // /heck only one) 8 Other (Specify)	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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BY PHYSICIAN: MEDICAL	PART II. Other significent conditions contributing to deeth but no CONCONCONCONCONCONCONCONCONCONCONCONCONC	3 DOA OTHI 3 DOA 4 N 28b. TIME OF INJURY M	28. PLACE OF DEATH (C ER: urning Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO	PERFOR 1 VES 2 heck only one) 8 Other (Specify) 28d. DESCRIBE HOW I	NJURY OCCURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	PART II. Other significent conditions contributing to deeth but no CONCONCONCONCONCONCONCONCONCONCONCONCONC	3 DOA OTHI 3 DOA 4 N 28b. TIME OF INJURY M	28. PLACE OF DEATH (C ER: urning Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO	PERFOR 1 YES 2 // /heck only one) 8 Other (Specify)	NJURY OCCURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	PART II. Other significent conditions contributing to deeth but no CONCOLO CONTRIBUTION TO A CONTRIBUT	3 DOA 4 N 28b. TIME OF INJURY M home, farm, street, fa	28. PLACE OF DEATH (C ER: ursing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO actory, offica	PERFOR 1 VES 2 heck only one) 8 Other (Specify) 28d. DESCRIBE HOW I City or Town, State)	NJURY OCCURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
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BE COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significent conditions contributing to deeth but no CONCORD CONTRIBUTION TO BE SET OF THE SET O	DOA 4 N DOA 4 N DOB TIME OF INJURY M home, farm, street, father occurred at the for investigation, in m	28. PLACE OF DEATH (C) ER: ursing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO actory, office e time, data and place, and du y opinion, death occured at th	PERFOR 1 YES 2 theck only one) 8 Other (Specify) 28d. DESCRIBE HOW I 28f. LOCATION (Street City or Town, State) a time, data and placa, an	NJURY OCCURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,
E COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significent conditions contributing to deeth but no CONCORD CONTRIBUTION TO BE SET OF THE SET O	DOA OTHE 3 DOA 4 N 28b. TIME OF INJURY M home, farm, street, fa death occurred at the for investigation, in m O e of occurred at the	28. PLACE OF DEATH (C) ER: ursing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO actory, office e time, data and place, and du y opinion, death occured at th	PERFOR 1 YES 2 theck only one) 8 Other (Specify) 28d. DESCRIBE HOW I 28f. LOCATION (Street City or Town, State) a time, data and placa, an	NJURY OCCURED and Number or Rural	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,
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	FUNER	d within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	RTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at
	LLI	77	Œ

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE 2 30.

HOSPITAL OR ATTENDING PHYSICIAN:

TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECTO DE filed within 72 hours att

9

BY FUNERAL DIRECTOR

COMPLETED

BE

2

once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH ELMER B METZ 10 91 12: 15 am 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 30 1923 07 219=48 2008 1 X M 2 - F 68 MARYLAND Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH GREATER BALTIMORE MEDICAL CENTER TOWSON BALTIMORE RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? BALTIMORE CITY BALTIMORE THE YES 2 NO 10e. STREET AND NUMBER 101 ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3231 MONTEBELLO TERRACE 21214 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or Noif yes, specify Cuban, Mexican, Puerto Rican, atc.) 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Merried FORCES? 1 YES 2 NO 1 YES 2 NO Specify: Specify: WHITE 3 Widowed 4 Divorced 16e. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade compl (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 12YRS HYSICIANS 17. FATHER'S NAME (First, Middle, Last) JOHN 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State FAMILY 20a. METHOD OF DISPOSITION
13K Burlal 2 Cremellon 3 Re 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State DATE 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY HARFO 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory Approximata shock, or haart fallura. List only one cause on each line. intarvai Batwe **IMMEDIATE CAUSE (Final** Onset and Death disesse or condition वराद 640 resulting in dasth) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF). if any, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY 1 YES 2 NO DE DEATH? 1 | YES 2 | NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 lent 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28d. DESCRIBE HOW INJURY OCCURED

28a. DATE OF INJURY (Month, Day, Year) 26c, INJURY AT WORK? 1 YES 2 NO Accident 28s. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide determined

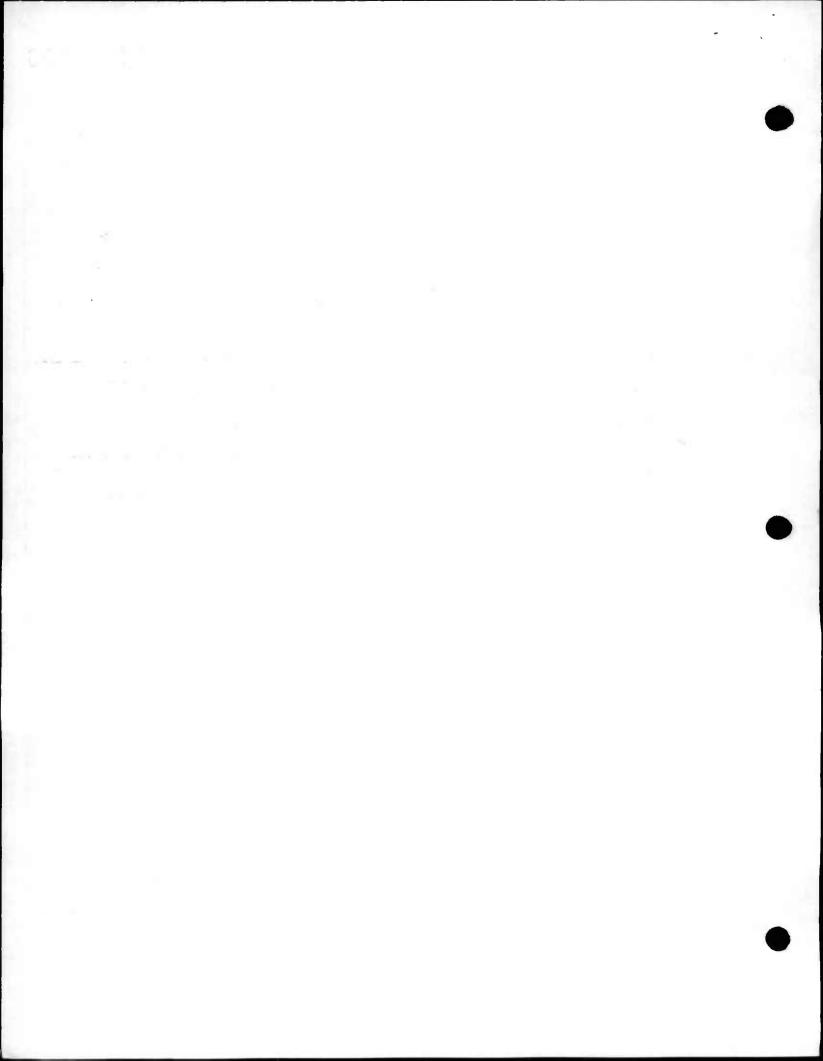
29a CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the ceuse(e) end manner as stated. 2 MEDICAL EXAMINER: On the basis of examination

flon, in my opinion, death occured at the time, data end place, and due to the cause(s) and manner as staled. 29b. SIGNATURE AND PITLE OF CERTIFIER

Eoward P	WWW KD	
NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	E OF DEATH STEM OF CO.	4

10 Gerard Au 24 (OW MD)

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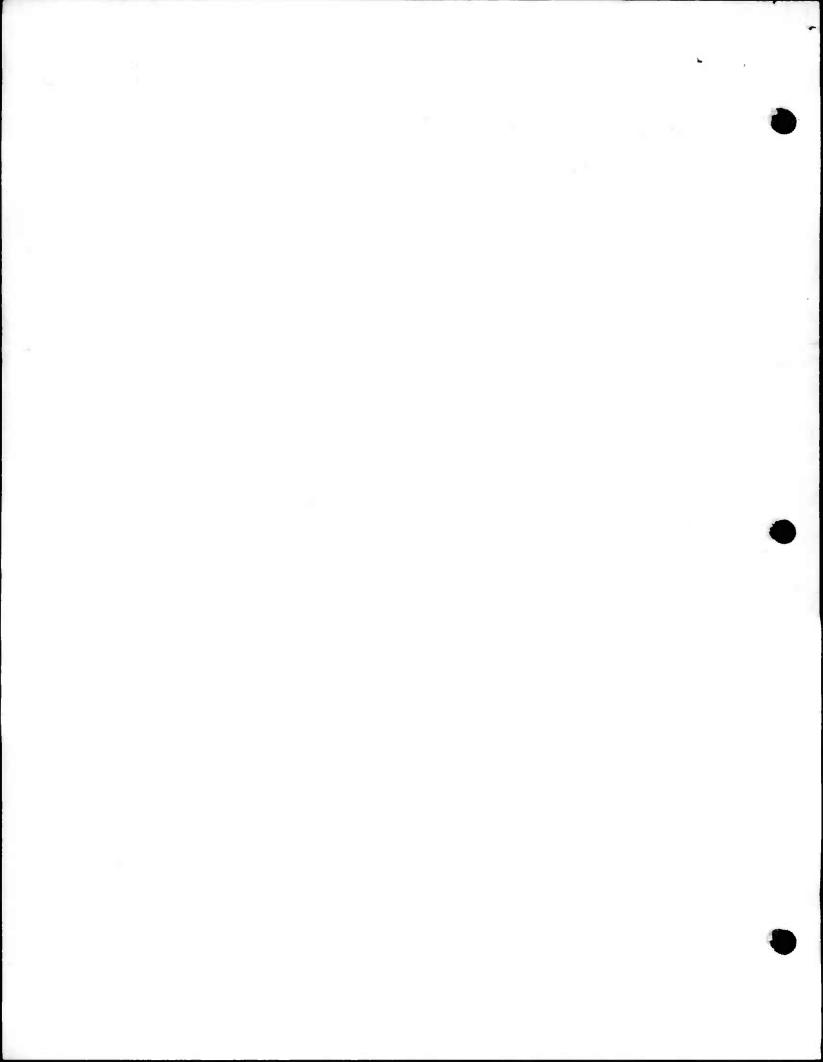
BALTIMORE, MARYLAND 21203-3146

	1 - STATE CERTIFICATE OF DEATH REG. NO.							
	1. OECEDENT'S NAME (First, Middle, Leat) ARTHUR W. Mctchell 2. DATE OF DEATH 0CT. 20, 1994 11:52 AM							
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 7/MONTHS DAYS HOURS MIN. 7/MONTHS MIN. 7/MONTHS MIN. 7/MONTHS MIN. 7/MONTHS MIN. 7/MONTHS MIN. 7/MONTHS MIN. 7/MONTHS MIN. 7/MONTHS MIN. 7/MONTHS MIN. 7/MONTHS MIN. 7/MONTHS MIN. 7/MONTHS MIN. 7/MONTHS MI							
OR	98. FACILITY NAME (If not institution, give street and number) VAMC-LOCH RAVEN BALTIMORE 9c. COUNTY OF DEATH BALTIMORE							
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT 100. STATE							
AL D	10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?							
JNER	2522 ADY ROAD 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No							
B	1 Never Married 2 X Married FORCES? 1 Y YES 2 NO If yes, specify Cuben, Mexican, Puerto Rican, etc.) Black, Whits, atc. Specify: WORLD WAR II							
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 8 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) NAVAL ORDNANCE							
BE CO	17. FATHER'S NAME (First, Middle, Lest) JOHN A. MITCHELL 18. MOTHER'S NAME (First, Middle, Melden Surname) LOUISA C. MULLINS							
TOE	196. INFORMANT'S NAME (Types/Print) LOUISE M. MITCHELL 196. MAILING ADDRESS (Street and Number or Burrel Route Number, City or Town, State, Zin Code) 2522 ADY ROAD FOREST HILL, MD 21050							
	20a. METHOD OF DISPOSITION X							
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE ALLE LOS PARKINS FUNERAL HOME, INC. DELTA, PA							
- 55	23. PART 1. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart fellure. Liet only one cause en each line. IMMEDIATE CAUSE (Finei disease or condition resulting in death) s.							
	resulting in death) S. Due to (or as a consequence of):							
ATION	Sequentielly liet conditions, If eny, leading to immediate cause. Enter UNDERLYING							
DICAL CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST							
L CE	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a, WAS AN AUTOPSY 24b, WERE AUTOPSY FINDINGS							
M	PERFORMED? 1 YES 2 NO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO							
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? MOSPITAL: OTHER:							
IYSIC	1 YES 2 HO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)							
ву рн	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation 28. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO							
	3 Suicide 8 Could not be determined 28s. PLACE OF INJURY - As Indome, Immunistreet, factory, office building, etc. (Specify) 28s. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
COMPLETED	29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basic of axamination and/or investigation, in my opinion, death occurred at the lime, date and place, and due to the cause(s) and manner as stated.							
BE	296. SIGNATURE AND VILLE OF CENTIFIER 296. LICENSE NUMBER MCOS 12 296. DATE BIGNED GROWN, Day, Honey							
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)							
	1 (c) to 1/100 7 land 1/41.7 m							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-flours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tran be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

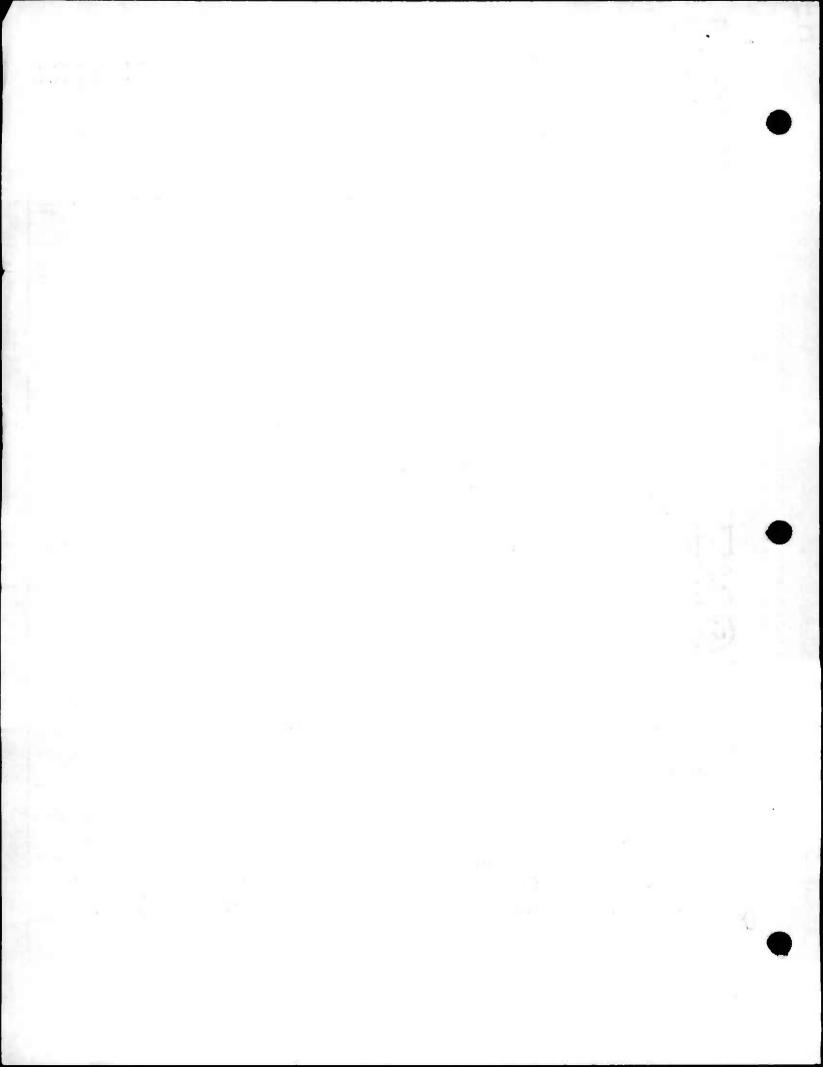
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 24-mours after death. Page 6 may be retained by the h	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detabe filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at onc

	FOR							91 28840
	1 - STATE REGISTRAR	STATE OF MARY		IMENT OF F			GIENE 3. NO.	Dinsecusion
3	1. DECEDENT'S NAME (First, Middle, Last) Kenny E.	ndey ME.	LEY			2. DATE OF DE.		YEAR 3. YIME OF DEATH
	4. SOCIAL SECURITY NUMBER 2/3-30 - 6009	5. SEX 6. AGE	(In yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIR (Month, Day,	TH tear)	8. BIRTHPLACE (State or Foreign Country) MARYLAND
R	9a. FACILITY NAME (If not institution, give s			10	OR LOCATION OF DI			TY OF DEATH
5	RESIDENCE OF DECEDENT						7 8.0	<i>f</i> -
DIRECTOR	MARYLAND	HARFORD			LINGTO	N		10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	2025 GLEN COVI	E ROAD		10	2103	4	UNIT	ED STATES
B	11. MARITAL STATUS 1 X Never Married 2 Married 3 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	B 2 X NO	If yes, sp	ENDENT OF HISPAI ecity Cuben, Mexics 2 XNO Specif	in, Puerto Rican, i	offy Yea or No	14. RACE — American Indian, Black, White, atc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)						OF BUSINESS/INDU	
\$	17. FATHER'S NAME (First, Middle, Last)		CARPEN	ICK	18 MOTHER'S NA	ME (First, Middle,		UN
BE C	HENRY E.	MELEY			CARO	LINE B	. Urban	
임		MELEY			IS RD.	GAMBR		D 21054
	20a. METHOD OF DISPOSITION 1 Burlai 2XIX remation 3 Removal from State 4 Donation 5 Other (Specify)							
	21. SIGNATURE OF FUNERAL SERVICE LI	P. An	lif	0.3001.	NS FUN		ome, In	c. Delta, PA
T.	23. PATE I. Enter the diseases, or shock, or heert feliure. IMMEDIATE CAUSE (Finel disease or condition reculting in deeth)	List only ons ceuse on	eech line.					Onset and Deeth
CERTIFICATION	disease or condition reculting in deeth) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):							
ERTIFI	thet initieted events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE O	F):				
	PART II. Other significant condition	ns contributing to death	but not resulting	in the underlyin	g cause given in	,	MAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MEDICAL						_ ''	YES 2 TO NO	OF DEATH?
AN	25. WAS CASE REFERRED TO MEDICAL	1		26 P	LACE OF DEATH (C)	neck anty one)		
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL:	stpatient 3 DOA	OTHER:			***	
	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? M 1 VES 2 NO					URED	
TED BY	2 Accident investigation 3 Suicide 6 Could not be determined 28a. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
COMPLETED		SICIAN: To the best of my kno						ed. e cause(s) and manner as stated.
BE	286. SIGNATURE AND TITLE OF CENTIFIE	July depth	ed Espin	una	29c. LICENSE NU	MBER 194		SIGNED (Month, Day, Year)
5	RICHARD J	COLFER	DEATH (ITEM 27) (Type	, Print)	2013	Treff	Church	21034



TO THE MISHING RATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached any many and the following the	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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6	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funes and authorized death with the State Deat of Health and Mental Motiene prior to burial, cremation, or removal.	3

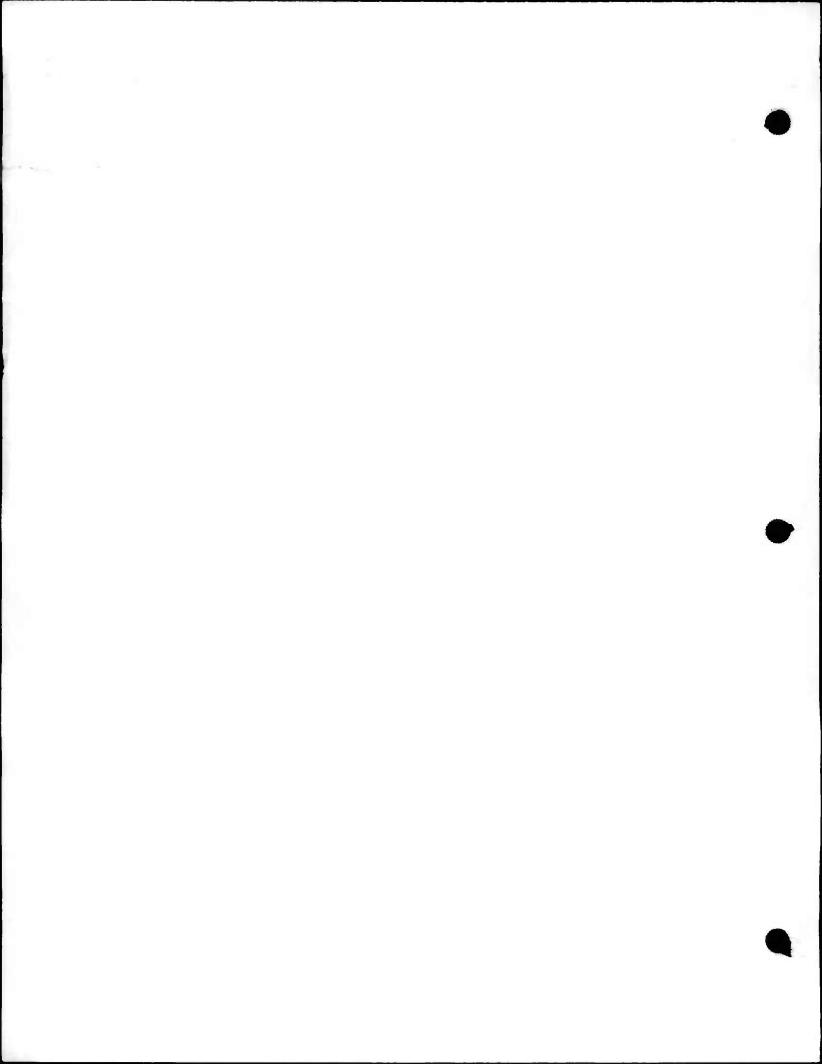
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											91	288	4
	1 - STATE REGISTRAR	STATE OF I		D / DEPAR CERTIF					YGIEN EG. NO.				
	1. DECEOENT'S NAME (First, Middle, Last)							2. DATE OF I	DEATH	AY	YEAR	3. TIME OF DE	ATH
	MARY H. 1							16	2	2	91	1530	> 1
	4. SOCIAL SECURITY NUMBER	S. SEX	111	s. last birthday)	IF UNDER 1 YE	AR IF UND	ER 24 HRS.	7. DATE OF E (Month, De	SIRTH y, Year)		6. BIRTHI	PLACE (State or	Foreign
	215-05-9660	1 🗌 M 2 💢 🗏	73	YRS.	WONTHS D	NOUNS	mary.	JUNE 9		18	BALT	IMORE,	MD.
	9e. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TO	WN OR LOCA	TION OF D	EATN		9c. COL	INTY OF OF	ATH	
8	ST. AGNES HOSPITA	AL			BALT	IMORE							
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUN			100 017	Y, TOWN OR L	OCATION						10d. INSIDE CI	rv
<u>E</u>		• •										LIMITS?	
	MARYLAND 100. STREET AND NUMBER			BA	LTIMOR	101. ZIP CO	-05			40 - 00		YES 2 NAT COUNTRY	
FUNERAL		-								10g. CI	IZEN OF W	NAI COUNTRY	,
밀	903 WINSAP COUR					2122	•	Tur governu sa		U.S			
교	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEOE! FORCES?	YES 2	ARMED A NO	If ye	s, specify Cu	ban, Maxic	NIC ORIGIN? (S an, Puarto Rica		e or No-	14. RACE Black	- American In White, etc.	dien,
BY	3 Xwidowed 4 Divorced	IF YES, GIVE	MAR OR DATES	3	1 🗆	YES 2 N	O Speci	fy:			Specif	Y: WHIT	E
	15. OECEOENT'S ED	IICATION	164	. DECEDENT'S	LISUAL OCCU	PATION		I sab Kib	ID OF BU	SINESS/IN	DUSTRY		
	(Specify only highest grad	le completed)		(Give kind of life, Do NOT u	work done duri	ng most of wor	king	1000 100		011.12.00.111			
7	Elementary/Secondary (0-12) 8TH GRADE	College (1-4 or 5		HOUSEW	IFE								
COMPLETED	17. FATNER'S NAME (First, Middle, Last)					16. MC	TNER'S N	AME (First, Midd	in Malden	Sumame)			. <u>.</u>
	LAWRENCE DOODY							ARY BUR		,			
BE	19a, INFORMANT'S NAME (Type/Print)			19h MAILIN	ADDRESS (S	treat and Numi		Route Number,		vn Stata Z	In Code)		
5	DIANA L. HOWARD							E, BALT				1227	
	204, METHOD OF DISPOSITION	·	20h PL						_				-
	20g. METHOD OF DISPOSITION 1 N Burial 2 Cremation 3 Removal Irom State 4 Donalion 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetary, crematory or other place) LOUDON PARK CEMETERY 20c. LOCATION — City or Town, State												
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY												
	00000 7	7.1			HUB	BARD :	FUNEF	RAL HOM	E IN	IC.			
3	Amon	agne	1		410	7 WIL	KENS	AVENUE	, BA	LTIM	ORE,	MD. 21	229
	23. PART I. Enter the diseases, or				not enter the	e mode of o	dying, au	ch aa cerdiac	or reep	iratory a	rreat,	Approxi	
	shock, or heert feliure. List only one cause on each line. IMMEDIATE CAUSE (Finel												
	disease or condition resulting in death)	. Cerel	pollopa	lar	acci	der	+	/ In	Cor	na			
	IMMEDIATE CAUSE (Finel disease or condition resulting in death) s. Cerebo-Vasarlan accident In Coma. Due TO (OR AS A CONSEQUENCE OF):												
z	[Arosepsi]												
은	Sequentielly list conditions, if any, leading to immediate	DUE TO	OR AS A CO	NSEQUENCE C	OF):								
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury	c											
E	that initiated events	DUE TO	OR AS A CO	INSEQUENCE (OF):								
EH	resulting in deeth) LAST	d											
0	PART II. Other algnificent condition	one contributing to	deeth but	not resulting	In the unde	riving caus	e alven li	n Part I. 24	a. WAS AP	N AUTOPS	/ 24b	WERE AUTOPSY	FINDINGS
B				_			•		PERFO	RMEO?		AVAILABLE PRIC	
								- 1	YES	2 1/2 NO		OF DEATN?	
Σ								-				1 NES 2	NO
N	25. WAS CASE REFERRED TO MEDICAL	1											
PHYSICIAN: MEDICA	EXAMINER?	HOSPITAL:			OTHER:	26. PLACE OF	F DEATN (C	check only one)					
YS	1 VES 2 100	1\☑ Inpetient 2						8 Other (S					
F	1 Natural 5 Pending	26s. DATE O (Month,	Day, Year)	28b. TJ	JURY	ic. INJURY AT WORK?		28d. DEŞCR	IBE NOW	INJURY O	CCURED		
BY		2 Accident Investigation "T TES 2 NO											
	3 Suicide 8 Could not be 4 Nomicide determined 28s. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 28s. CATION (Street and Number or Rural Route Notice City or Town, State)						loule Number,						
ET			:										-
1PL	CONSON ONLY	SICIAN: To the best											
COMPLETED	one) 2 MEDICAL EXAMI	NER: On the besis of	examination ar	nd/or investigat	lon, in my opir	nion, death oc	cured at It	na Jime, data an	d place, a	ind due lo	The couse(a) and manner a	e stated.
ш	29b. SIGNATURE AND TITLE OF CERTIF	IER				29c, 1	ICENSE N	UMBER		29d. D/	ATE SIGNED	(Month, Day, Ye	ar)
0	MA Chair	MD					d	Aca.	1		101	4191	

MD 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

29d. DATE SIGNED (Month, Day, Year) 10/22/91

St 900 31. DATE FILED (Month, Day, Year) 2. REGISTRAR'S SIGNATURE DCT 28



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BALTIMORE, MARYLAND 21215-0020

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TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within At Door, after	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and compress they the	be fied within 72 hours after death with the State Dept. of Health and Mental Hygene prior to buriel. Owners of the seminary	IMPORTANT, If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical
0 1	D T	9	MP.
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91 28842 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH 3. TIME OF OEATH 10-15-9 MARCUS NEWTON 10.16 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign 219-80-9264 HOURS 1 M 2 F DAYS 30 YRS 8-14-1961 BALTO., MD 9e. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH UNIV. OF MARY LAND E Baltimere, Md Rm DIRECTOR BAIT. 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d, INSIDE CITY md BALT BALT 1 TES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1019 Edmandson. Ave 21223-USA 12, WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—
If yes, specify Cuban, Mexicen, Puerto Ricen, etc.)
1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 1 Never Merried 2 Merried BY 3 Widowed 4 Divorced Specify: Black COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp College (1-4 or 5+) Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) MARGARET NEWTON GARLAND NEWTON 19e. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code)
1019 EDMONDSON AVE BALTO., MD 21229 2 MARGARET NEWTON 20e. METHOD OF DISPOSITION
1X) Buriel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE ARBUTUS 4 Donetion 5 Other (Specify) MEMORIAL PARK ARBUTUS, MARYLAND SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LEROY O. DYETT & SON FUNERAL HOME 4600 LIBERTY HEIGHTS 22 PART. Enter the disease, or complications that beused the death. Do not enter the mode of dying, such as cardiec or reepiretory errest, immediate CAUSE (Final AVENUE Approximete intervai Between Onset end Death disease or condition OVER WHEZMING AC100515 recuiting in death) DUE TO (OR AS A CONSEQUENCE OF): ALUTE exaccerbation of Chrenic Renal Anhar PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING Seizmes V CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF)." that initiated events resulting in desth) LAST PART II. Other significent conditione contributing to death but not resulting in the underlying ceuse given in Pert I. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO 25. WAS CASE DEFERRED TO MEDICAL EXAMINER?

1 VES 2 NO 26. PLACE OF DEATH (Check only one) OTHER-1 | Inpatient 2 | ER/Outpatient 3 | DOA ER, UMMC 8 (Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME DF 28c, INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED (Month, Day, 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide COMPLETED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide 29a. CERTIFIER | CERTIFIER PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) end menner ee stated. MEDICAL EXAMINED On the basis of exemination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end menner ee steted. 290. SIGNATURE AND TITLE OF CER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year)

> ESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) ER, ummc

Julia Davidson-Mindell

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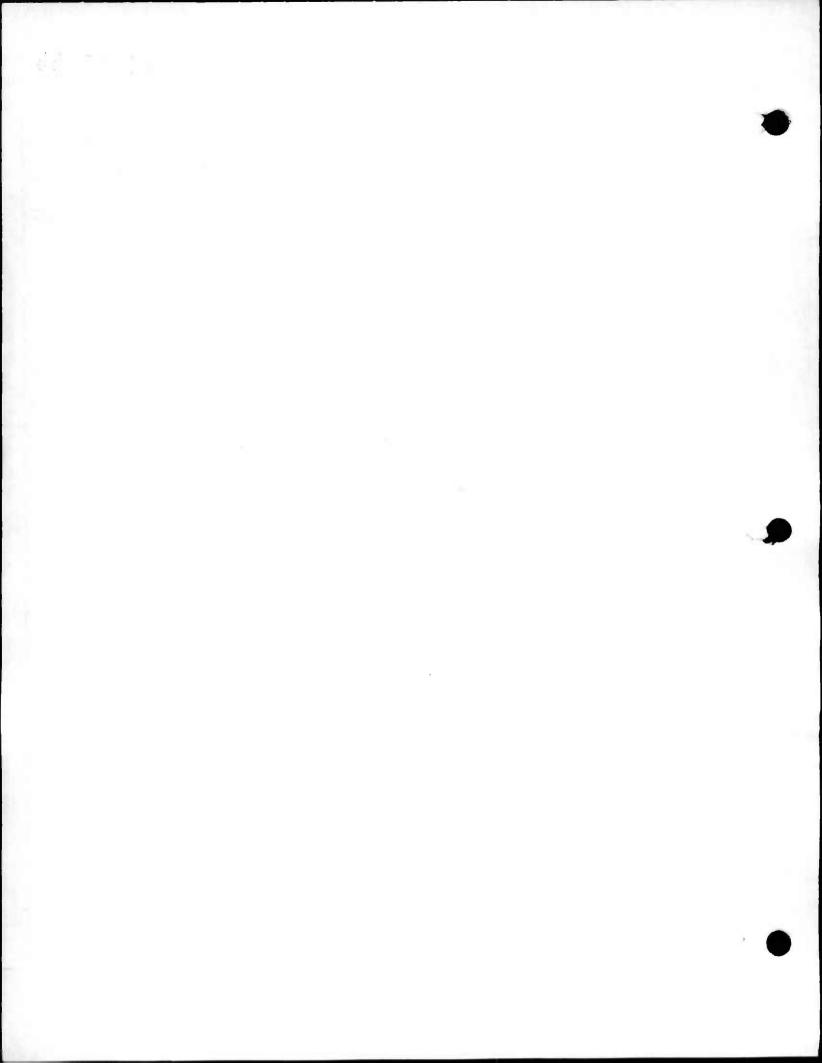
STATE OF MARYLAND / DEPARTMENT OF	HEALTH AND	MENTAL HYGIENI
CERTIFICATE O	F DEATH	REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIEN REG. NO.	E			
	1. OECEOENT'S NAME (First, Middle, Last) GERTRU	WE	NEW	BAUER	2	2. DATE OF DEATH DO	9 97	3. TIME OF DEATH 3. FO A M		
	213-74-5193 1	□ M 2 1 F	O YRS.	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	1	IRTHPLACE (State or Foreign purity) PALTIMORE		
DIRECTOR	9a, FACILITY NAME (If not institution, give street MANOR CARE NO RESIDENCE OF DECEDENT	end number 6600 M	NTER	ROSSV1	LE M	ATH S	BALT	IMORE		
ES	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCATI	ON			10d, INSIDE CITY LIMITS?		
	Maryland Baltim	ore	Over		ZIP COOE		10g. CITIZEN	1 YES 2 NO OF WHAT COUNTRY?		
FUNERAL	4409 Kenwood Ave	nue	U.S.							
BY FUN	11. MARITAL STATUS 12 1 Never Married 2 Married 3 Widowed 4 Divorced	. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR DA	U.S. ARMEO 2 NO ATES	It yes, spe		IC ORIGIN? (Specify Year, Puerto Ricen, atc.)		RACE — American Indian, Black, White, etc. Specify: WITIE		
9	15. DECEOENT'S EDUCATI (Specify only highest grade con		18e. OECEOENT'S U (Give kind of wo	SUAL OCCUPATIOn the done during mos retired.)	N t of working	16b. KIND OF BU	SINESS/INDUSTI	RY		
PLE	Elementary/Secondary (0-12)	college (1-4 or 5+)	Housewif			Homeke	ening			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		1100000122		18. MOTHER'S NAI	ME (First, Middle, Maiden				
BE (Louis Sippel					de Marx				
2	190. INFORMANT'S NAME (Type/Print) Marjorie Herd					altimore.				
	20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Removal	20b	PLACE OF DISPOSIT				CATION — City			
	4 Donation 5 Other (Specify)		Parkwood				timore	Md.		
	21. SIGNATURE OF FUNERAL SERVICE LICENS JOSEPH TARRESTER TO THE SERVICE LICENSES	exerce X	me	Lassa		ral Home, Road Balt		21236		
	23. PART I. Entar the diseases, or com- ahock, or heart fellure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	SUPSIS	ach lina.					Approximate Interval Between Onset and Daath		
NOIL	Due to (or as a consequence of): Sequentially list conditions, if any, laading to immediate Due to (or as a consequence of):									
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	Use. Entar UNDERLYING USE (Disease or Injury at Initiated events DUE TO (OR AS A CONSEQUENCE OF):								
CAL CE	PART II. Other significant conditions of	contributing to death b	out not resulting in		cause given in	PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE		
PHYSICIAN: MEDIC			70.11		, , , ,	1 TYES	2 ⊘-N O	OF OEATH?		
AN	25. WAS CASE REFERRED TO MEDICAL			28. PL	ACE OF OEATH (Ch	eck only one)				
SIC		OSPITAL:		OTHER:		8 Other (Specify)				
	27. MANNER OF DEATH 1. Netural 5 Pending 2. Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	RY WO	URY AT RK? 'ES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCUR	EO		
TED BY	2 Accident investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Spe	reet, factory, office		28t. LOCATION (Street City or Town, State	and Number or R	tural Route Number,			
COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: (use(a) and menner as stated.		
TO BE C		5. Coragn			29c. LICENSE NUI	MBER	29d. DATE SH	SNED (Month, Day, Year)		
-	30. NAME AND ACCRESS OF PERSON WHO CE Raymundo S. Magno.	M.D. 781	Wise Av							
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN		B. 1.00						

BALTIMORE, MARYLAND 21215-0020 after death. Page 5 may be retained by the hospital or attending physician.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	FOR		STATE OF I	MARYI AND	/ DEPAR	THENT	OF HEA	ITH AND	BOEM	TAL HYGIEN	-		
	1 - STATE REGISTRAR		UINIE VI	C	ERTIF	ICATE	OF D	EATH	MEN	REG. NO.	E		
	1. DECEDENT'S NAME (First									ATE OF OEATH	v	YEAR	3. TIME OF OEATN
	The 1 ma		Burder 5. SEX		Pul	_				10 10	3	3/1	1150pm
	213 28 124		1 M 2 F	6. AGE (In yrs. Ia	yrs.	IF UNDER 1		UNDER 24 HRS.	7. 0/	ATE OF BIRTH Annual Property 18/23/21		Gountry N	
	98. FACILITY NAME (If not in			_ / 0		9b, CITY,	TOWN OR LO	DCATION OF I		0/23/21		IN .	
DIRECTOR	Franci						altin		DEATH		UC. COUN	TIT OF DE	EATH
EC	10e. STATE	10b. COUNTY	Y			Y, TOWN OF							10d. INSIDE CITY
					T	ırneı	rs St	tatio	n			- 1	LIMITS?
FUNERAL	10e. STREET AND NUMBER						10f. ZIP				-		HAT COUNTRY?
230 Chestnut St. 21222 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES 1 VEG 17 VEG 18													
BY FL	1 Never Married 2 3 Widowed 4 Divo		FORCES? 1 IF YES, GIVE W	YES 2	₹ O	11	yes, specify	ENT OF NISP/ Cuban, Mexic ₹NO Spec	can, Pue	IGIN? (Specify Yea rto Rican, etc.)	or No		— American Indian, White, etc.
		EDENT'S EDU	CATION									Bra	t k
ETE	(Specify onli	y highest grade	completed)	(0	ECEDENT'S Sive kind of a Do NOT us	VSUAL OCC	CUPATION uring most of	working		16b. KIND OF BUS	INESS/IND	USTRY	
APL	Environment y Secondary (C	-12)	College (1-4 or 5 d	+)	Mai	nagei	r			Read	s Dr	ຳນດ	Stores
COMPLETED	17. FATNER'S NAME (First, M	liddie, Last)			- 100			MOTNER'S N	AME (Fir	st, Middle, Maiden S		. ug	Deceres
BE	Lawren		Whitte							inclai			
9	19a. INFORMANT'S NAME (7									lumber, City or Town			
	Lawrence	Lee F	Burden.	Sr.				Ct. B	alt	o., Md	. 21	222	
	20a METNOD OF DISPOSITION 1 Buriel 2 Cremation 4 Donation 5 DOther	(Specify)	oval from State	"Albu	Ttus	ther place)	ION (Name of		10/	25 Ba	ltin	ity or Tow	, Md.
	21. SIGNATURE OF FUNERAL	L SERVICE LIC	ENSEE			22. N/	AME AND A	DRESS OF F	ACILITY				
	1 190	nes	a. MI	stag ?	,					n & So		Ma	. 21217
	23. PART Linter the di	seasea, or c	omplications that	TOO /C	and a	IT \		auren	5 5	t. Dal	LO.,	Ma	. 21211
	aniock, or na		1-0	caused tha de	eath. Do r	ot entar ti	ha moda o	f dying, au	ch aa c	ardiac or reapir	atory arre	eat.	Approximate
	IMMEDIATE CAUSE (Fin	awit lanuie.	Liet only ona cau	se on aach iine	9.								Approximate Interval Between Onset and Death
		awit lanuie.	Liet only ona cau	se on aach iine	9.								Intarval Betwaan
-	iMMEDIATE CAUSE (Fin disease or condition	awit lanuie.	Liet only ona cau	se on aach iine	9.								Intarval Betwaan
rion	iMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentially list conditi	ona,	DUE TO	se on aach iine	OIA OUENCE OF	C VATI				ardiac or reapir			Intarval Betwaan
ICATION	iMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentially list conditi if any, leading to immedicause. Enter UNDERLY!	dona, diate	a	CAR. (OR AS A CONSECUTION AS A CONSECUTI	OIA OUENCE OF	C NATI							Intarval Betwaan
TIFICATION	iMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentially list conditi if any, leading to immed	iona, diete	a	CAR. (OR AS A CONSE	OIA OUENCE OF	C NATI							Intarval Betwaan
CERTIFICATION	iMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentially list conditi if any, leading to immediate. Enter UNDERLY! CAUSE (Disease or injuithat initiated events resulting in death) LAS	iona, diate NG ry	DUE TO	CAR. (OR AS A CONSECTION OR AS A	OIA OUENCE OF	C- VATI 1:	AK	LES	7	o Lou			Intarval Betwaan
_	iMMEDIATE CAUSE (Findlease or condition resulting in death) Sequentially list condition in the cause. Enter UNDERLY CAUSE (Disease or Injuthat Initiated events resulting in death) LAS	iona, diate NG ry	DUE TO DUE TO DUE TO C. DUE TO	CAR. (OR AS A CONSECTION OF AS A	OIA OUENCE OF	C VAT)	AK	LES	7	O LOW	WEA	G.E. 4	Interval Between Onset and Death
_	iMMEDIATE CAUSE (Findlease or condition resulting in death) Sequentially list condition in the cause. Enter UNDERLY CAUSE (Disease or Injuthat Initiated events resulting in death) LAS	iona, diate NG ry	DUE TO	CAR. (OR AS A CONSECTION OF AS A	OIA OUENCE OF	C VAT)	AK	LES	7	o Lou	WEA	G.F. 4.	Interval Between Onset and Death WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
_	iMMEDIATE CAUSE (Findlease or condition resulting in death) Sequentially list condition in the cause. Enter UNDERLY CAUSE (Disease or Injuthat Initiated events resulting in death) LAS	iona, diate NG ry	DUE TO DUE TO DUE TO C. DUE TO	CAR. (OR AS A CONSECTION OF AS A	OIA OUENCE OF	C VAT)	AK	LES	7	24s. WAS AN A PERFORM	WEA	GF. 4	Interval Between Onset and Death WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
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TO THE HOSPITAL DRATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR	STATE OF MARYL		MENT OF HEAL CATE OF DE		MENTAL HYGIENI REG. NO.		
1. DECEDENT'S NAME (First, Middle, Las John Yves	, Pomerleau I	I			2. DATE OF OEATH DA		
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	YRS.	ONTHS DAYS HOU	50	7. DATE OF BIRTH (Month, Day, Year) 07.24.1	Con	THPLACE (State or Foreign intry)
90. FACILITY NAME (If not institution, given Montgomery			0lney		ATH	Mont	gomery
RESIDENCE OF DECEDENT 100. STATE 100. COUN Maryland Mo	ntgomery	1000	rown or Location ckville				10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 900 Lincoln	Street		10f. ZIP	COOE 2085	0	10g. CITIZEN O	F WHAT COUNTRY?
11. MARITAL STATUS 11. Merried 2 Merried 2 Merried 3 Divorced	12. WAS DECEOENT EVER FORCES? 1 _ YES IF YES, GIVE WAR OR	2 NO		Cuban, Mexica	IC ORIGIN? (Specify Yee n, Puerto Rican, etc.)	or No — 14. R.	ACE - American Indien, lack, White, etc.
15. DECEDENT'S EI (Specify only highest gra Elementary/Secondery (0-12) n / a	College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of work life. Do NOT use n	k done during most of	working	16b. KIND OF BUS	one	7
17. FATHER'S NAME (First, Middle, Last)	Vuos Domania		.16.		ME (First, Middle, Maiden		
19a. INFORMANT'S NAME (Type/Print)	Yves Pomerlea		DORESS (Street and No		Gwen Good Route Number, City or Town		
Birth certifica	te	Vital	Records				
1 Burlel 2 Cremetion 3 R 4 Donation 5 Tother (Specify) 2 21. SIGNATURE OF FUNERAL SERVICE	DISPOSAL 0	bb. PLACE AND DATE Of cemetary, crematory or Mantaemer y	other place)	ospital	1725	CATION — City o	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b	A CONSEQUENCE OF): A CONSEQUENCE OF):			utis je		
PART II. Other significant conditions	dions contributing to death	but not resulting in	the underlying ca	use given in	Part I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDS AMAILABLE PRIOR 70
					-		1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE	OF DEATH (Ch	eck only one)		
1 YES 2 M NO 27. MANNER OF DEATH	1 Finpatient 2 ER/Ou 26a. DATE OF INJURY	28b. TIME (6 Other (Specify) 28d. DESCRIBE HOW I	NJURY OCCURE)
1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR	M 1 YES	2 🗌 NO	6		
3 Suicide 6 Could not 1 4 Homicide determined	building, etc. (Sp	RY — At home, farm, streecify)	set, factory, office		261. LOCATION (Street : City or Town, State)	and Number or Ru	ral Route Number,
Anal .	YSICIAN: To the best of my kno						se(e) end menner ee state
296. SIGNATURE AND TITLE OF CERTIF	ubli ho)	29	SICENSE NUI	MBER 7 9	29d. DATE SIG	YEO (Month Day, Year)
19261 Mon		DEATH (ITEM 27) (Type, P	G-14	CA	176 M	02	0879
AUG 1 6 1991	Sales British	Antible of a		16			

Rockville

20850 USA

none

· Gwen Goodacre

BALTIMORE, MARYLAND 21203-3146

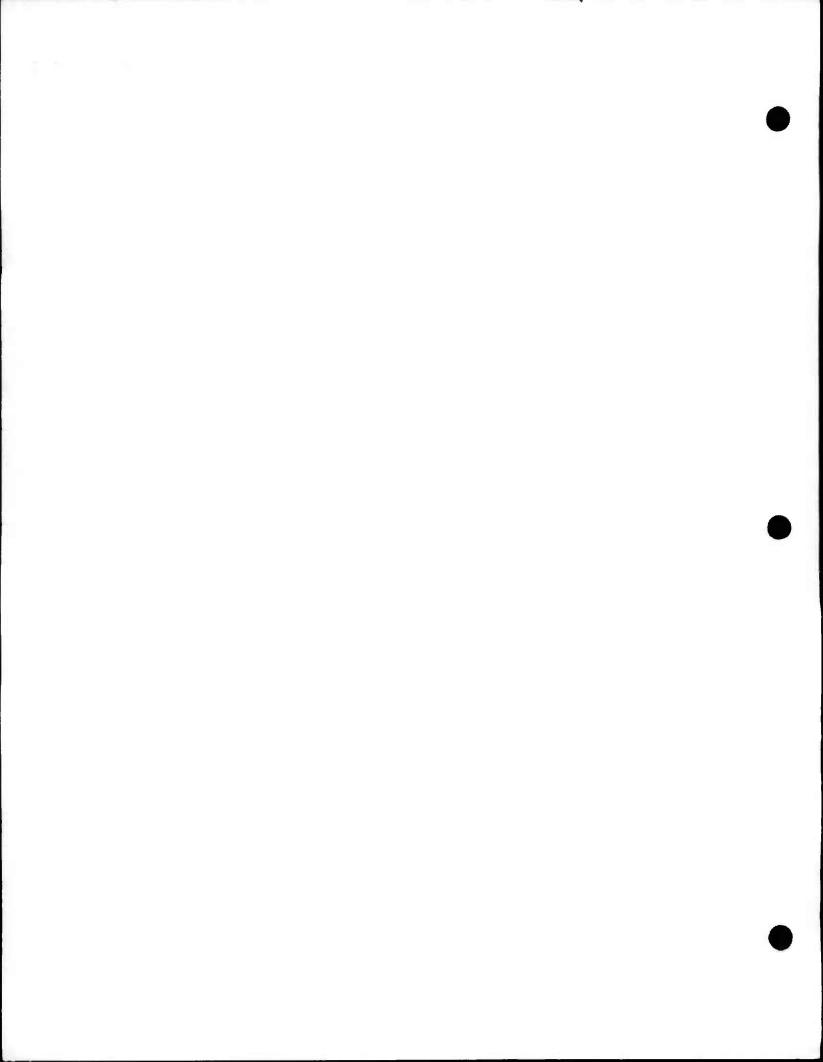
permit. Pages 1, 2, 3 should

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Amours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the funda-transit be filled within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR STATE REGISTRAR	STATE OF MARYLA			HEALTH AND	MENTAL HYGIEN		20040
	1. DECEDENT'S NAME (First, Middle, Last)	ROSE E.				2. DATE OF DEATN		3. TIME OF DEATN
	Rose E.	Pinder	LINDER				8 9	1:20 PM
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (I	n yrs. last birthday)			7. DATE OF BIRTH	8.1	BIRTNPLACE (State or Foreign
	213-03-6557	1 □ M 2 × F 87	YRS.	MONTHS DAY	B HOURS MIN.	July 17,1	904	Ohio
	9a. FACILITY NAME (If not institution, give stre	et and number)		9b. CITY, TOV	N OR LOCATION OF D		9c. COUNTY	OF DEATN
8	Carroll Lutheran H	Health Care	Center	Westm	inster		Carro	o11
اقا	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		40.00	TY, TOWN OR LO	0471011			10d. INSIDE CITY
BY FUNERAL DIRECTOR	Maryland Carro	. 11		stminst				LIMITS?
21	100. STREET AND NUMBER)11	we	SCHILIISU	101. ZIP CODE		40a CITITEN	1 ☐ YES 2K☐ NO OF WNAT COUNTRY?
RA	200 St. Luke Circ	10			21157		U.S.	
¥		12. WAS DECEDENT EVER IN	U.S. ARMED	13 WAS		NIC ORIGIN? (Specify Yes		
E	1 Never Married 2 Married	FORCES? 1 YES	2 X NO	If yes	specify Cuban, Maxico	nn, Puarto Rican, atc.)	14.	RACE — American Indian, Black, White, etc. Specify:
	3 XWidowed 4 Divorced	ii 125, Give with On or		''	res 2 [-FRO specif	у.	WI	nite
	15. OECEDENT'S EDUCA (Specify only highest grade of	iTION omoleted)	16a. DECEDENT'S	S USUAL OCCUP	ATION most of working	16b. KIND OF BU	SINESS/INDUST	TRY
91	Elementary/Secondary (0-12)	College (1-4 or 5+)		work done during use retired.)				
Ā	12		Beauti	cian			y Salor	n
COMPLETED	17. FATNER'S NAME (First, Middle, Last)				1112	ME (First, Middle, Malden		
BE	Charles Brown				Phoeb			
6	19a. INFORMANT'S NAME (Type/Print)	T				Route Number, City or Tox		de)
	Harold W. Adams,					on, Md. 21		
	1 LNBurial 2 L/Cremation 3 □ Ramov	and trades Ottobal	other place)		cemetery, crematory or			or Town, Stata
	4 Donation 5 Other (Specify)	Idea /	aklawn	Cemeter 122 NAM	Y LU E AND ADDRESS OF FA	/21/91 Ba	Ito., I	Md.
	11/6/	7/1/ 1/		Ruc	k Towson	Funeral Ho	me, Ind	c.
	11 Mery CX	CRYU-				., Towson,		
	23. PART / Enter the diseases, or co shock, or heart failure. Li	mplications that ceueed	the death. Do	not enter the	mode of dying, suc	ch es cardiac or reap	iretory srrest	, Approximata interval Between
	IMMEDIATE CAUSE (Final	Property of the second						Onset and Death
	disease or condition reaulting in death) s.	CVA						lyear
	Control of the contro	DUE TO (OR AS A		OF):				,
S	Sequentielly list conditions, b.	ASCV DUE TO (OR AS A						1 year
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DOE TO (OH AS A	CONSECUENCE	OFJ:				/
윤	CAUSE (Disease or Injury that initiated evanta	DUE TO (OR AS A	CONSEQUENCE	OFI:				
토	resulting in death) LAST							
뜅	0.							
CAL	PART II. Other aignificent conditions		ut not reculting	in the under	ying ceuee given in	Pert I. 24a. WAS AP		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
	DahyDrat	con				1 🗀 YES	2 NO	COMPLETION OF CAUSE DF DEATH?
ME								1 TYES 2 1 NO
PHYSICIAN: MED								
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		QTHER:	B. PLACE OF DEATN (C	heck only one)		
\ √S		1 Inpetient 2 ER/Outp		A J-Nursing	Home 5 - Raeldence			
표	27. MANNER OF DEATH 1 Netural 5 Pending	(Month, Day, Year)	28b. TI	JURY	WORK?	28d. DEŞCRIBE NOW	INJURY OCCUP	RED
В	2 Accident Investigation	20. DI ACE OF IN HIPM	44.5		YES 2 NO			
ED	3 Suicide 6 Could not be 4 Nomicide detarmined	28a. PLACE OF INJURY building, etc. (Spec		, street, mctory,	omice	281. LOCATION (Street City or Town, State		Hural Houle Number,
ᇤ	an organism							
Ā	(Check only	IAN: To the best of my know						
COMPLET	2 MEDICAL EXAMINER							euse(e) and menner as stated.
BE (296. SIGNATURE AND TITLE OF GERTIEIER	-70			29c LICENSE NU	IMBER	29d. DATE S	IGNED (Month, Day, Year)
5	I nomin falle	, no			1465	,003	17/	118171
	30. NAME AND ADDRESS OF PERSON WHO NO (washe Goldest) 31. DATE FILED (Month, Day, Year)	COMPLETED CAUSE OF DE	exactle as	oe, Prini)	reglite Made	cal Conter	- wa	tminder 10
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE	Bandalle	1			
	56T 2 3	1991 guille	handqoo.					



3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign

QLM.

4. SOCIAL SECURITY NUMBER

216-58-0389

9e. FACILITY NAME (If not institution, give stree

5. SEX

1 M 2 - F

IF UNDER 1 YEAR IF UNDER 24 HRS.

HOURS

9b. CITY, TOWN OR LOCATION OF DEATH

LARRY STANLEY RAJEWSKI

8. AGE (In yrs. last birthday)

2. DATE OF DEATH

7. DATE OF BIRTH (Month, Day, Yee

3-20-52

10

DAY

20

91

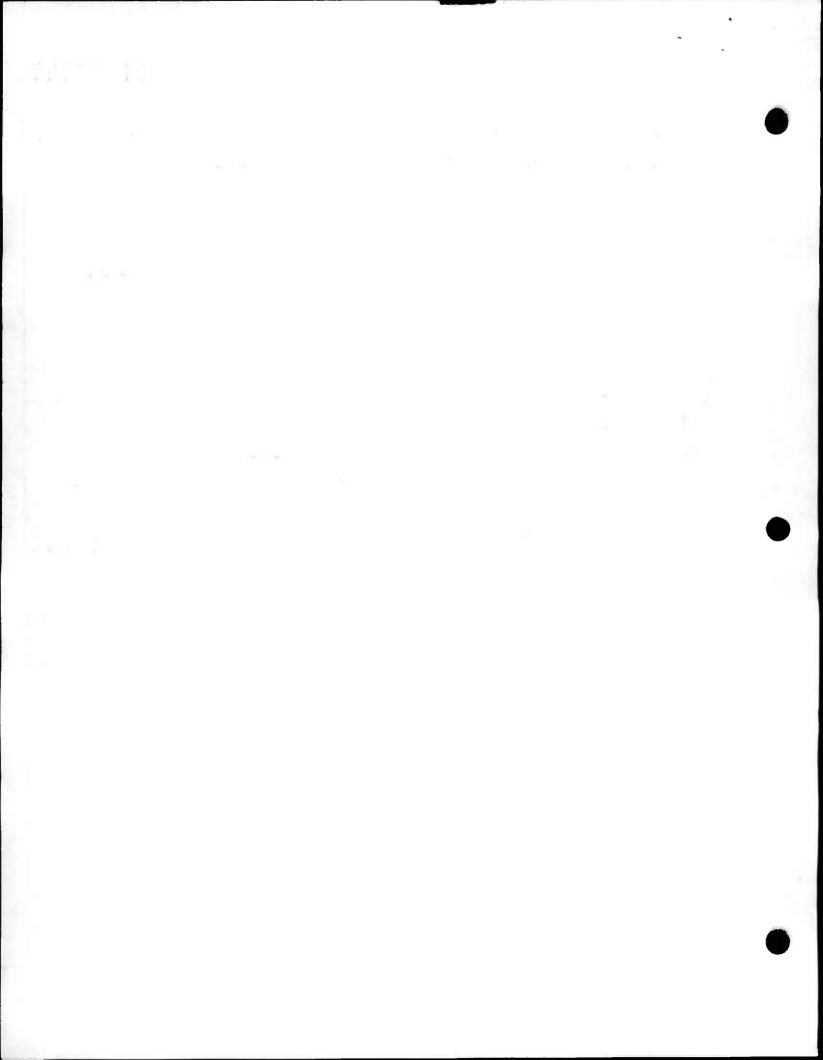
9c. COUNTY OF DEATH

MARYLAND

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DIRECTOR SCOTT KEY MEDICAL CENTER BALTIMORE CITY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE CITY 1XXYES 2 NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 6730 GRACELAND AVENUE 21224 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-If yes, specify Cuban, Mexicon, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO 1 X Never Merried 2 Merried BY 1 TES XX NO Specify: 3 Widowed 4 Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INOUSTRY (Specify only highest grade co Elementery/Secondary (0-12) College (1-4 or 5+) YEARS SYSTEMS ANALYST EQUITABLE TRUST 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname notified at STANLEY J. RAJEWSKI ALICE CATHERINE LUSK 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code 2 STANLEY J RAJEWSK1 <u>6730 GRACELAND AVENUE</u> BALTIMORE, MARYLAND 21224 pe 20e. METHOD OF OISPOSITION

1 Weurlai 2 Cremetton 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of must 20c. LOCATION - City or Town, State SACRED HEART OF MARY 10-22-91 BALTIMORE. MARYLAND examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY DUDA-RUCK FUNERAL HOME OF DUNDALK INC. THOSE 2C 7922 WISE AVENUE DUNDALK MD medicai 23. PART I. Enter the diseases, or complicatione that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory erreat, Approximate ehock, or haert feilure. List only one cause on sech line. Interval Batween IMMEDIATE CAUSE (Fine) **Onsat and Death** this certificate has been signed by the attending physician and completely file with the State Dept. of Health and Mental Hygiene prior to burial, cremation, riked, or item 23 shows any Injury, or other traumatic event, the disease or condition resulting in deeth) 2 weeks He patorenal Syndrome bue to (or as a consequence of): CERTIFICATION Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury QUE TO (OR AS A CONSEQUENCE OF) that initieted events resulting in death) LAST PART II. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? I SES 2 NO 1 - YES 2 - NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: 1 YES 2 NO OTHER: Inpatient 2 ER/Outpatient 3 DOA ne 5 🗆 Residence 6 🗆 Other (Specify) 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) marked. 26b. TIME OF 28c. INJURY AT 26d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation BY 1 YES 2 NO After 2 Accident DIRECTOR: Af hours after de item 28 is r 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide COMPLETED 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 4 Homicide TO THE FUNERAL DIRECTE be filed within 72 hours at IMPORTANT: If Item 2: 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, date and place, end due to the ceuse(e) end menner ee stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the ceuse(e) and manner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE HE 29d. DATE SIGNED (Month, Day, Year) Re JR 2 30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month, Day, Year) 32. REGISTRAN'S SIGNATURE DHMH-16 Rev 1/89



permit. Pages 1, 2, 3 should

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE
DECEDENT'S NAME (First, Middle Last)		TIEG: NO.

	1 - STATE REGISTRAR	STATE OF MA	AKTLAND / CE	RTIF	ICATE	OF DE	H AND		IYGIEN REG. NO.	_		
	1. DECEDENT'S NAME (First, Middle, Last)	0			IOAIL	O. DE	A111	2. DATE OF				3. TIME OF DEATH
	T KAZZOL	ROLLA	SR.					MONTH	- i 2	19	YEAR	М.
1	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. last	birthday)	IF UNDER 1 1		DER 24 HRS.	7. DATE OF		1	8. BIRTH	PLACE (State or Foreign
	188 01 9239	15 M 2 □ F	75	YRS.	MONTHS	MYS HOUF	S MIN.	JAO	311	916	Country	DEVIVENTA
_	9a. FACILITY NAME (If not institution, give s	street and number)			9b. CITY, TO	OWN OR LOC	ATION OF D		3.11	9c. COU	NTY OF D	EATH
6	8309 Avon	DALEK	CAO		MAR	KVIL	2			BAI	Tim	JORS
<u>ត</u>	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	Y		10c CIT	Y, TOWH OR	LOCATION					11.	1019
DIRECTOR	MARYLAND BAI	Timage		F	ARKI						- 1	10d. INSIDE CITY LIMITS?
7	10a. STREET AND NUMBER	111 1010		1	AKKI	101. ZIP C	ODE			10- 017	7511.05.11	1 YES ZENO
ER/	8309 Avone	ials Ro	00				1234			10g. Ci 11) C	HAT COUNTRY?
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT			13. WA			NIC ORIGIN? (S	necify Yes	or No.	14 BACE	- American Indian,
BY F	1 Never Married 2 Married	FORCES? 1)		0	li y	YES 2 50	ıban, Maxici	en, Puerio Rice	n, atc.)	01.110	Black	, White, etc.
	3 Widowed 4 Divorced	W.W.	II			, 101 - Jak	ф	,			W	HITE
COMPLETED	15. OECEOENT'S EDUC (Specify only highest grade	CATION completed)	(Gh	w kind of t	USUAL OCCI		rking	16b. KIN	ID OF BUS	INESS/INC	USTRY	
٦	Elementary/Secondary (0-12)	College (1-4 or 5+)	IIIo.	Do NOT us	e retired.)	\			_			
× ×	17. FATHER'S NAME (First, Middle, Last)		IFR	5-10	HI]	arc.		10	UKE	117		
	TOCCON ROUND R	0110				16. M	OTHER'S NA	ME (First, Midd	ie, Maiden	Sumame)	- 1	
B	19e. INFORMANT'S NAME (Type/Print)	OTH	104	MARINO	4000000 /	1	114161	8 H	ARF	100	012	7
2	FAMILY REN	2020	190.	MAILING C	ADDRESS (S	treet and Num	Der or Rurel	Route Number, (City or Town	n, State, Zip	Code)	
	200. METHOO OF DISPOSITION	-ORIV)	20b. PLACEA	UD DATE	EDIEDOCITI	NAME OF	20 NZ					
	1 S Buriel 2 ☐ Cremation 3 ☐ Remo	oval from Stata	cometery, crem	natory or or	her place)	O TI		STAO	20c. LOC	CATION -	City or Tox	vn, Stata
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	GHIL	2113		ME AND AGO	RESS OF FA	CILITY	- 60	NO	2019	15. 1 IV.
- 3	▶ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	> \				ANS		1 PSL Q	4	remo	OKIZ	
	22 PART I Fater the discourse	Www.			88	100 H	ARF	-ORD K	OA O	-16	inku	علان
	23. PART i. Enter the diseases, or c shock, or heart failure.	Liat only one cause	caused tha das on aach lina.	th. Do r	ot antar th	moda of	dying, suc	h as cardiac	or respir	ratory arr	eat,	Approximate interval Batween
	iMMEDIATE CAUSE (Final disease or condition	**										Onset and Dasth
	resulting in death)	DUE TO (0	RDIAL	10110-01	INF	-ARC	MONT					5 mu
_	<u></u>											
CERTIFICATION	Sequantially liat conditions, if sny, leading to immediate	DIABET OU	R AS A CONSECU	JENCE OF	LITE) 5						
S	csuse. Enter UNDERLYING	CELLUL	-1775									j l
E	that initiated events	DUE TO (O	R AS A CONSECU	JENCE OF):							
E	reaulting in death) LAST	ı										
0	PART II. Other significant condition	6 contributing to de	esth but not re	aultina i	n the under	dulan anua		On a Land			_	
DICAL		2 0011111111111111111111111111111111111	and but not ra	auting i	ii tiia undei	riying caus	ı given in	Part I. 24a	PERFORI			WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
								10	YES 27	⊠ NO		COMPLETION OF CAUSE OF DEATH?
Σ												1 TES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL											
PHYSICIAN: MEI	EXAMINER? 1 YES 2 NO	HOSPITAL:	P/Output	1004	OTHER:	6. PLACE OF						
H	27. MANNER OF DEATH	26a. DATE OF IN	JURY	26b. TIME		Home 5 4	Reeldence	6 Other (Sp. 28d. DESCRIE		IIIIW OCO	Unco	
	1 Netural 5 Pending	(Month, Day,	Year)	INJ	JRY	WORK?	□NO	Zou. DESCRIE	RE HOW IN	JUHY OCC	UNEO	
BY	2 Accident Investigation 3 Suicide 6 Could not be	28a. PLACE OF I	NJURY — At hom	e, ferm, s				26f. LOCATIO	N (Street or	ad Number	or Pural De	Number Alexandras
Ĕ	4 Homicide determined	building, etc	:. (Specify)					City or Tox	wn, State)	TO THOMPOOF	or marer mo	ate Number,
COMPLETED	29e. CERTIFIER (Check only 1) CERTIFYING PHYSIC	CIAN: To the heat of m	knowledge dest		d at the U	44 4 4 4						
N N	(Check only one) 2 MEDICAL EXAMINER	R: On the basie of exem	nination and/or in	restigation	. In my opini	on, death oc	ce, end due	time dete and	and mann	ner es state	id.	
	THE STHATURE AND TITLE OF CERTIFIER			(3)	,, op				piace, and	dua 10 Inc	cause(s)	end menner ae stated.
B	Kinha	61	120	200		29c. L	CENSE NUM			29d. DATE	SIGNEO (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE	OF DEATH STEM	27) /Time	Print)	1	186	56		0		15618
	DR R-CHARA	1) 13-	T D'	K lype,	C 1 - T	11-	20	10 P	00	P	al ·	12.6
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE	1	2100	2 HA	Krok	0/1 0	AO .	-1A	RNV	1778
			ia Davidson	~ 78.	delle							
	06100	1331 700	and investigation	4-1								

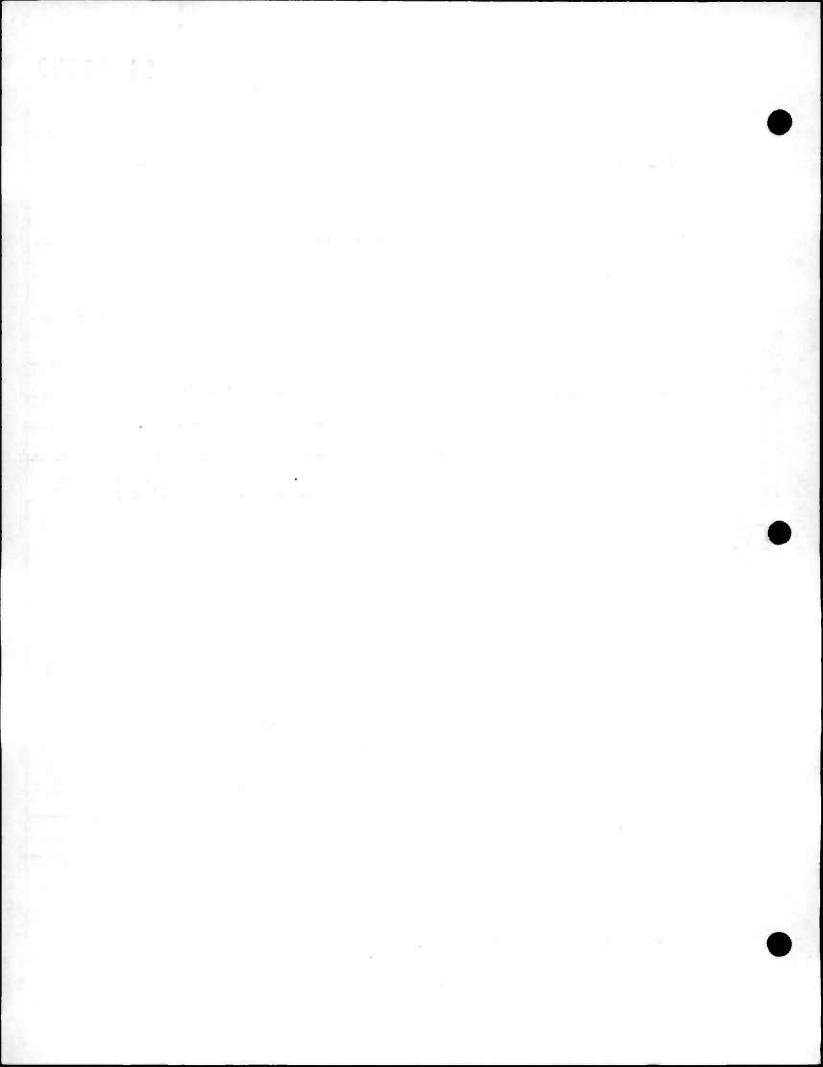


medical examiner must be notified at once.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and certified within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buring IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatte even

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFI	CATE OF	DEATH	REG. N	0.	
1. DECEDENT'S NAME (First, Middle, Last)	R RO	29 LA	ND		2. DATE OF DEATH MONTH	DAY Y	S. TIME OF DEATH
	SEX 6. AGE (In	yrs. last birthday)YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 6/6/19(9 N	BIRTHPLACE (State or Foreign Country) Carolina
9e. FACILITY NAME (If not institution, give street	and number)		Balti	more		9c. COUNTY	
RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY	- OCHINET	10c CITY	TOWN OR LOCA	TION			10d. INSIDE CITY
Maryland			altimo	re City			LIMITS?
3601 Copley Road				21215			USA
11. MARITAL STATUS 1 Never Married 2 Married XXWidowed 4 Divorced	. WAS DECEDENT EVER IN FORCES? 1 TYES IF YES, GIVE WAR OR DAT	2 X NO	If yes, sp		NIC ORIGIN? (Specify in, Puerto Rican, etc.) y:	Yee or No—	Black Black Black
15. DECEDENT'S EDUCATI (Specify only highest grade com Elementary/Secondary (0-12)	ON pploted) ollege (1-4 or 5+)	16a. DECEDENT'S U (Give kind of w life. Do NOT use	ork done during mo		16b. KIND OF I	BUSINESS/INDUS	
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maid	en Sumame)	
William Fuller				Alle	na Fulle	er	
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING			Route Number, City or 1		
Sarah Sampson		3713	Mormo	on Aven	ue Balt	o. Md	21207
Objection Other (Specify)	from State	PLACE AND OATE	uther	King	OATE 20c.	Baltim	are Manula
21. SIGNATURE OF FUNERAL SERVICE LICENS	Gett		Lero	y O. D	vett & s	on Fu	neral Home
disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	Prec	CONSEQUENCE OF):	è Me	tastas is		
CAUSE (Disease or injury that initiated events resulting in death) LAST	- , ,	CONSEQUENCE OF):				
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions of the conditions of the conditions of the cause of the ca	ontributing to death bu	it not resulting in	n the underlyin	g cause given in	PERI	AN AUTOPSY FORMED? 2 NO	24b. WERE AUTOPSY FINDING AWAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO
	OSPITAL: Onpetient 2 - ER/Outpe	itlent 3 🗆 DOA	OTHER:	LACE OF DEATH (C	8 Other (Specify)		
27. MANNER OF DEATH 1 Netural 8 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIMI	JRY W	JURY AT DRK? YES 2 NO	28d. DESCRIBE HO	W INJURY OCCU	RED
3 Suicide 6 Could not be detarmined	28e. PLACE OF INJURY building, etc. (Speci	— At home, farm, a	treet, factory, offic	:0	28t, LOCATION (Stre City or Town, St		Rural Route Number,
and the same	N: To the best of my knowled On the best of examination						cause(e) and manner ee stated.
29b. SIGNATURE AND TITLE OF CERTIFIER	MO			19c. LICENSE NU		29d. DATE :	SIGNEO (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEA			edica		ter	
31. 2001 2 3 1991 Su	32. REGISTRAR'S SIGNA		1		(, ,		



IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIEN	ur
AR	CERTIFICATE OF DEATH	4E

	1 - FOR STATE OF REGISTRAR	MARYLAND / DEP/ CERTI	ARTMENT OF	HEALTH AND	MENTAL HYGIEN				
	1. DECEOENT'S NAME (First, Middle, Last) JOAN	Е	RICHA	RDSON	2. DATE OF DEATH	°6 19°9°1	3. TIME OF DEATH 5:05 P M		
	4. SOCIAL SECURITY NUMBER S. SEX 1 1 M 2 DXF	6. AGE (In yrs. last birthda 49 yrs	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 5/3/194	Count	IPLACE (State or Foreign y) TO., MD		
TOR	9e. FACILITY NAME (If not institution, give street and number) 1708 LLEWELLEN AVE RESIDENCE OF DECEDENT		BALTIN	OR LOCATION OF O	EATH	9c. COUNTY OF 0	EATH		
FUNERAL DIRECTOR	10a. STATE 10b. COUNTY MARYLAND 10a. STREET AND NUMBER	BALTIMO	RE CITY		10d. INSIDE CITY LIMITS? 1 \(\sum_{\text{X}} \text{ES 2 } \sum_{\text{NO}} \text{NO} \)				
IERA	1708 LLEWELYN AVENUE	10	21213		109. CITIZEN OF V				
ВҰ	Never Merried 2 Merried FORCES?	NT EVER IN U.S. PRMED 1 YES 2 ANO WAR OR DATES	It yes, s	ENDENT OF HISPAI	NIC ORIGIN? (Specify Yes	or No- 14. RACE	— American Indian, c, White, atc.		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondery (0-12) College (1-4 or 5	(Give kind of	I'S USUAL OCCUPATI of work done during m use retired.)	USUAL OCCUPATION work done during most of working					
	17. FATHER'S NAME (First, Middle, Last) TAMES DECILADOSON				ME (First, Middle, Maiden				
) BE	JAMES RICHARDSON 190. INFORMANT'S NAME (Type/Print)	19b. MAILI	NG ADDRESS (Street		RICHARDS Route Number, City or Town				
5	ROSEANN BARNETT				. BALTIMO		21217		
	20a METHOD OF DISPOSITION 14 Buriel 2 Cremation 3 Removal from State 4 Donation S Other (Specify)	20b. PLACE AND DAT cemetery, crematory of WESTERN	EOF DISPOSITION (N	ame of	DATE 20c. LO	CATION — City or To			
6	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	udt	LERO 4600	LIBERT	CILITY ETT & SOI Y HETGHTS	FUNERA	AL HOME		
N	PI Cor	COR AS A CONSEQUENCE					Approximete Interval Between Onsat end Death		
CERTIFICATION	Sequentially list conditione, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reculting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):								
PHYSICIAN: MEDICAL	PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 100								
IAN	25. WAS CASE REFERRED TO MEDICAL		26. P	ACE OF DEATH (Che	eck only one)	4517			
YSIC		☐ ER/Outpatient 3 ☐ DOA	OTHER.	XX _{Residence}					
	27. MANNER OF DEATH 1 Matural S Pending (Month, I			URY AT RK? YES 2 NO	26d. DEŞCRIBE HOW IN	JURY OCCURED			
тер ву	2 Accident Investigation 3 Suicide 6 Could not be determined 28a. PLACE 0 building	OF INJURY — At home, farm etc. (Specify)			281. LOCATION (Street a City or Town, State)	nd Number or Rural R	oute Number,		
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of a MEDICAL EXAMINER: On the best of a	my knowledge, death occu	rred at the time, date	and place, end due	to the cause(s) and man	ner as stated. I due to the cause(s)	and manner ee stated.		
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUM		29d. OATE S/GNEO			
5	30. NAME AND AODRESS OF PERSON WHO COMPLETED CAU	SE DE DEATH STEEL ST	an Orient	O.C.M.	E	▶ 10-1	7-1991		
	Morgonyo 1.1	6 ALLY YII		STREET	BALTIMO	RE, MARY	LAND 2120		
	III'T O o o	AR'S SIGNATURE							

BALTIMORE, MARYLAND 21215-0020

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30. NAME AND ADDRES

31. DATE FILED (Month, Day 16er)

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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospi	ECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	rs after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	n 28 is marked, or item 23 shows any injury, or other fraumatic event the medical evanines must be motified at anon
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TEN	HOL.	after	28
4	E	(V)	=

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 10 YEAR JOHN A. STOCK 9.30 P 91 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER I YEAR 2. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign (Month, Day, Year) 3-9-1904 1 M 2 F 213-03-5653 87 as MARYLAND 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR FRANCIS SCOTT KEY MEDICAL CENTER BALTIMORE CITY RESIDENCE OF DECEDENT 10a STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE CITY 1XXYES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3301 LEVERTON AVENUE U.S.A. 21224 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1/2 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS OECENDENT OF HISPANIC ORIGIN? (Specify Yaa or No—If yea, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married OR DATES BY 3 Widowed 4 Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KINO OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) Coffege (1-4 or 5 +) 6TH GRADE N/A PLUMBER PLUMBING 17, FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) FREDERICK STOCK ELLEN CHALLNER BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 GENEVIEVE BRASHEARS 8077 WALLACE ROAD BALTIMORE, MARYLAND 20s. METHOD OF DISPOSITION
1 W Surial 2 Cremation 3 Removal from State
4 Donation 5 Dother (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE CAK LAWN CEMETERY 11-23-1991 BALTIMORE. MARYLAND 21. SIGNATURE OF FUNERAL SERVICE LICENSES DUDA-RUCK FUNERAL HOME OF DUNDALK INC. 7922 WISE AVENUE DUNDALK MD 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or heart failure. List only one cause on each line intarvai Batwean IMMEDIATE CAUSE (Final Onset and Death disease or condition DEMENTIA resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24b. WERE AUTOPSY FINDINGS 24s. WAS AN AUTOPSY AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSE/TAL: **EXAMINER?** OTHER 1 | YES 2 | NO ne 5 🗆 Raaldenca 8 🗆 Other (Specify) 4. N 27. MANNER OF DEATH 26s. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCUREO Natural 5 Pending BY 1 YES 2 NO Investigation 2 Accident 3 Suicide 28s. PLACE OF INJURY — Al home, farm, street, factory, office building, stc. (Specify) 6 Could not be determined G 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide COMPLET 29a, CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. (Check only one) = 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion MPORTANT: red at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 137089 29d. DATE SIGNED (Month, Day, Year) BE

MI

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PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Pring)

32. REGISTRAR'S BIGNATURE

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BE COMPLETED BY

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4 Homicide

	E com										2	8852
	1 - STATE REGISTRAR	STATE OF	MARYLAND /	DEPAR	TMEN	T OF H	DEATH	AND				
1	1. DECEDENT'S NAME (First, Middle, Last)				10111	- 0.	b L .		2. DATE OF DEATH			3. TIME OF DEATH
1 3	IDA SERMUKSNI	I.S							MONTH DA		YEAR	12:20 AM
8	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	st birthday)	IF UNDE			7. DATE OF BIRTH			HPLACE (State or Foreign	
	219-30-7727	1 - M 2 TF	78	YRS.	MONTHS	DAYS	HOURS	MIN.			Counti	(VI)
	Se. FACILITY NAME (If not institution, give a	street and number)			9b. CIT	Y, TOWN C	OR LOCATI	ON OF D		9c. CO1		
OR	ST. AGNES HOSPITA	AL			BA	LTIM	ORE					
5	RESIDENCE OF DECEDENT							-				
DIRECTOR	10a. STATE 10b. COUNT			10c. C/1								10d. INSIDE CITY LIMITS?
		TIMORE			CAT	JNSV.						1 TES 2XX NO
FUNERAL	100. STREET AND NUMBER					101	. ZIP COD	E		10g. CIT	TIZEN OF Y	WHAT COUNTRY?
<u> </u>	13 ARKLA COURT										THUA	NIA
B	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	IE VEC CIVE WAR OR DATE				It yes, sp	ecify Cuba	in, Maxica	an, Puarto Rican, atc.)	or No-	Biaci	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION COMPoleted)	18a. DE	CEDENTS	USUAL O	CCUPATIO	ON .		16b. KIND OF BUS	SINESS/IN	DUSTRY	
9	Elementary/Secondary (0-12)		No.	. Do NOT u	se retired.)		ST OF WORKI	פר				
MP	12		BEAUTICIAN BEAU							Y SALON		
8	17. FATHER'S NAME (First, Middle, Last)						16. MOTI			Surneme)		
BE	JOSEPH FRA	NZ										
	19a. INFORMANT'S NAME (Type/Print)		190									
2	MILDA SERMUKS	NIS		13 .	ARKL	A CO	URT,	CAT	ONSVILLE,	MD	21228	8
	20a. METNOD OF DISPOSITION 1 Marie 2 Cremetion 3 Ram 4 Donation 5 Other (Specify)		cemetery, cre-	matory or o	ther placel							
	21. SIGNATURE OF SUMPRAL SERVICE LIC	CENSEE	40	*	HU	JBBAF	D FU	INERA	CILITY AL HOME INC	3.		
	23. PART I. Enter the diseases, or ehock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	S. SEX S. SEX T. S. AGE (in yrs. last birtholy) #UNDER! YEAR #UNDER! 21 1. 1991 1.	Approximate Interval Between Onaet and Death									
ATION	Sequentially list conditions, if any, leading to immediate Due to (or as a consequence of):											
CERTIFICATION	ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST C. Due to (or as a consequence or):											
- 1	PART II Other significant condition		A			1	. 1				P-1	
BY PHYSICIAN: MEDICAL	Conges!	W.	Plan but not r		In the ur	T .	L COURT	iven in	PERFOR		246.	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL					20 7	ACE CO T	FATA:				
Sic	EXAMINER?		Con.	□ ac.		R:						
Ä	27. MANNER OF DEATH							sidence		Latence C		
BY PI	1 Natural 5 Pending Investigation			INJ	M	1 🗌 Y	RK7 ES 2	NO	ZOG. DESCRIBE HOW IN	MURY OC	CURED	
~ I												

1 YES 2 NO 28e. PLACE OF INJURY — At home, farm, street, tecto building, etc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 6 Could not be of my knowledge, death occurred at the time, data and placa, and due to the cause(s) and me

29d. DATE SIGNA

21227 CHOICE LANE, BALTIMORE, MARYLAND LEONEL BARAHONA-1101 MAIDEN

Julia Part Ser S. Marie Co. OCI 23 1991

11 12 01

TO THE CONTROLLER AND INTERCIONS PHYSICIAN: The law requires that the death certificate be executed within 24 fours after death. Page 6 may be retained by the hospital or attending physician.

TO THE WERE CONTROLLER After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled minimizer. After death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If fem 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	91-6206- FOR 1 - STATE REGISTRAR	02510	STATE OF N	MARYLAN	D / DEPAI CERTIF	RTMEN	T OF H	DEA	AND	MEN	TAL HYGIEN		01	2005	0
	1. DECEDENT'S NAME (First,	Middle, Last)			-	TOAT.		DEA			ATE OF DEATH	AY	YEAR	3. TIME OF DEATH	ð
	Walter		Stan			Shemenski				10	21	1	991	4:00 I	РМ
	4. SOCIAL SECURITY NUMB 212-32-7697	ER	5, SEX 1 🖹 M 2 🗌 F	6. AGE (In y	rs. lest birthdey) YRS.	IF UNDER	DAYS	HOURS	MIN.	(#	ATE OF BIRTH Worth, Day, Year) -14-35		6. BIRTHPLACE (State or Foreign Country) MARYLAND		n
	9a. FACILITY NAME (If not in:	stitution, give s	reet and number)			9b. CITY	r, TOWN	OR LOCATI	ON OF D	_	14 33	9c. COL	UNTY OF C		_
DIRECTOR	Wye River-in water at Wye Narrows Bridge RESIDENCE OF DECEDENT					Wy	е	Mil	ls					Anne	
띭	10a. STATE					TY, TOWN	OR LOCA	TION		_				10d. INSIDE CITY	
	MARYLAND 10-, STREET AND NUMBER	BALTI	MORE									LIMITS?			
FUNERAL	5715 MINERAL AVENUE					101. ZIP CODE 109. CITIZEN OF WNAT COUNTRY? 21227 USA						WNAT COUNTRY?			
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARI FORCES? 1 XYES 2 N IF YES, GIVE WAR OR DATES			≥ NO		If yes, sp		in, Maxica	n, Pus	RIGIN? (Specify Yearto Rican, etc.)	a or No—	14. RAC Blac Spec	E — American Indian, k, White, atc.		
	15. DECI	EDENT'S EDUC	CATION	1963	a. DECEDENT'S	I IISUAL O	CCUDATI	OM			105 KIND OF BU	0111500///	0.1107.001	***************************************	
	(Specify only Elementary/Secondary (0-	highest grade	completed)		(Give kind of life. Do NOT u	work done	during me	st of working	ng		16b. KIND OF BU	SINESS/IN	DUSTRY		
COMPLETED	12th	12th SAFETY TECHNICIAN MANUFACTURING													
BE CO	17. FATNER'S NAME (First, Mi WALTER A.		NSKI								R. PETE			-	
	19a. INFORMANT'S NAME (7)	/pe/Print)			19b. MAILING	ADDRES	S (Street a	and Number	or Rural I	Route I	Number, City or Tov	n, State, Zi	ip Code)		
2	JOAN G. SHEN	MENSKI									TIMORE,			.7	
	20a, METNOD OF DISPOSITION 1 ■ XBurial 2 ■ Cremation	ON Bem	20b. PLACE AND DATE OF DISPOSITION (Name of camplety, cramatory, or other place) LOUDON PARK CEMETERY							DATE 20c. LOCATION — City or Town, State					
	4 Donation 5 Other	(Specify)		LOU	JDON PA	RK C	EME]	ERY		1	0-25 BA	LTIMO	ORE,	MARYLAND	
	21. SIGNATURE OF FUNERAL	SERVICE LIC	ENSEE					ND ADDRE							
	Paur	Va:	Quene	7.		41	07 A	KD FU VILKE	NERA NS A	AL AVE	HOME, II	NC. MORE.	MD.	21229	
	23. PART I. Enter the dis	seases, or c	omplications that	caused th											
	IMMEDIATE CAUSE (Fin disease or condition resulting in death)	si	List only one cau	se on esch	line.		the mo	de of dy	ing, suc	h as	cardiac or reap	iratory ar	reat,	Approximata interval Betwee Onset and De	
ERTIFICATION	IMMEDIATE CAUSE (Fin disease or condition	ona, flate	DUE TO	OR AS A CO	COMPL	ICAT FI: CARD	the mo	de of dy	Ing, suc	th as	cardiac or reap	TIC	reat,	Interval Betwe	
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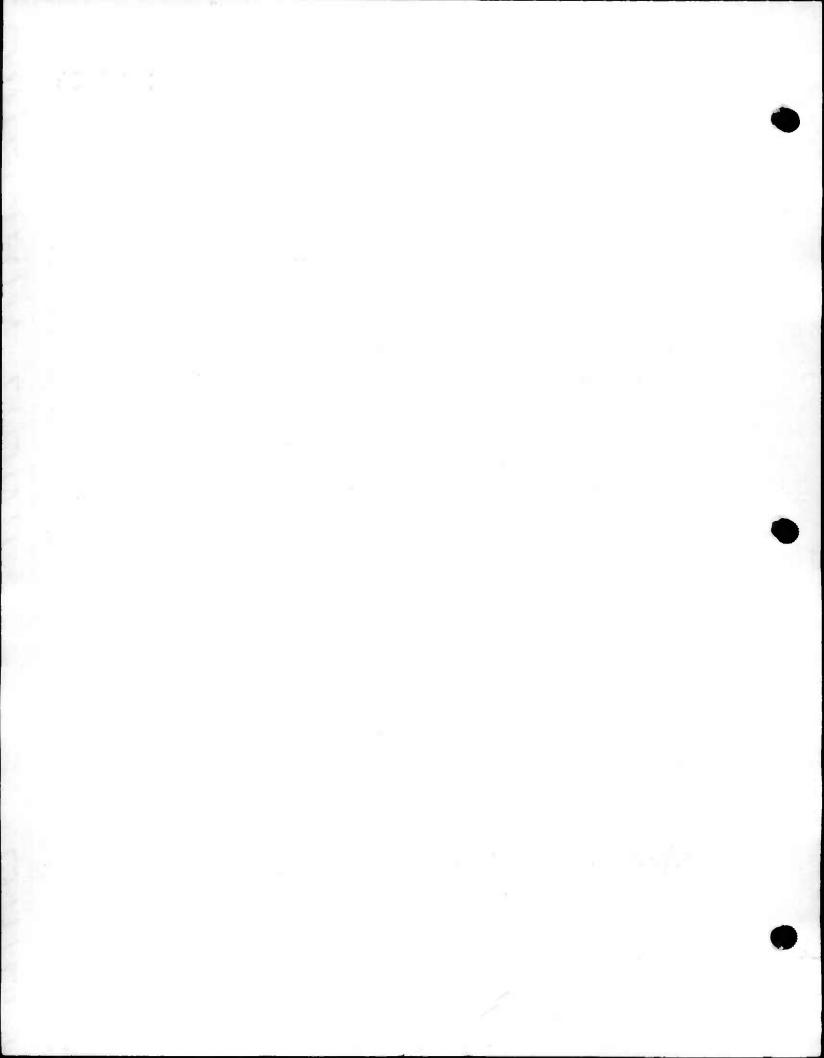
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RECORDS,
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DIVISION

CIAN: The law requires that the death certificate be executed within 24 nours after	VERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should in 2 hours after health with the State Deat of Health and Mental Hydene prior to burlat, cremation, or removal.	IT. If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law n	TO THE FUNERAL DIRECTOR: After this certificate has been with the State Deft.	IMPORTANT: If item 28 is marked, or item 23 show

TO BE COMPLETED BY FUNERAL DIRECTOR

28854 91 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR 1 - STATE REGISTRAR	STATE OF MA	RYLAND / DEPAR CERTIFI	TMENT OF	HEALTH AND	MENTAL	HYGIENI REG. NO.	E 91	28854
	1. DECEDENT'S NAME (First, Middle, Last) Almeate	r	Scott			2. DATE O	DA		3. TIME OF DEATH 91 2:25 p. M
	4. SOCIAL SECURITY NUMBER 422 32 1041	5. SEX 8. 1 M 2 F	AGE (In yrs. last birthday) 86 vrs.	IF UNDER 1 YEAR		7. DATE 0 (Month, June	Day, Year)	1905Bi	SIRTHPLACE (State or Foreign Country) rmingham, Ala.
TOR	90. FACILITY NAME (# not institution, give a Hyattsville Ma RESIDENCE OF DECEDENT		g Home		attsville			9c. COUNTY	PG
DIRECTOR	10e. STATE 10b. COUNT Md	PG		yattsvi					10d. INSIDE CITY LIMITS? 1 XYES 2 NO
FUNERAL	10e. BTREET AND NUMBER 6815G Riverda	le Rd #2			10f. ZIP CODE 20737			10g. CITIZEN	OF WHAT COUNTRY? USA
B	11, MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 I	YES 2X NO	If yes,	ecendent OF HISPA epecify Cuben, Maxico (ES 2X) NO Specific	en, Puarto R		or No 14.	RACE — American Indian, Black, White, etc. Specify: Black
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) Secondary		18e. DECEDENT'S (Give kind of v iite. Do NOT us Dome S	vork done during se retired.)	NTION most of working	16b.	KIND OF BUS	BINESS/INDUST	TRY
BE COM	17. FATHER'S NAME (First, Middle, Last) Emmanuel J	ones			18. MOTHER'S NA		le Sco		
TO B	19a. INFORMANT'S NAME (Type/Print) Norvalla Reid		Same	e as 10	a,b,c,d,e				
	20e. METHOD OF DISPOSITION 1		20b. PLACE OF DISPOS other place) Metropol	litan F	uneral Se		20c. LO	eandri	
	· Quans	Smil	7/		15 12th S				es Co., Inc.
CERTIFICATION	23. PART I. Enfer the diseases, or shock, or heart failure. immediate CAUSE (Final disease or condition resulting in death) Sequentiely list conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	s. CIPELO SUPE TO (O) DUE TO (O) C.		21 00 CC (interval Between
PHYSICIAN: MEDICAL CE	PART II. Other significant condition	ne contributing to de	eath but not resulting	in the underl	ying cause given ir	n Part I.	24e. WAS AN PERFO	8, 19 1905 Bi 1905 Bi 9c. COUNTY 10g. CITIZEN or No.— 14. INESS/INDUST Ett 0, State, Zip Coc Auton — City 2 and ri: I Rhine 0017 ratory arrest, 0017 ratory arrest, X NJURY OCCUR and Number or index as stated. Individual to the co	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OZHER:	L PLACE OF DEATH (C	theck only on	e)		the state of the s
HASI	1 TYES 2 NO 27. MANNER OF DEATH		ER/Outpatient 3 DOA	Nursing	Home 5 - Realdence			INJURY OCCUR	RED.
	Natural 8 Pending	(Month, Day,		JURY	WORK? YES 2 NO				
TED BY	2 Accident investigation 3 Suicide 8 Could not be datermined	28e, PLACE OF	INJURY — At home, farm, c. (Specify)	atreet, factory,	office		ATION (Street or Town, State		Rural Route Number,
COMPLETED	CONDON ONLY		y knowledge, death occur mination such in a stigat						euse(e) and manner ea stated.
TO BE C	296. SIGNATURE OF CHITING	5/4	4		29c. LICENSE NO	UMBER 20		29d. DATE S ▶ 2 (OCTOBER (1991
	30. NAME AND ADDRESS OF PERSON W Walter Goozh	HO COMPLETED CALISE	OF DEATH (TIME 27) THO	Print)					
	31. DATE FILED (Month, Day, Year) 199	1 July 1	widson-Randel	2					



FOR

TO BE COMPLETED BY FUNERAL DIRECTOR

BALTIMORE, MARYLAND 21215-0020

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL

1 - STATE REGISTRAR	OWIL OF MARIE	CERTIFI	CATE C	F DEATH				
1. DECEOENT'S NAME (First, Middle, Lust)				,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2. DATE OF	DEATH	VEAD	3. TIME OF DEATH
	E.	Seibol	d Jr.		10	18	1991	7.50 p
		E (in yrs. last birthday)	IF UNDER 1 YEA		7. DATE OF E	BIRTH	8. BIRTH	IPLACE (State or Foreign
	1 📉 M 2 🗆 F	YRS.	MONTHS DAY	/8 HOURS MIN.		. 11 0		"
9e. FACILITY NAME (If not institution, give stre	ret end number)		9b. CITY, TOV	YN OR LOCATION OF D				
3900 S. Clare R	load		Balt	imore				
10e. STATE 10b. COUNTY		10c. CITY	TOWN OR LO	CATION				10d. INSIDE CITY
Md.		Balt	imore					LIMITS?
10e. STREET AND NUMBER			T	10f. ZIP CODE		10g.	CITIZEN OF V	36
				21223			US.	A
	12. WAS DECEDENT EVER FORCES? 1 YE	S 2 NO	13. WAS	DECENDENT OF HISPA	NIC ORIGIN? (S	pecify Yee or No	- 14. RACE	- American Indian,
3 Wildowed 4 Divorced			10	YES 2 NO Speci		i, wic.j	1	fy:
15. DECEOENT'S EDUCA	TION	180. DECEDENT'S L	USUAL OCCUP	ATION	16b. KIN	D OF BUSINESS	LINGUSTRY	White
		(Give kind of w	ork done during	most of working	1000	D OF DOGINESS	7.44003141	
11		unemp	loyed					
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, Middle	e, Meiden Surnen	ne)	
James E. Seibol	d, Sr.			Agnes	Dolore	s King		
19e. INFORMANT'S NAME (Type/Print)							, Zip Code)	
					to., Md	. 2122	27	
1 Buriel 2 Cremetion 3 Remov	rel from State	Ob. PLACE AND DATE OF or oth	FDISPOSITION ner place)	(Nama of	1 OZ			
And affine	the 12	Metro Cre				Balti	more,	Md.
1 / Jan 2	Loud	mens	Gai	y L. Kauf	man Fu	neral H	Iome	
1,0000	0	3.5	569	5 Main St	., Elk	ridge,	Md.	21227
23. PART i. Enter the diseases, or co shock, or heart failure. Li	mplications that caus at only one cause on	ad the death. Do no	ot anter tha	moda of dying, aud	ch aa cardiac	or raapiratory	arrest,	Approximata
IMMEDIATE CAUSE (Final	7 14	- / -						Onaat and Death
resulting in death)	taller	Merer	/					
A STATE OF S	DUE TO (OT AS	A CONSEQUENCE OF	nel	//				
Sequentially list conditions, b.	(M	mic C		al ship				
if any, leading to immediata	OUE TO (OH AS	A CONSEQUENCE OF)	:					
CAUSE (Diseasa or injury C.	DUF TO (OR AS	A CONSEQUENCE OF						
resulting in death) LAST	=== 10 (00010	The state of the s	•					
d.								
PART II. Other significant conditions	contributing to death	but not resulting in	the undarly	ing cause givan in	Part i. 24s.		'SY 24b.	
					_ 45		,	COMPLETION OF CAUSE
FVAIANIERO	HOSPITAL:			PLACE OF DEATH (C)	neck only one)			
1 X YES 2 NO	I Inpatient 2 ER/Ou	tpetient 3 DOA		ome 5 🔀 Residence	8 Other (Spe	ecify)		
4					28d. DESCRIB	E HOW INJURY	OCCUREO	
2 Accident Investigation								
3 Suicide 8 Could not be determined	building, etc. (Sp	<pre>iY — At home, term, str ecify)</pre>	reet, fectory, o	ffice	281. LOCATION City or Tox	N (Street end Nun vn, State)	nber or Rural R	oute Number,
29e, CERTIFIER	M. To the board of	444				7/1		
EDUCATION NAME PIPEL ROSES, EATS SCIDOL STATE AND HOMBER 217—1.6—1319 S. SCIDOL STATE AND HOMBER 217—1.6—1319 S. SCIDOL STATE AND HOMBER 217—1.6—1319 S. SCIDOL STATE AND HOMBER 39.00 S. Clare Road B. SCITY TOWN ON LOCATION B. STITE AND HOMBER 39.00 S. Clare Road B. SCITY TOWN ON LOCATION B. STITE AND HOMBER 39.00 S. Clare Road B. SCIDOL STATE AND HOMBER 39.00 S. Clare Road S. SCIDOL STATE AND HOMBER 19.00 S. Clare Road S. SCIDOL STATE AND HOMBER 19.00 S.								
DECEMBER AND PRICE ASSOCIATION James B. S. S. S. S. S. S. S. S. S. S. S. S. S.								
4.0117 9	frup.					29d. I	DATE SIGNED	(Month, Day, Yeer)
30. HAME AND ADDRESS OF PERSON WHO		EATH (ITEM 27) (Type F	Print)	1 0.C.M	.Е.		10 19	1991
FRANK J. PR	RETTIL							
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	NATURE	ando 90	reet, B	altimo	ore Ma	rylar	d 21201
OCT 2 3	1991 gul	a handarau-N	milades					

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician in 1, 2, 3 should be detacted for use as the burial-transit, marrie from 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

 BALTIMORE, MARYLAND 21215-0020

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	taine	Shoe		1
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	in 24	h ye	ation	#
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	cert	nding	Hygie	10 70
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	NG F	fter	eath	mar
	END	JR: A	ter d	- 100
	ATT ATT	RECT	ILS 3	m 2
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicians.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detacthed for use as the burial	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	PITA	ERA	in 72	T. H
	HOS	F	With	TAN
	뿔	풀	filed	2
	2	2	8	Ξ

Timothy Kamp, MD

31. DATE FILED (Month, Day, Year)

28856 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR T **TUER** Eugene October 23 1991 3:45 A A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign 1 M 2 F HOURS 212 16 0980 83 11/29/1907 Maryland 9s. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Franklin Square Hospital Center Rossville 21237 Baltimore County 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore County Maryland Essex 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 100 CITIZEN OF WHAT COUNTRYS 5 Brett Court Apt. 228 21221 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, Whits, stc. 1 Never Married 2 X Married tf yes, specify Cuban, Maxican, Puarto Rid 1 ☐ YES 2 📉 NO Specify: BY Specify: White 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 8 Painter Baltimore City 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Eugene Tuer BE Lillian Boyd 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Margaret Tuer (wife) Brett Court Apt. 228 Baltimore Maryland 21221 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State 20s. METHOD OF DISPOSITION

1 W Burlat 2 Cremetion 3 Removal from State
4 Donatton 5 Other (Specify) DATE Oak Lawn Cemetery 10/26/1991 Baltimore County, Md. 21. SIGNATURE OF FUNERAL PERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Bruzdzinski Funeral Home P.A. 1407 Eastern Ave Baltimore, MAryland 21221 23. PART I. Enter the diseases or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory streat, Approximata shock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Finsi Onset and Death disesse pr condition resulting in death) . Chronic Obstructive Pulmonary Disease Exacerbration DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (DR AS A CONSEQUENCE DF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not reaulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO Parkinson's Disease, Supraventricular tachycardia 1 YES 2 NO COMPLETION OF CAUSE 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? V NOSPITAL: OTHER 8 Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Oay, Year) 28b. TIME OF 28c. thJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 X Natural BY 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town. State) COMPLETED 8 Could not be 4 Homicide 1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as attend. 2 MEDICAL EXAMINER: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, data and placs, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) 42336 2

32. REGISTRAR'S SIGNATURE

9000 Franklin Square Drive Baltimore, Maryland

8

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

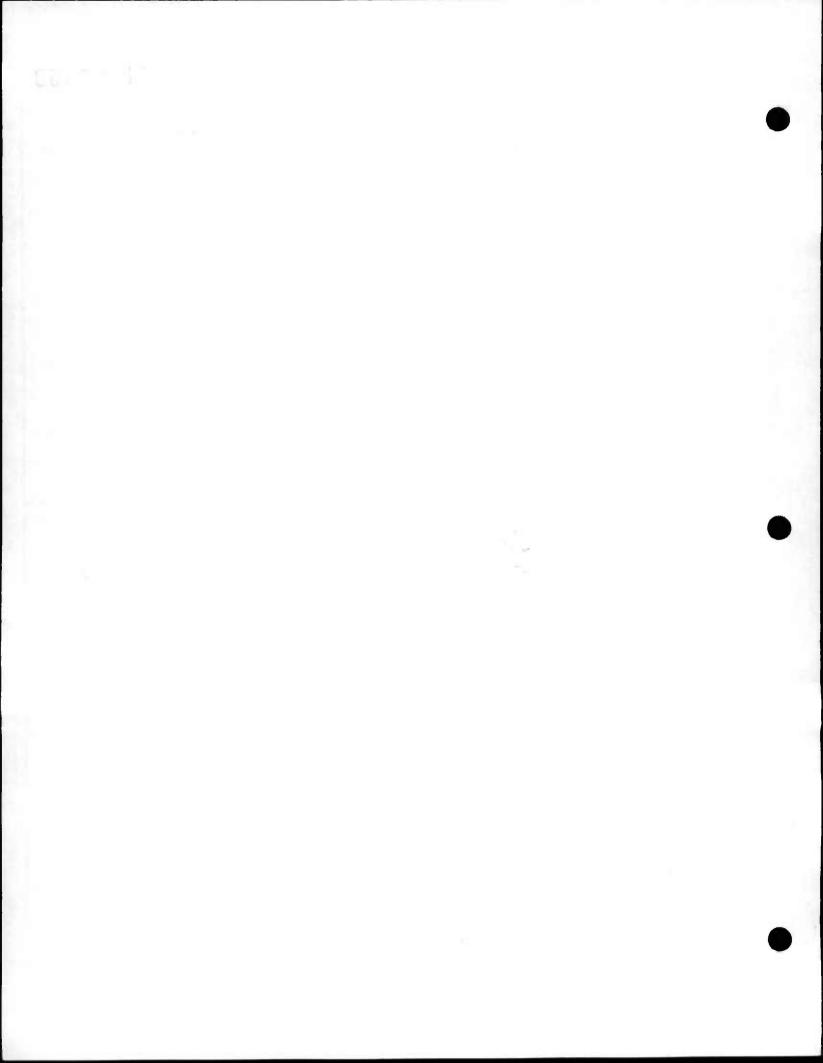
	REGISTRAR	CERTIF	ICATE OF DEATH	REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH MONTH DAY	3. TIME OF DEATH
1	GEORGE	<u>T</u>]	HOMAS	MONTH DAY	91 3:00 P M
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. lest birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.	7. DAYE OF BIRTH	8. BIRTHPLACE (State or Foreign
	247 20 2319 154 201	76 YRS.	MONTHS DAYS HOURS MIN.	1/19/15	S.C.
	9a. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOWN OR LOCATION OF D		
Œ	939 ABBOTT COURT		BALTIMORE	AIN	9c. COUNTY OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT		DALITHORE		
S	10e. STATE 10b. COUNTY	10c, CIT	Y, TOWN OR LOCATION		10d. INSIDE CITY
등	Md.	E	alto		LIMITS?
	10e. STREET AND NUMBER		District Control		
A I			10t. ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?
FUNERAL	939 Albert				USA
교	11. MARITAL STATUS 12. WAS DECED FORCES?	ENT EVER IN U.S. ARMED 1 YES 2 ANO	13. WAS DECENDENT OF HISPAI It yes, specify Cuban, Mexico	IC ORIGIN? (Specify Year	or No— 14. RACE — American Indian, Black, White, atc.
BY		WAR OR DATES	1 YES 2 NO Specif		BPa'ck
					Didek
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Give kind of	USUAL OCCUPATION work done during most of working	16b, KIND OF BUSI	NESS/INDUSTRY
<u>"</u>	Elementary/Secondary (0-12) College (1-4 or	5+) Iffe. Do NOT us	se retired.)		
₹		Carpe	enter	Beth.	Steel
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S NA	ME (First, Middle, Maiden S	umame)
BE (Edgar Thomas		Ma	ry Rivers	3
	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Street and Number or Rural	Route Number City or Town	State 7th Corte
욘	John Simon	5277	Cedonia Ave.	Balto.	Md. 21206
	20s. METHOD OF DISPOSITION		OF DISPOSITION (Name of		ATION — City or Town, State
	Constant Survey Sur	cemetery, crematory or o	ther place	10/23 Bal	
	21. SHAMATURE OF FUNERAL SERVICE LICENSEE	Westell			.to., Md.
	1 1	-	James A. Mo	orton & Sc	ons
	James a. M	stoas	1701 Lauren		
	23. PAR Enter the diseases, or complications to	net ceused the deeth. Do n	of enter the mode of dving suc	as cardiac or resolve	ton amed
	snock, or neert fellure. List bnly one c	auee on each line.	or other the mode of dying, suc	as cardiec or respira	Approximete interval Between
	iMMEDIATE CAUSE (Final disease or condition	210001 -000	0001101000	WILL OF	Onset and Death
	reaulting in deeth) e. A		c cakdiovasc	MUAK 1/1	SEASE
	DUE	O (OR AS A CONSEQUENCE OF	<u>ን</u> :		
N	Sequentially list conditions, b.				1)
CERTIFICATION	if any, leeding to immediate	O (OR AS A CONSEQUENCE OF	ን:		14
2	Cause. Enter UNDERLYING CAUSE (Disease or injury				4
늗	that initiated evente OUE 1 resulting in deeth) LAST	O (OR AS A CONSEQUENCE OF	7):		
ER	d				/
	PART ii. Other significent conditions contributing	o death but not requisite a	- About and about the second of the	All I consider	
EDICAL	The state of the s	o death but not reguling i	in the underlying ceuee given in	Part i. 24a. WAS AN AI PERFORM	
ă				YES 2	NO COMPLETION OF CAUSE OF DEATH?
M				/ `	1 - YES 2 - NO
Y.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		28. PLACE OF DEATH (Ch	ack only one)	
Sic	HOSPITAL:	☐ ER/Outpatient 3 ☐ DOA	OTHER: 4 Nursing Home 5 Residence	93	9 ABBOTT COURT
BY PHYSICIAN:	27. MANNER OF DEATH 28a. DATE (OF INJURY 28b. TIM	OF 28c, INJURY AT	28d. DESCRIBE HOW INJ	
9	Natural 5 Pending	Day, Year) INJ	M 1 YES 2 NO	200. DESCRIBE NOW IND	ON OCCURED
	2 Accident Investigation	OF INJURY — At home, term, a			
	3 Suicide 6 Could not be 28s. PLACE buildin	g, etc. (Specify)	treet, ractory, offica	28t. LOCATION (Street and City or Town, State)	d Number or Rural Route Number,
COMPLETED					
집	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best	ot my knowledge, death occurre	d at the time, date and place, and due	to the cause(a) and manne	er as stated.
8	one) 2 MEDICAL EXAMINER: On the phelo of	axamination and/or investigatio	n, in my opinion, death occured at the	time, date and place, end	due to the cause(s) and manner ea stated.
	294. SIGNATURE AND TITLE OF CERTIFIER	2	29c, LICENSE NUN		
BE	Mua F. Yall.	1 dd			29d. DATE SIGNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED OF	HAE OF DEATH STEEL	0.C.	M.E.	10 - 15 - 1991
	The state of the s			DAIRTMOSS	MADWI AND OTOO!
	MARIO + GOLLE JR.	W// III	PENN STREET	BALTIMORE	,MARYLAND 21201
	OCT 23 1991 Julia Day	AT MONDE			
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				1

ON OF VITAL RECORDS, P.O. BOX 68760,

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIFNE

	REGISTRAR		CERTIF	CATE OF	DEATH	REG. NO).			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3, TIME OF DEATH		
	EILEEN M. T	AYLOR				MONTH		AR AR		
	4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		MRTHPLACE (State or Foreign		
	215-07-7515	1 🗆 M 2 💢 F	71 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 3 - 18 -	C	ARYLAND		
~	9a. FACILITY NAME (If not institution, give	street and number)			R LOCATION OF DE		9c. COUNTY (OF DEATH		
DIRECTOR	BON SECOURS E. C	. F.		ELLICO'	IT CITY,	MD.	НО	WARD		
RE	10a. STATE 10b. COUNT	Υ	10c. CITY	, TOWN OR LOCAT	ION			10d. INSIDE CITY		
	MARYLAND CAR	RROLL	We	OODBINE				1 TYES 2 NO		
FUNERAL	1403 VALLEY I	ANE		101	21797		USA			
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	IN U.S. ARMED S 2 NO DATES	If yes, spi	ENDENT OF HISPAN ecity Cuban, Maxica 2 X NO Specify	IIC ORIGIN? (Specify Yen, Puarto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: WHITE		
COMPLETED	15. DECEDENT'S EDU	ICATION	16a. DECEDENT'S	USUAL OCCUPATIO	N .	16b. KIND OF BU	ISINESS/INDUSTF			
Ħ	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of w life. Do NOT us	rork done during mo: e retired.)	st of working					
4	12th		TRAFF	IC CLERK		MONTGO	MERY WA!	RD		
0	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maider				
BE C	(UNKNOWN) BOU	JGHTER			LILLIA		,			
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	nd Number or Rural F	Route Number, City or Tox	vn. State. Zip Code	9)		
5	EILEEN JOH	NSON	1							
	20a. METHOD OF DISPOSITION	2	0b. PLACE AND DATEO	F DISPOSITION (Na	me of					
	1 XXBurial 2 ☐ Cremation 3 ☐ Rem 4 ☐ Donation 5 ☐ Other (Specify)		ORRAINE P	ARK CEM	ETERY					
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		22. NAME AN	D ADDRESS OF FA	CILITY		TIAKT LAND		
	Down Js	Finher				AL HOME I		G MD 21220		
	23. PART I. Enter the diseases, or	complications that caus	ed the death. Do no							
	ahock, or heart feilure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on	Nom A 7		oa or dying, such	i as cardiac of reap	iratory strest,	Approximata Interval Batween Onset and Death		
CERTIFICATION	DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
MEDICAL	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.						24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AWAIL A COMMPI			
ä										
등	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSSITAL			ACE OF DEATH (Che	ck only one)				
S	1 TYES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Ou		OTHER: 4 Nursing Home	5 - Residence	8 G Other (Specify)				
PHYSICIAN: M	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c, INJU	IRY AT		NJURY OCCURED			
BY	1 Natural 5 Pending 2 Accident Investigation	, , , , , , , , , , , , , , , , , , , ,	11130		ES 2 NO					
	3 Suicide 8 Could not be detarmined	26e. PLACE OF INJUR building, atc. (Sp	RY — At home, farm, st	reel, factory, offica		26f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
	29a. CERTIFIER									
COMPLETED	(Check only	CIAN: To the best of my kno R: On the best of examinati	wiedge, death occurred on end/or investigation	d at the time, date	end plece, end due	to the ceuse(e) and me	nner es atated.	se(s) and manner as stated		
	29b. SIGNATURE AND TITLE OF CERTIFIE									
8	Thomas A.	man to	- h	no	29c. LICENSE NUM	11	29d. DATE SIGN	4ED (Month, Day, Year)		
임	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF D	EATH (ITEM TO CETT	Print)	D / J / (> /	101	12/91		
				DULI	E 208	COLUMBTA	EATH DAY YEAR 3 P. O P. SHITTHPI Country) RTH Year) RTH Year) RTH Year) RTH Year) P. BHITTHPI Country) P. COUNTY OF DEA HOWAF 10g. CITIZEN OF WHI USA PCITY Yes or No— PIC. Sheek, V. Specify: OF BUSINESS/INDUSTRY FIGOMERY WARD Maiden Surname) ICH YOR TOWN, State, Zip Code) TRGINIA 2663 20c. LOCATION— City or Town WOODLAWN, MAR EINC. BALTIMORE, INTERPORTATION OF TREADITATION OF TOWN WAS AN AUTOPSY PERFORMED? YES 2 NO OF (Street and Number or Flural Route, State) (Street and Number or Flural Route, State)	24		
				LUADNI P	ARRWAI,	COLUMBIA,	FID , 20/2	<u>- T</u>		
	31. OUT 23. 0991	1.32. MEGISTRAR'S SIG	andell							



BALTIMORE, MARYLAND 21215-0020 hours after death. Page 6 may be retained by a si in by the funeral director, page 5 should be OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within O. BOX 68760, ۵ DIVISION OF VITAL RECORDS,

HOSPITAL

Michael

1991

delin

31. DATE FILED (Month, Day, Year)

23

Fisher, M.D.

32. REGISTRAR'S SIGNATURE Savidson-Randale

, Loch Raven V. A. Hospital, Baltimore, Maryland

laguespei – a Matthijaja Cala at Millandon Allandon at 1911

ages 1, 2, 3 should

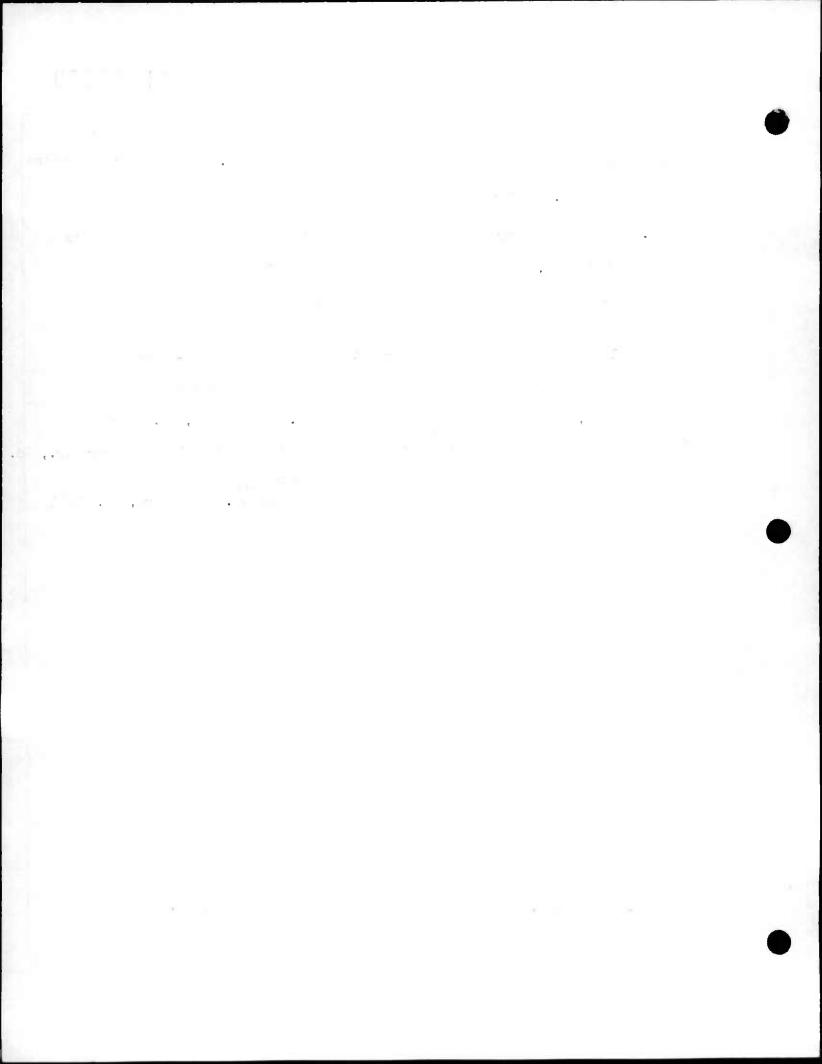
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR	CI	ERTIFI	CATE OF	DEATH		REG. NO.	•		
1. DECEDENT'S NAME (First, Middle, Last) Granville			ARREN		2. DATE O	ber 19	,1991	/EAR	6:20 P
	2 F 83		IF UNDER t YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE O	Day, Tery)	908	BIRTHPI	ACE (State or Foreign h Carolina
9e. FACILITY NAME (If not institution, give street end of Franklin Sq. Hos				OR LOCATION OF DI	EATH		Baltimore County		County
Franklin Sq. Hospansia Hos	nore	10c. CITY,	TOWN OR LOCA					100	Od. INSIDE CITY LIMITS? YES TO NO
100. STREET AND NUMBER 1211 Rustic Ave.				10f. ZIP CODE 21237					AT COUNTRY?
1 Never Married 2 An Merried FOR	DECEDENT EVER IN U.S. ARCES? 1 YES 2 K	MED	If yes, sp	CENDENT OF HISPAN heelify Cuban, Mexice 2 NO Specify	n, Puerlo Ri	(Specify Yee o		. RACE -	- American Indian, White, etc. White
15. DECEDENT'S EDUCATION (Specify only highest grade completed Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last)	(1-4 or 5 +)	ive kind of wo Do NOT use	ISUAL OCCUPATION done during me retired.)	ON ost of working	16b.	KIND OF BUSI	NESS/INDUS		
17. FATHER'S NAME (First, Middle, Last) John Warren						iddie, Maiden S. Brooks	umeme)		
190. INFORMANT'S NAME (Type/Print) Ruby Warren, Wife	191	1211	Rustice	and Number or Rural F	Poute Number Balti	or, City or Town,	State, Zip Co	21237	7
20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City of Town								or Town	State
21. SIGNATURE O FUNERAL SERVICE LICENSEE	desert.	1	22. NAME A	dzinski Eastern	Funer	al Hom	ne PA		
disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST	DUENCE OF): Lobe DUENCE OF): LCETS DUENCE OF):	Lobe Pneumonia JENCE OF): .cers							
PART II. Other aignificant conditions contrib	uting to death but not re	eaulting in	the undarlying	g ceuse given in i		24a. WAS AN AI PERFORM 1 YES 2	ED?	AM CC OF	FRE AUTOPSY FINDINGS AILABLE PRIOR TO IMPLETION DF CAUSE DEATH? YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 S NO 1 Anomaly	TAL: lient 2 □ ER/Outpatient 3		THER:	ACE OF DEATH (Che					
27. MANNER OF DEATH 280.	DATE OF INJURY (Month, Day, Year)	26b. TIME (OF 28c. INJ	JRY AT RK?		Specily) RIBE HOW INJ	URY OCCUR	ED	
2 Accident Investigation	PLACE OF INJURY — At hor building, etc. (Specify)	ne, ferm, atre	M 1 YES 2 NO				vet and Number or Rural Route Number, ste)		
29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the (Check only one) 2 MEDICAL EXAMINER: On the line of the	e best of my knowledge, dea	th occurred	at the time, date	end place, end due t	to the ceuse	e(s) end menne	or es atated.		
29b. SIGNATURE AND TITLE OF GENTIFIER	QQ MD			29c. LICENSE NUM	BER 138	38	9d. DATE SI		onth, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO COMPLE Erik L. Russell, M.D.	1ED CAUSE OF DEATH (ITEM 9000 Fran	klin	Square	Drive Ba	ltimo	re, ME	21	237	/
	EGISTRAR'S SIGNATURE					·		· · · · · ·	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the luminable filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.



DIVISIO

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	RTMENT OF H	HEALTH AND I	MENTAL HYGIEN				
- 6	1. OECEDENT'S NAME (First, Middle, Leat) FLORENE WERREI	Florin	e Werr			2. DATE OF DEATH MONTH DATE OCTOBER 1		3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 217-74-9886 90. FACILITY NAME (if not institution, give	5. SEX 6. AGE (1)	on yrs. lest birthday) O YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 7/19/61	8. BIRTI Count	Md.		
DIRECTOR	THE JOHNS HOPKIN	and the same of th		BALTIM	OR LOCATION OF DE	EATH	BALTIMO			
	Md . 10e. STREET AND NUMBER	Υ		ry, rown on Locar altimor	re		10d. INSIDE CIT LIMITS? MXYES 2			
NERA	1707 Orleans	Street 12. WAS DECEDENT EVER IN		21231		10g. CITIZEN OF WHAT COUNTRY? U.S.A				
EDBY FUNERAL	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	If yes, sp	ecify Cuban, Maxica 2 ANO Specify	IIC ORIGIN? (Specify Yes n, Puarto Rican, atc.)	or No 14. RACI Black Spec	E — American Indian, k, White, atc.			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 11th 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Unemployed									
E COA	17. FATHER'S NAME (First, Middle, Last) Claude Werre	ell Sr.				ME (First, Middle, Maiden :				
Hota	19a. INFORMANT'S NAME (Type/Print) Charles Werre	211				Route Number, City or Town		2025		
FRR THBE	20a. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Rem 4 Donatton 5 Other (Specify)	ovel from State 20b.	PLACE AND DATE	OF DISPOSITION (Na	me of		CATION City or To	wn, Stata		
45 ***	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	c. Cal	22. NAME AN	metery D ADDRESS OF FACE March	n F/H 110		orth Ave		
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Prejum DUE TO (OR AS A C.	consequence of	Xoplain P: Defici	oris		ratory arrest,	Approximeta Interval Between Oneet and Death 2 WEEKS		
	that initiated events resulting in death) LAST PART II. Other eignificent condition	d			j ceuse given in l			WERE AUTOPSY FINDINGS		
PHYSICIAN: MEDICAL						PERFORI		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
YSICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	tlent 3 🗆 DOA	OTHER:	ACE OF DEATH (Che					
B	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be detarmined	28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY - building, atc. (Specif	At home, farm, s	M 1 Y	RK? ES 2 NO	281. LOCATION (Street an City or Town, State)		oute Number,		
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI DIE MEDICAL EXAMINE	CIAN: To the beat of my knowle R: On the beats of examination	dge, death occurre and/or investigation	nd at the time, data	and place, and due to	to the cause(s) and mann	ner as stated.	and manner as stated.		
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	S (INTERNAL I	MEDICINE	RESIDENT	29c. LICENSE NUM		29d. DATE SIGNED			
	30. NAME AND ADDRESS OF PERSON WH DAVID P. MCCARRO	on, MD 600	N. WO	LFE ST,	BALTIMO	HH NE MD	21205			
	31. DATE FILED (Month)	98 P. REGISTRATE SIGNA	Helsen-Alma	LAR.						

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Pages 1, 2, 3 should

or other traumatic event, the medical examiner must be notified at once. cremation. item 23 shows any injury, 6

TO THE FUNERAL DIRECTOR: After this ce tied within 72 hours after death with the IMPORTANT: If item 28 is marked,

TO THE P

2

BE

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29b. SIGNATURE

- 050

TIME OF CERTIFIER

, Day, Year)

9

PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print)

ROY

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28862 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEOENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 2 PM 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 2 -9a. FACILITY NAME (# no CITY, LOCATION OF DEATH COUNTY DIRECTOR a 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY (ienna 1 XES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 18 US 12. WAS DECEDENT EVER IN U.S. 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cubs Never Married 2 Married YES, GIVE WAR OR DATES Specify: Black BY Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of life. Do NOT use retired.) 15. DECEDENT'S EOUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) A 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surna B White Lynn lowanda acksor BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 20s.METHOD OF DISPOSITION
1 Burlal 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE ANO OATE OF DISPOSITION (Name of cemetary, crematory or other place) OATE 20c. LOCATION - City or Town, Stata 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Henry Stewart F uneral Home Washington Street amb WD 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or haert failure. List only one cause on each line. Approximate interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF CERTIFICATION Sequantially liet conditions, DUE TO (OR AS A CONSEQUENCE If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other aignificent conditions contributing to deeth but not resulting in the underlying cause given in Pert i. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 | YES 2 | NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 TYES 2 NO 4 🗆 Nu ne 5 🗆 Residence 6 🗆 Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28d. OESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 6 Could not be determined 4 Homicide 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my 2 MEDICAL EXAMINER: On the b

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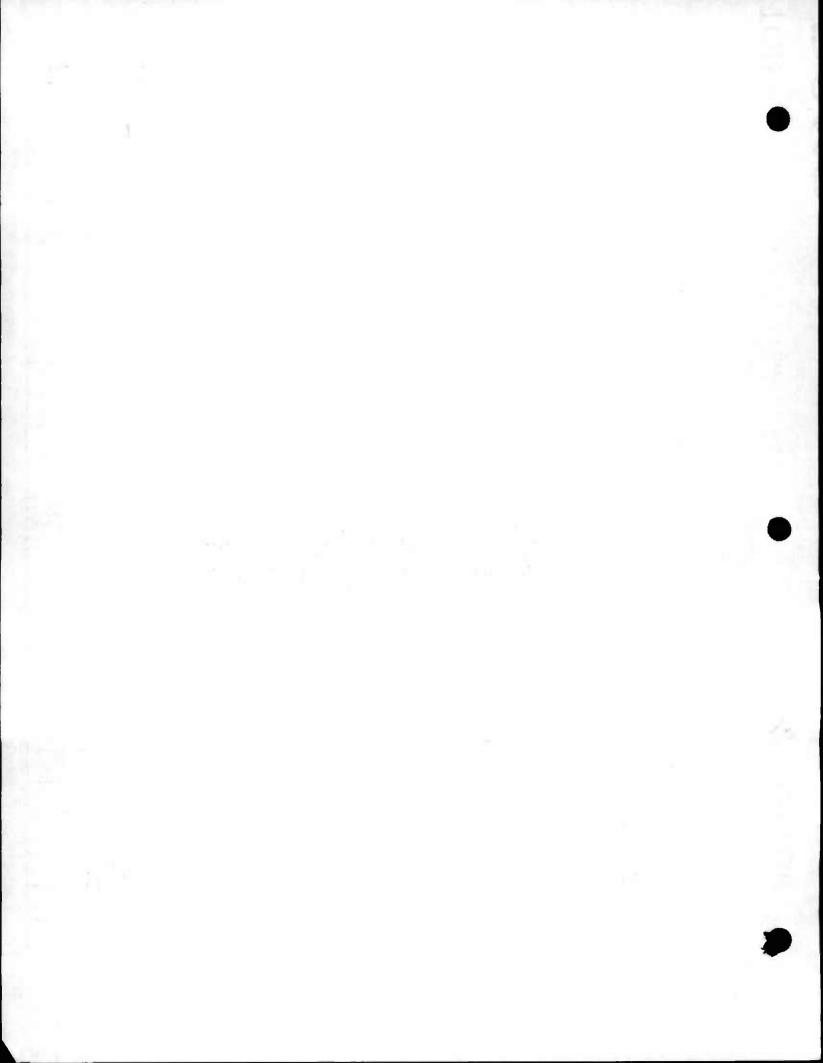
29d. DATE SIGNED (Month, Day, Year)

20

a

29c. LICENSE NUMBER

MDD



3. TIME OF DEATN

2. DATE OF DEATN

October 19, 1991

EDWARD

CARLETON

WILSON

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event,

other traumatic CERTIFICATION

injury, or

PHYSICIAN:

BY

COMPLETED

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filled in by the fion, or removal.

BALTIMORE, MARYLAND 21215-0026

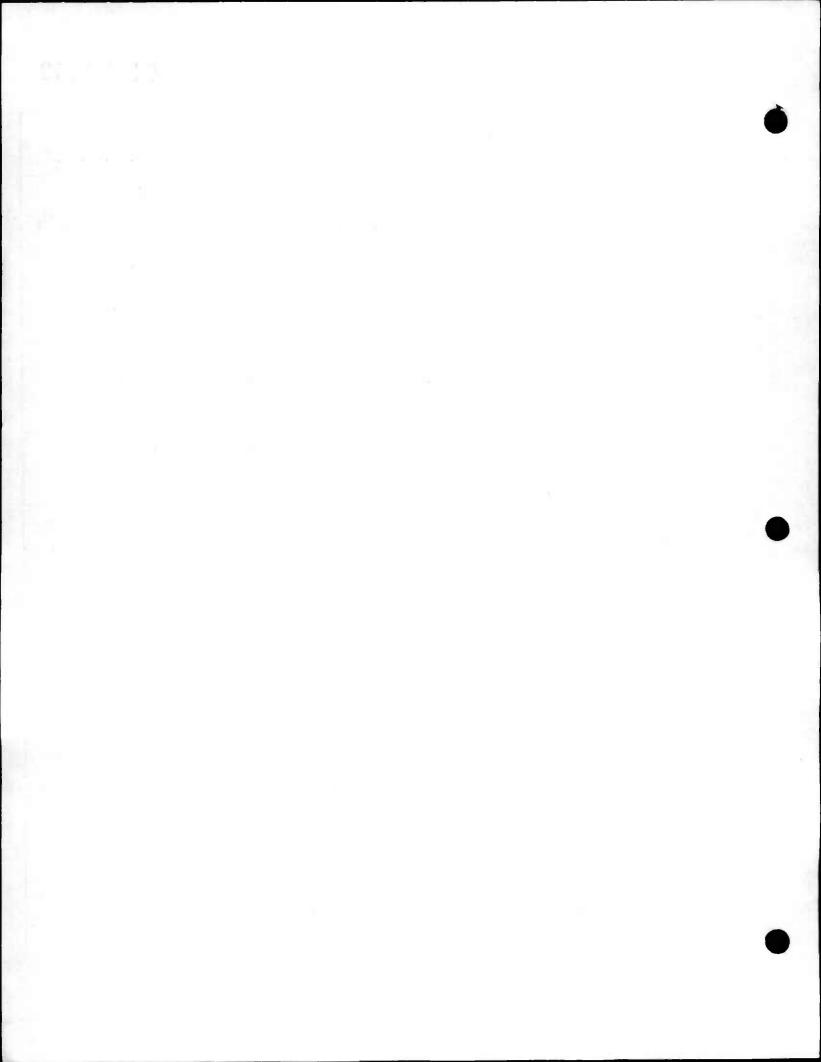
permit. Pages 1, 2, 3 should

completely filled rial, cremation, c HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within signed by the attending physician and com Health and Mental Hygiene prior to burial, s certificate has been signed by the State Dept. of Health and td. or Item 23 shows any in TO THE HOSPITAL OR ATTENDING PHYSICIAN
TO THE FUNERAL DIRECTOR: After this certif
be filed within 72 hours after death with the
IMPORTANT: If Item 28 is marked, or

4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTN
(Month, Day, Year)
Feb. 17, 1910 IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign HOURS Mississippi 1 M 2 F 217-07-0335 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 817 Branford Circle Lutherville Baltimore DIRECTOR RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY
LIMITS?
1 YES 2 NO Baltimore Maryland Lutherville FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 817 Branford Circle 21093 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? XX YES 2 NO 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No-14. RACE - American Indian, Black, White, etc. FORCES? XX YES 2
IF YES, GIVE WAR OR DATES 1 Never Merried 2 Merried If yes, specify Cuben, Mexicen, Puerto Ricen, etc.) В 1 TES 2 NO Specify 3 Widowed 4 Divorced White WWII 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 18b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) Elementary/Secondery (0-12) Bar Owner 12 Self Employed 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumeme Pattie Killebrew Abijah Howard Wilson Olivia 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Same as #10a - #10f. Regina A. Wilson 20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE 1 X Buriel 2 Cremation 4 Donetton 5 Other (Specify) New Cathedral Cemetery 10/22/91 Baltimore, Maryland 21. SIGNATURE OF FUNERAL SERVICE 22. NAME AND ADDRESS OF FACILITY Ruck Towson Funeral Home, Inc. Syray 1050 York Rd., Towson, Maryland 21204 Ernest 23. PART I. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, auch as cerdiec or respiratory arrest, shock, or haert failure. List only one cause on each line. Approximate interval Between IMMEDIATE CAUSE (Final MYOCARDIAL INFACTION

DUE TO (OR AS A CONSEQUENCE OF): Oneel and Death diseese or condition resulting in deeth) SAMK Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated evente reaulting in death) LAST PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Pert i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24e. WAS AN AUTOPSY 1 YES 2 4NO OF DEATH? 1 TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) EXAMINER? HOSPITAL: OTHER: 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Reeldence 8 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c, INJURY AT 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 1 YES 2 NO 2 Accident Investigation 3 Suicide 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 8 Could not be determined 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 29e. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the ceuse(e) end menner ee atsted. 2 __ MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end piece, end due to the ceuse(e) end menner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER amod DO 1373 10-21-91 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Carmody, M.D. 7505 Osler Drive, Suite 212, Towson, Maryland Francis X. 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE OC 1991 Julia Davidson-Bandalle



	1 - FOR STATE 0	F MARYLAND / D	EPARTI	MENT OF HEALTH	AND MEN	ITAL HYGIEN						
	1. DECEDENT'S NAME (First, Middle, Last) LAJEEDA (Baby LaJed			DRK	2. [DATE OF DEATH DON'TH DON'TH DON'TH		3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER 5. SEX 1 M 2 9a. FACILITY NAME (If not institution, give street and number		YRS.	UNDER I YEAR IF UNDER NTHS DAYS HOURS 7	MIN,	DATE OF BIRTH Month, Day, Year)	8. BIRT Coun	HPLACE (State or Foreign try)				
CTOR	JOHNS HOPKINS HOSPITAL BALTIMORE RESIDENCE OF DECEDENT											
DIRECTOR	Md.			imore,				16d. INSIDE CITY LIMITS? 1 X YES 2 NO				
ERAL	1304 LaFayette Ave	nue		10f. ZIP CODE 2120			10g. CITIZEN OF U.S	WHAT COUNTRY? A				
COMPLETED BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married FORCES? 3 Wildowed 4 Divorced IF YES, GI	Married 2 Married FORCES? 1 YES 25 NO					or No — 14. RAC Blac Spec	E - American Indian, ok, White, atc.				
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 of Child	(Glve iiile. Do	DENT'S US kind of work NOT use n	r	g	16b. KIND OF BU	SINESS/INDUSTRY					
BE CO	17. FATHER'S NAME (First, Middle, Lest) Alphaus Brown			Pá	atric		k					
2	19a. INFORMANT'S NAME (Type/Print) Patricia York 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1304 LaFayette Ave./Baltimore, Md. 21202											
	20b. PLACE AND DATE OF DISPOSITION 1 Burlel 2 Cremation 3 Removal from State 4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 20b. PLACE AND DATE OF DISPOSITION (Name of cemelery, cremetory or other place) King Memorial Pk. Cem. 220c. LOCATION — City or Town, State Randallstown, MD.											
	· Glades w	Carre					1 E. No	orth Ave.				
N	23. PART I. Enter the diseases, of complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory strest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF); Sequentially list conditions,											
CEMILIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST d.											
MEDICAL	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 XES 2 \(\text{NO}\) NO OF COM											
Z A	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL	:	0	26. PLACE OF DE	EATH (Check on	ly one)						
DI PRISICIAN:	27. MANNER OF DEATH 28s. DATE	2 ER/Outpetlant 3X1 E OF INJURY th, Day, Year)		Nursing Home 5 Re	28d.	Other (Specify) DESCRIBE HOW II	NJURY OCCURED					
	3 Suicide 28a, PLAC	CE OF INJURY — At home, ing, atc. (Specify)	farm, atree	t, factory, offica	281.	LOCATION (Street a City or Town, State)	and Number or Rural	Route Number,				
COMPLEIED	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the besidence of the control of the period of the control of the certain cont							s) and manner as stated.				
10 02	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO COMPLETED	lute my) (Type, Pric	0.0	. M . E		29d. DATE SIGNED ▶ 10 - 18	(Month, Day, Year)				
	31. DATE FILED (Mgg(h_Day, Year) 32. Ragis	TRAR'S SIGNATURE	1 N.		EET B	ALTIMO	RE, MARY	LAND 2120				
	UG1 23 1991 July	a Davidson-Ran	dell	7								

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and the state of

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Last) JOHN R. YAISS		2. DATE OF DEATH MONTH DAY YEAR	3. TIME OF DEATH						
	The state of the s	yrs. fast birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.	OCT. 15 1991	10 A.M.						
	231 14 7254 A 18420F 67	yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHE DAYS HOURE MIN.	7. DATE OF BIRTH (Month, Day, Year) APRIL 1924 6. BIRTHPLACE (State or Foreign Country) VIRCTICAL							
_	9a. FACILITY NAME (If not institution, give street and number)	9b. CITY, TOWN OR LOCATION OF D								
DIRECTOR	2559 FERRING MANOR	ROAD BALTIMORE								
3EC	40a. STATE 10b. COUNTY	10c. CITY, TOWN OR LOCATION	10d, INSIDE CITY							
	MARYLAND	BALTIMOR	1 S YES 2							
₹.	10e. STREET AND NUMBER	10f. ZIP CODE	10g. CITIZEN OF WHAT COUNTRY?							
FUNERAL	2559 PIRRING MANOR	KOAO 21234	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	S-A.						
	11. MARITAL STATUS 1 Never Married 2 Married 12. WAS DECEDENT EVER IN U FORCES? 1 YES	NIC ORIGIN? (Specify Yes or No- 14. R. an, Puerto Rican, atc.)	ACE — American Indian, lack, White, etc.							
ВУ	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATE	1 YES 2" NO Speci		pecify:						
9	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	6a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working	16b. KIND OF BUSINESS/INDUSTR	Y						
9	Elementary/Secondary (0-12) College (1-4 or 5+)	life. Do NOT use retired.)								
COMPLET	8 167.	SALES	HEATTOG C	-0.						
	17. FATHER'S NAME (First, Middle, Last)	18. MOTHER'S N	AME (First, Middle, Malden Surname)							
BE	19a. INFORMANT'S NAME (Type/Print)	TIPE MAIL INC ADDRESS (Street and Market	CS HARTIN							
임	FAMILY RELORDS	19b. MAILINO ADDRESS (Street and Number or Rural								
	20a, METHOD OF DISPOSITION	ACE AND DATE OF DISPOSITION (Nama of	DATE 20c. LOCATION — City or	Town State						
	4 Donation 5 Other (Specify)	Commentery or other place)	10-13 BALTO. (70						
	21. SIGNATURE OF EUNERAL SERVICE LICENSEE	22. NAME AND ADDRESS OF FA	CRITY	75.5						
	truly to 2 many	8800 HARF		Krills						
	23. PART I. Enter the diseases, or complications that caused the	a death. Do not enter the made of didentity	th es cardiec or respiratory arrest	Approximata						
	ehock, or heart fallure. List only one cause on each	h line.	and the second s	Interval Between Onset and Death						
	44	AC ARREST		Chaet and Death						
	resulting in death) a. CARDIAC ARREST DUE TO (OR AS A CONSEQUENCE OF):									
NO	Sequentially list conditions, Due TO (OR AS A CONSEQUENCE OF)									
CERTIFICATION	If any, leeding to immediate cause. Enter UNDERLYING WE TRANSCOURCE OF:									
FIG	CAUSE (Disease Dr Injury that initiated events DUE TO (OR AS A CO		TR NECH							
E	resulting in death) LAST			İ						
	PART II Other significant conditions contribution to death but			+						
EDICAL	PART II. Other significant conditions contributing to deeth but	not resulting in the underlying cause given in	Pert I. 24a. WAS AN AUTOPSY PERFORMED? 2	4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO						
			1 TES 250 NO	COMPLETION OF CAUSE OF DEATH?						
Σ.			_	1 TYES 2 NO						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	28. PLACE OF DEATH (Ch	eck only one)							
Sic	EXAMINER? 1 □ YES 2 ⋈ NO HOSPITAL: 1 □ Inpetient 2 □ ER/Outpetie	OTHER:								
E	27. MANNER OF DEATH 28s. DATE OF INJURY	28b. TIME OF 28c. INJURY AT WORK?	28d. DESCRIBE HOW INJURY OCCURED							
BY	2 Accident Investigation 10/15/19	/ / 0 / M 1 □ YES 2 □ NO								
ED	3 Suicide 8 Could not be determined 4 Homicide 8 Could not be determined	At home, farm, street, factory, office	281. LOCATION (Street and Number or Rura City or Town, State)	A Route Number,						
Ē			M. 17 1 952 1							
P P	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the beet of my knowledge one)	je, death occurred at the time, data and place, and due	to the cause(a) and manner as stated.							
COMPLET	one) 2 MEDICAL EXAMINER: On the basis of axamination an	d/or investigation, in my opinion, dasth occured at the	time, data and place, and due to the cause	e(s) and manner as stated.						
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUM	ABER 29d. DATE SIGNI	ED (Month, Day, Year)						
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH	17V D111	11 001	16,1991						
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF BEATH	(ITEM 27) (Type, Print) 4 MO	1 1/2-10	1410						
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATU	RE DAY	nunue	vones						
	OCT 2 3 199	Julia Davidson-Randalla								

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	:KIIIFI	CALE OF	DEA	IH	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest)	2550002	hi Jea	n R.	Zubrov	vski	*	DATE OF DEATH DA	Y .	YEAR 3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 218 01 7272	5. SEX 1 M 2 F	6. AGE (In yrs. last		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER	MIN.	Dec. Day 201	914	8. BIRTHPL	NCE (State or Foreign
	9e. FACILITY NAME (If not institution, give :	street and number)			9b. CITY, TOWN	OR LOCATI	ON OF OEAT	Н	9c. COUN	ITY OF DEAT	Н
Œ	Riverwie / Nursin	g Center			Esse	x			Baltimore Co.		
읽	RESIDENCE OF DECEDENT										
Ĕ	10e. STATE 10b. COUNT	10c. CITY	TOWN OR LOCA	TION				10	d. INSIDE CITY LIMITS?		
DIRECTOR		Harry]	Baltimo				QC YES 2-		
FUNERAL	10e. STREET AND NUMBER				10	if. ZIP COD			10g. CITIZEN OF WHAT		
9		st Ave.					.224			USA	
ו הַ	11. MARITAL STATUS		T EVER IN U.S. ARI				ORIGIN? (Specify Yee Puerto Ricen, etc.)	or No-	14. RACE	American Indian, /hite, atc.	
B	1 Never Merried 2 Merried 3 X Widowed 4 Divorced		MAR OR DATES			NO XX		. 4010 111011, 010,		Specify:	White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	18e. DE	CEDENT'S L	JSUAL OCCUPAT ork done during m	ON oet of worki	ng	18b, KINO OF BUS	INESS/IND	USTRY	
<u> </u>	Elementery/Secondary (0-12)	College (1-4 or 5	lite	Do NOT use	retired.)		'ny	Cl	othi	ng Co.	
린	3			969	mstres	>				0	
ő	17. FATHER'S NAME (First, Middle, Last)	D 1 1				18. MOT	HER'S NAME	(First, Middle, Maiden	Surname)		
BE C	Walter	Przybylo	wski.				Micha	lina r			
TO B	190. INFORMANT'S NAME (Type/Print) Geraldine Delss	Niece	198	408 E	ADORESS (Street	and Numbe	Balti	more, Md.	2122	Code)	
	20a. METHOD OF DISPOSITION P Burlal 2 Cremation 3 Rem		20b. PLACE	OF DISPOS	TION (Name of o	ernetery, crea	matory or	20c. LO	CATION —	City or Town	State
	PE Burial 2 ☐ Cremation 3 ☐ Rem 4 ☐ Donetion 5 ☐ Other (Specify)	noval from State	Holy	Rosa	ary Cem	etery	10			more	
- 1	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE			22. NAME /	ND ADDRE	SS OF FACIL				
	(Mun E	Sounday	conta					uneral Ho			_
	23. PART i. Enter the diseases, or	11					tern				Md. 21221
	ahock, or heart fellure. Liet only one cause on each line. interval Between Oneet end Deeth O										
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING										
윤	CAUSE (Disease or injury that initiated events	C	OR AS A CONSEC	DUENCE OF):						
	recuiting in desth) LAST		(,-						
핑		d									
	PART ii. Other eignificant condition	na contributing to	daath but not r	eculting in	n the underlyi				ERE AUTOPSY FINDINGS		
DICAL	Diagretes Messi	201						PERFOR	-	C	MILABLE PRIOR TO OMPLETION OF CAUSE
								_ ' ' ' '	Esparo		F DEATH?
~	1							-		,	YES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL				20.1	I ACE OF	DEATH (Chec	k only one)			
PHYSICIAN:	EXAMINER?	HOSPITAL:			OTHER:						
<u>×</u>	1 YES 2 NO	28e. DATE O	ER/Outpatient 3	_				Other (Specify)		NI IN III	
ВУ РН	1 Natural 5 Pending 2 Accident Investigation		Day, Year)	28b. TIME	JRY W	JURY AT ORK? YES 2	□ NO	28d. DEŞCRIBE HOW I	NJURY OC	CURED	
0	3 Suicide 8 Could not be 4 Homicide determined		OF INJURY — At ho , etc. (Specify)	me, farm, a	treet, factory, off	Ce	1	City or Town, State)	and Number	or Rural Rou	te Number,
	290. CERTIFIER	V									
COMPLETE	(Check only	Carrier and Carrie									and the second
Š	2 MEDICAL EXAMIN	ER: On the basis of	examination and/or i	Investigation	n, in my opinion,	death occu	red at the ti	me, date end piece, en	d due to th	e ceuse(e) a	nd manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIE	wood:	0,00			29c, LIC	ENSE NUMB	ER CO	29d. DAT	E SIGNED (M	lonth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON W		JSE OF CEATH (ITE	M 27) (Type,	Print)		1 1621			COLC	
	Michael School 31. DATE FILEO (MORTH, Day, 1640)	auts or D	606	Har	OG 0101	ع د	aue	Back	0 - 0	7d:	21225
- 1	SI. DATE PILEO (MORITI, Day, 1887)	2 B 1991	AR'S SIGNATURE		-Adaptess	*			•		

		REGISTRAN		OLITTI	TOATE	OI DEATH	HEG. NO.						
		1. DECEOENT'S NAME (First, Middle, Last)	Zurch	ner			2. DATE OF DEATH	AY 91	ar 1254 A M				
		4. SOCIAL SECURITY NUMBER		AGE (in yrs. lest birthday		YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	6. E	SIRTHPLACE (State or Foreign				
		219 10 1515		Country)									
3 should	_	Se. FACILITY NAME (If not institution, give about and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH											
N	Ē	ST JOSEPH HOSPITAL TOWSON BAHING											
ages 1	DIRECTOR	10e. STATE 10b. COUNTY		10d. INSIDE CITY LIMITS?									
permit, Pages 1,		100, STREET AND NUMBER	imors		TAR	Kville		I marilla a series	1 TES 2 NO				
Sit De	RAI		ARFORD R	Dann DG	7	101. ZIP CODE		10g. CITIZEN OF WHAT COUNT					
al-tram	FUNERAL	11. MARITAL STATUS	12. WAS DECEOENT EV FORCES? 1			AS DECENDENT OF HISPA		or No- 14.	RACE — American Indian, Black, White, etc.				
attending physician.	à	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR O			YES 2 NO Specif			Specify:				
attend ISE as	ם	15. DECEDENT'S EDU- (Specify only highest grade	CATION completed)	16a. DECEDENT	of work done du	CUPATION ring most of working	16b. KIND OF BU	SINESS/INDUST	RY				
pital or atte	밀	Elementary/Secondary (0-12)	College (1-4 or 5+)	IHe. Do NOT	use retired.)	ans.							
the hospital detached fo	BE COMPLET	17. FATHER'S NAME (First, Middle, Last)			, , , , ,	18. MOTHER'S NA	AME (First, Middle, Malden	Surname)					
3 G &		LHIM'L L	ARROLL			MAI	Ble Dol	MAN	1				
e retained s 5 should notified	70	196. INFORMANT'S NAME (Type/Print) FAMILY RECORDS 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) SAME AS ABOVE											
ter death. Page 6 may be the funeral director, page yval.		20e. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Rem	oval from State	20b. PLACE ANO DA				CATION — CHY	m 1				
Page 6 al directo		4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 22. NAME AND ADDRESS OF FACILITY											
death. Pag e funeral di I. examiner			- /		SV	ANSCHAR		BORIS	<u>ک</u>				
nours after do in by the 1 or removal.		23. PART I. Enter tha diseasea, or o	Nama / h	used the death. D		300 HARF	CAOT UP)	-IARK	Approximata				
ed wrthin 24 hou ompletely filled in it, cremation, or event, the me	N.	shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	disease or condition resulting in death) Sequentially list conditions, Due to for as a consequence of: Control of the conditions, Due to for as a consequence of: Due to for as a consequence of:										
ertificate be executing physician and cigiene prior to bunia	CATION	If any, laading to immediate cause. Enter UNDERLYING											
eath certificate be attending physician rtal Hygiene prior ty, or other traus	FIC	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF):											
H H	ERTIFI	resulting in death) LAST a. Corenny Artery Discose											
E Se e	L CE	PART II. Other algnificant condition	N AUTOPŞY	24b. WERE AUTOPSY FINDINGS									
that that h	일		11 1000	PERFORMED? AMAI COM LI YES 2 NO OF 6									
sign Hea	MEC		_		1 YES 2 NO								
N: The law req icate has been State Dept. of item 23 sho	AN:	25. WAS CASE REFERRED TO MEDICAL				DE DI AGE OF DEATH OF	thank and an-1						
PHYSICIAN: The law req this certificate has been with the State Dept. of rked, or item 23 sho	SICIAN:	25. WAS CASE REFERRIED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	I/Outpatient 3 🗆 DO/	OTHER:	25. PLACE OF DEATH (C							
YSICIA s certif th the od, or	РНУ	27. MANNER OF DEATH	26a. DATE OF INJ (Month, Day, Y	URY 28b.		Rec. INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCUR	ED				
DING PHYS After this of death with	ВУ	1 Natural 5 Pending 2 Accident Investigation			М	1 YES 2 NO							
TTEN TOR: after		3 Suicide 6 Could not be 4 Homicide determined	25e. PLACE OF IN building, etc.	JURY — At home, fan (Specify)	n, atreet, facto	ry, office	261, LOCATION (Street City or Town, State	end Number or i	Rural Route Number,				
424	1 = 1	(oncom only				ne, date and place, and du Inlon, death occured at th			euse(a) and manner as stated.				
TO THE HOSPITAL TO THE FUNERAL I be filed within 72 h IMPORTANT: If it	TO BE C	296 SIGNATURE AND TITLE OF CERTIFIE	MRICH	LIID		D31	JMBER 626		ONED (Month, Day, Year)				
	F	30. NAME AND ADDRESS OF PERSON WE	HACUM		irpe, Print)	Joseph-	Hospiel	Be	+ MA				
		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S			1							
,				- 1									

Vac: no

MARKET C

BALTIMORE, MARYLAND 21203-3146

	1. DECEDENT'S NAME (First Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH													
	LILLIAN	ZE	CTERS	•						10	2		91	1:20P "
ľ	4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER	1 YEAR	IF UNDER		7. DATE OF B (Month, Day	(Year)		Countr	PLACE (State or Foreign
	213-28-716		1 M 2 F	84	YRS.	MONTHS	DAYS	HOURS	MIN.	April	10	190	7 Ma	aryland
	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Meridian Nursing Center (Cromwell) Baltimore											EATH		
5	Meridian N		g Cent	er (Cron	wel	vell) Baltimor					re			
DIRECTOR	10a. STATE	10b. COUNTY	,	-	10c. CIT	Y, TOWN	OR LOCA	TION				10d. INSIDE CITY		
E	Maryland	Balt	imore						212	222			1	LIMITS? 1 YES 2 X NO
AL	10s. STREET AND NUMBER				101. ZIP CODE						10g. CITIZEN OF WHAT COUNTRY?			
FUNERAL	8112 Strat	man F	₹oad		21222								U.	S.A.
5	11. MARITAL STATUS 1 Never Married 2		12. WAS DECEDEN	T EVER IN U.S. AR	MED 10	13.	WAS DEC	CENDENT (OF HISPAN	n, Puarto Rican, atc.) Biac				— American Indian, t, White, stc.
ВУ	3 Widowed 4 Divo			MAR OR DATES					Specify				Speci	White
	15. DEC	EDENT'S EDUC	CATION	16a. DE	CEDENT'S	USUAL O	CCUPATI	ON		16b. KIN	D OF BUS	INESS/IND		
	(Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use retired.) (Give kind of work done during most of working life. Do NOT use retired.)													
립	6th Saleslady Grants													
ŏ	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elamentary/Secondary (0-12) 6th 5aleslady Grants 17. FATHER'S NAME (First, Middle, Last) William Sinners 19a. INFORMANT'S NAME (Type/Print) Mr. James E. Zeiters Jr. 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Saleslady Grants 18b. KIND OF BUSINESS/INDUSTRY 18b. KIND OF BUSINESS/INDUSTRY 18b. KIND OF BUSINESS/INDUSTRY 18c. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Saleslady Grants 18c. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Saleslady Grants 18c. NIND OF BUSINESS/INDUSTRY 18b. KIND OF BUSINESS/INDUSTRY 18c. KIND OF BUSINESS/INDUSTRY 18c. KIND OF BUSINESS/INDUSTRY 18c. KIND OF BUSINESS/INDUSTRY 18c. KIND OF BUSINESS/INDUSTRY 18c. KIND OF BUSINESS/INDUSTRY 18c. KIND OF BUSINESS/INDUSTRY													
	20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) 20c. LOCATION — City or Town, State													
	21. SIGNATURE OF TURERAL SERVICE LICENSIZE 22. NAME AND ADDRESS OF FACILITY JOSEPH N. Zannino Jr. Funeral Home													
	1/1/n	1.	12			J	ose	ph N	1. Z	annin	o Ji	c. F	une	ral Home
	Grow	uj	Ja	nny	v	26	3 8	6. C	onkl	ling S	t,	Bali	to.	Md.21224
	23. PART I. Enter the di ahock, pr h	iseaaes/ Dr c eart failwre. I	complications the List only one car	at coused tha de use on each line	eth, Dp i	npt ente	r the me	ode of dy	ing, euc	h ea cardiac	or respi	retory ar	reet,	Approximete Interval Between
	IMMEDIATE CAUSE (Fig.	set	10.1	. 1		_ /			_	4		-		Onset and Death
	disease or condition and disease or condition													
_	() a befor hellitus													
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate													
CAT	If any, leading to immediate cause. Enter UNDERLYING CAUSE. (Disease pr injury													
Ē	that initieted events		DUE TO	OR AS A CONSE	OUENCE O	F):								
E	resulting in death) LAS	" (d											
	PART II. Other significe	ent condition	s contributing to	death but not	resulting	In the u	ndariyin	g cause	given in	Part I. 24s		AUTOPSY	24b	WERE AUTOPSY FINDINGS
MEDICAL	82	Dan	nentia			_					PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
ED		Con	estilis	Kear	+ E	rele	w			— I .,	160 2			OF DEATH? 1 YES 2 NO
1		0			1					_				
Ϋ́	25. WAS CASE REFERRED T	O MEDICAL						LACE OF I	DEATH (Ch	eck only one)				
PHYSICIAN:	1 TES 2 NO		HOSPITAL:	☐ ER/Outpetlant 3	DOA	4 Nu	R: rsing Hor	ne 5 🗆 R	Realdence	8 Other (Sp	ectfy)			
PH	27. MANNER OF DEATH	2 0	28a. DATE O (Month,	F INJURY Day, Year)	28b. TIR	ME OF JURY		JURY AT ORK?		2ad. DEŞCRI	BE HOW I	NJURY OC	CURED	
B⊀		Pending Investigation				М		YES 2	□ NO					
	3 Sulcide a 4 Homicide	Could not be determined	28e. PLACE building	OF INJURY — At he i, etc. (Specify)	ome, farm,	street, fac	tory, offi	Ca		28f. LOCATIO City or To	N (Street : wn, State)		or or Rural	Route Number,
ET	no continue	20-3-2-111					_							
COMPLETED	anal .		ICIAN: To the best of											
S				examination and/or	investigati	on, in my	opinion,	daatn occi	ured at the	time, data and	pleca, ar	nd dua to t	he cause(a) and menner as stated.
BE	296. SIGNATURE AND TITLE	OF CERTIFIE	1/ 0	rlujuo				17-1-1	CENSE NUI			29d. DA		(Month, Day, Ybar)
5	30. NAME AND ADDRESS O	E DEBGUN AND			M 270 /E-	a Option's		/) 4/	022			10-	23-91
·	8604	(Jose	ne ad			1	21	234	·					
31. DEFLECTMAN, 2009 July Surgistrat's SIGNATURE 31. DEFLECTMAN, 2009 July Surgistrat's SIGNATURE														

(((9) CC C

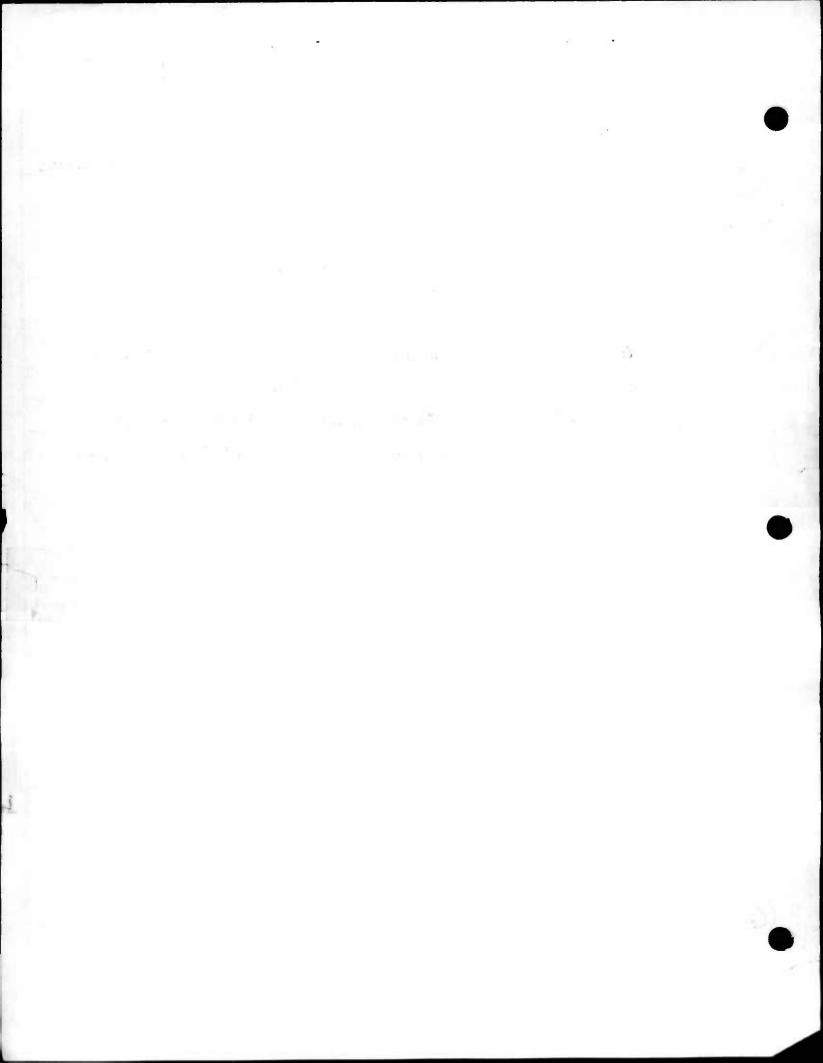
BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physician.	filled in by the funeral director, page 5 should be detached for use as the burial-transit pe on, or removal.	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit pe be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

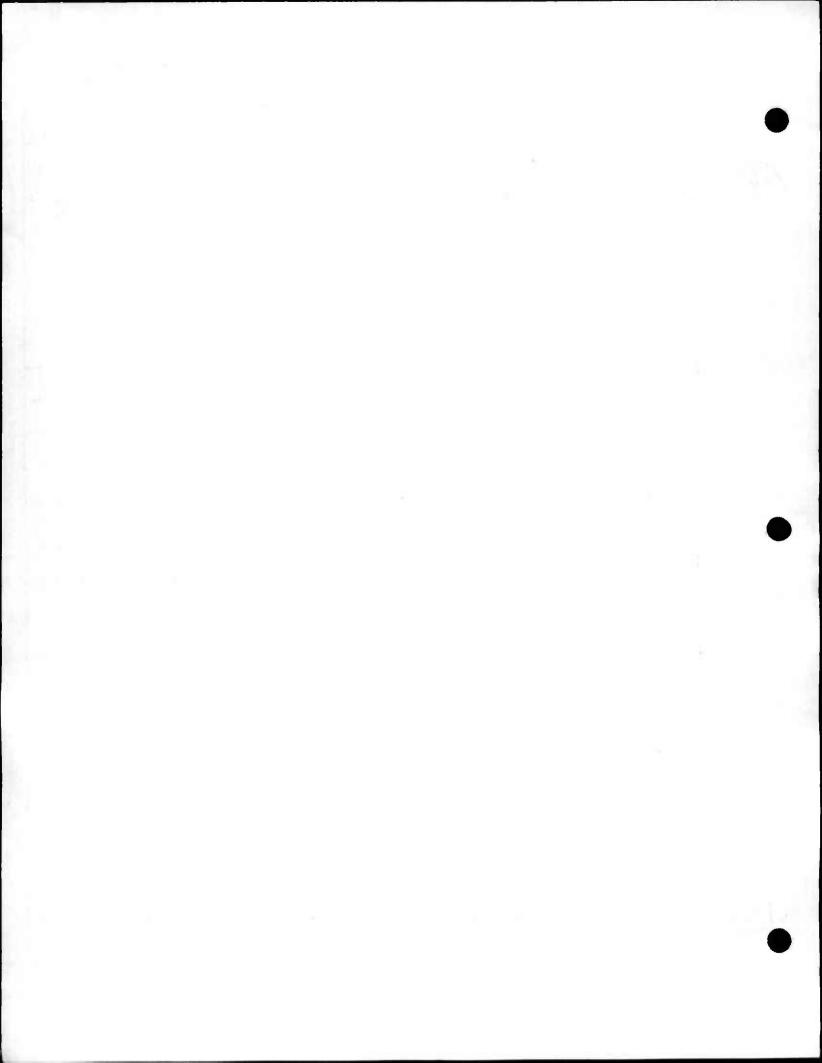
	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF H	EALTH AND DEATH	MENTAL HYGIENI REG. NO.	E	000				
	1. OECEDENT'S NAME (First, Middle, Last)	Anthony	1	4		2. DATE OF DEATH MONTH DA		3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER 225 28 5762	1 Du Nels	n yrs. lest birthday) 7 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	6, BIR Cou	THPLACE (State or Foreign nitry) Onthe CAtolina				
DR	90. FACILITY NAME (If not institution, give street and number) 90. COUNTY OF DEI 175-70 FOREST GLAN 90. COUNTY OF DEI 91. CITY, TOWN OR LOCATION OF DEATH 90. COUNTY OF DEI 91. CITY, TOWN OR LOCATION OF DEATH 90. COUNTY OF DEI 91. CITY, TOWN OR LOCATION OF DEATH 90. COUNTY OF DEI 91. CITY, TOWN OR LOCATION OF DEATH											
RECT	10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT				10d. INSIDE CITY				
FUNERAL DIRECTOR	100. STREET AND NUMBER	16		LIMITS?								
VER	5907 Blackho	rwk Dr		C	21P CODE 20745	5	Of S	WHAT COUNTRY?				
ВУ	11. MARITAL STATUS 1 Never Merried 2 Nerried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR OA	2 NO	13. WAS OEC It yee, spi 1YES	cify Cuban, Maxic	NIC ORIGIN? (Specify Yee en, Puarto Ricen, etc.) fy:	Ble	No- 14. RACE - American Indian, Black, White, etc. Specify: Black				
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	completed)	18e. DECEDENT'S U (Give kind of wo	ISUAL OCCUPATION ork done during more retired.)	N st of working	16b. KIND OF BUS	INESS/INDUSTRY	T (BUUPAS				
MPL	Elementary/Secondary (0-12)	College (1-4 or 5 +)	Dones	1		Priva	le Hou	nes				
	17. FATHER'S NAME (First, Middle, Last)	hhsoh			^	ME (First, Middle, Meiden S						
TO BE	19e. INFORMANT'S NAME (Type/Print)	1/	19b, MAILING A	ADORESS (Street e	A hhi nd Number or Rural	Poute Number, City or Town						
	209 METHOO OF DISPOSITION	Troly	SGOT BI	DISPOSITION WA		Forest He		nd.				
	1 Buriel 2 Cremetion 3 Remo	oval from Stata cegy	etery crematory or other	Cenete	hy	Sout FAIL	faz Co,	VA-r				
	21. SIGNATURE OF FUNERAL SERVICE LIC	In The	hear	GRE	ENE /	TH- 814	FRANK	IN ALEX.				
		complications that caused Liat only one cause on se	the deeth. Do no ch line.	t enter the mor	de of dying, suc	h es cerdiec or reapir	atory arrest,	Approximete interval Between				
	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due to (or As a consequence of): Onset and Death Onset and Death											
NO	End Stax Renal Disease 3 month											
CATI	if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or intervent) Sepsis - etiology unknown 3-5 days											
CERTIFICATION	thet initiated events resulting in desth) LAST DUE TO (OR AS A CONSEQUENCE OF):											
CAL C	PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Pert I. 24a. WAS AN AUTOPSY FINDINGS AMAILABLE PRICE TO											
						1 YES 2	2	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
PHYSICIAN: MEDI						-		1 PYES 2 NO				
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 4 NO	HOSPITAL:		OTHER:	ACE OF DEATH (Ch							
PHY	27. MANNER OF DEATH	28e. OATE OF INJURY (Month, Day, Year)	28b. TIME (OF 28c, INJU	RY AT	6 Other (Specify) 28d. OESCRIBE HOW IN.	JURY OCCUREO					
B	1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	28s. PLACE OF INJURY		M t 🗌 Y	ES 2 NO	264 4 0047104 (0)						
ETED	4 Homicide 6 Could not be determined	building, etc. (Specif	γ)	et, factory, office		28t. LOCATION (Street an City or Town, State)	d Number of Rural	Route Number,				
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC CERTIFYING PHY	CIAN: To the best of my knowle	dge, death occurred	at the time, date	end piece, end due	to the cause(e) end menn	er as stated.					
	296, SIGNATURE AND TITLE OF CERTIFIER	On the basis of exemination	end/or investigation,		ath occured at the			(s) and manner ee stated. D (Month, Day, Year)				
TO BE	(some	tolean	m		D399	73	► 10 - 0					
	30. NAME AND ADDRESS OF PERSON WHO	SYAN CA 32. REGISTRAR'S SIGNA	ter	Tem	ole H	ills Mo	1 20	748				
	0rt 0 7 '91	Selia Navida										

DHMH-16 Ray 1/89



	IL 0	10 7	72 hou
	OSPITA	THE FUNERAL	within 72
	TO THE HOSPITAL OF	표	be filed w
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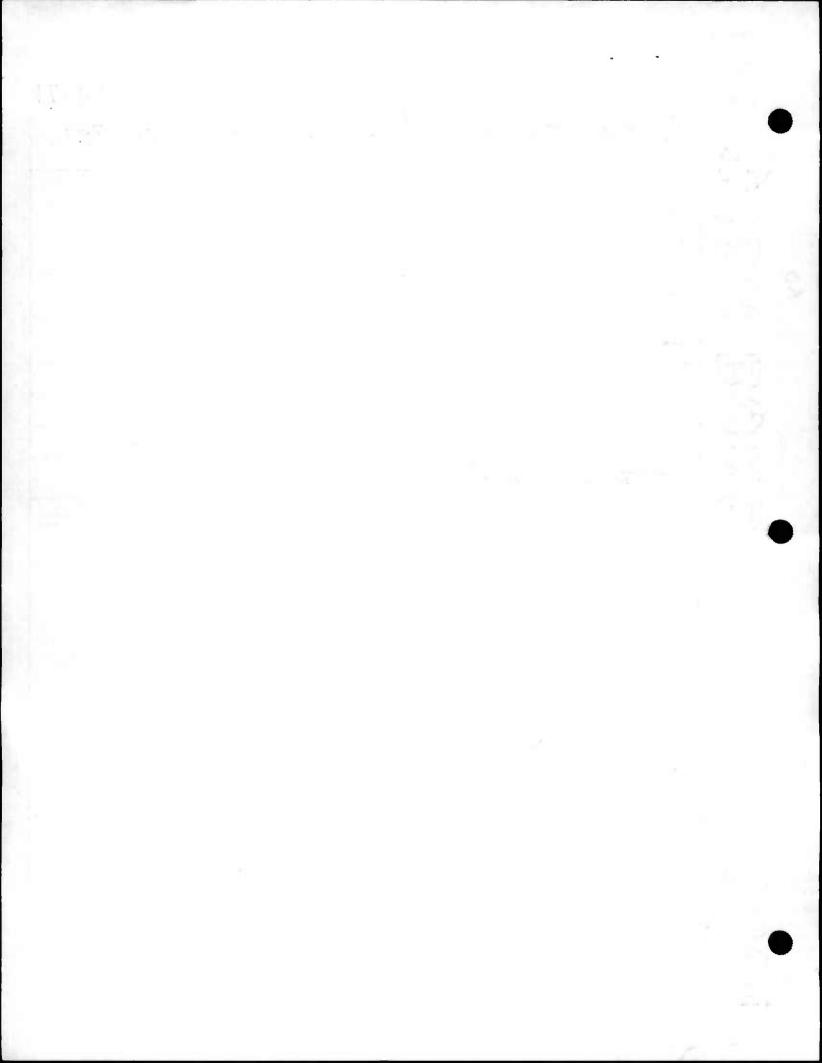
	REGISTRAR		CEI	RTIFICA	TE OF	DEATH		REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)	John Barton Ammann						DEATH	-	YEAR	3. TIME OF DEAT	ГН
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last b				10	0	8	91	5:00	A M
	578 36 6595	1 X M 2 □ F	61	YRS. MONT	HS DAYS	HOURS MIN.	7. DATE OF (Month, D Dec.	ay, Year)	929	Countr	PLACE (State or Fo y) shington	-
TOR	RESIDENCE OF DECEDENT											ge's
DIRECTOR	Maryland Princ	e George		Glenn		TION					10d. INSIDE CITY LIMITS?	
FUNERAL	104. STREET AND NUMBER 11039 Prospect Hi	11 Road			10	20769			10g. CITIZEN OF WHAT COUNTRY? United States			
l de	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	MB OB DATES	2 NO If yes, specify Cuban, Maxican			an, Puarto Rica	in, Puarto Rican, etc.)			American India k, White, etc.	nn,
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	16e. DECE (Give life. De	DENT'S USUA kind of work do o NOT use retire	L OCCUPATION DO NOT THE CONTROL OF T	ON ost of working	16b. KII	ND OF BUS	NNESS/IND	USTRY			
OMPL	12 17. FATHER'S NAME (First, Middle, Last)		Cran	ne Open	rator	40 1007115710 11			ruct	ion		
BE C	Elmer E. Amman	n					ie A. 1	Rulap	augh			
욘	19a. INFORMANT'S NAME (Type/Print) Charles Ammann		19b. I	76 Wir	ess (Street and ham	Ave. Al	Route Number,	City or Town	state, Zip	Code)	2310	
	20s. METHOD OF DISPOSITION 1 String Burial 2 Cremation 3 Rame 4 Donation 5 Other (Specify)	20b. PLACE ANI	DDATEOFDISE	POSITION (Na	ame of	DATE	Suitland Maryland					
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE (FIMA)	Pren	,	Beal:	nd Address of FA 1-Evans O Annapo	Funera				1 007	1.5
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, show the shock, or heart fellure. List enly one easies on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
MEDICAL	1 □ YES 2 KNO										WERE AUTOPSY FII AMALABLE PRIOR 1 COMPLETION OF O OF DEATH? 1 YES 2 N	AUSE
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINERY	HOSPITAL:		ОТН		ACE OF DEATH (CA	reck only one)			_		
14S	1 YES 2'S NO 27. MANNER OF DEATH		ER/Outpetient 3 🗆	DOA 4 1	Mursing Hom	e 5 🗆 Residence						
ву рь	1 Natural 5 Panding	28s. DATE OF (Month, Da		Bb. TIME OF INJURY M	100000000000000000000000000000000000000	ORY AT RK7 YES 2 NO	and. DESCRI	BE HOW IN	JURY OCC	URED		
8	3 Suicide & Could not be determined	28s. PLACE Of building.	F INJURY — At home, etc. (Specify)	, farm, street, t	factory, office		28f. LOCATIO City or To	N (Street ar wrt, State)	nd Number i	or Plumit N	oute Number	
COMPLET	29. CENTIFYING PHYSIC (COMP) OF 2 MEDICAL EXAMINE	SIAN: To the beat of ax	my knowledge, death amination and/or inve	occurred at the	ne time, deta ny opinion, d	and place, and dua	to the cause(s) and manr placa, and	ner as state	d. cause(a)	and manner se at	eted,
8	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the ilms, date and place, and due to the cause(a) and mennar as stated 29s Auditations AND TITLE OF CENTURER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)											
5	30 HAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	F OF DEATH (ITEM 2	T) (Type, Print)	>-	1001	57	1	- 1C	18	14/	
	31. DATE FILED (Month, Day, 1997)	32. REGISTRAL	S'S SIGNATURE	disc	()	6,000	ceny	CCK	ICY DI	(0	20>>	6



1 . S	FOR STATE REGISTRAR	STATE OF MARYLAN		T OF HEALTH AND E OF DEATH	MENTAL	HYGIENE REG. NO.	9	11 2887			
4. 800	CIAL SECURITY NUMBER	HARRY 5. SEX 6. AGE (In)	MONTHS	F 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. OATE O			3. TIME OF DEATH 3. TIME OF DEATH 3. TIME OF DEATH Country 3. TIME OF DEATH Country 3. TIME OF DEATH Country 3. TIME OF DEATH Country 3. TIME OF DEATH Country 3. TIME OF DEATH Country 3. TIME OF DEATH Country Cou			
9a. FA	81-03-5483 MILITY NAME (If not institution, give Union Hosp		YRS.	y, town or location of a	DEATH	14704	C 6	Maryland of DEATH ecil			
100. 5											
11. MA	264 Greenh	aven Drive		101. ZIP CODE 2 1 9 2 1			og. CITIZEN U S	OF WHAT COUNTRY?			
3 ₹	ARITAL STATUS Never Merried 2 Merried Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 1 19 YES IF YES, GIVE WAR OR DATE 1 9 2 4 - 1 9 2 8	2 NO	WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 YES 2 NO Speci	en, Puerto R		No- 14.	RACE — American Indian, Black, White, etc. Specify: White			
COMPLETED	15. DECEOENT'S EI (Specify only highest gra ementary/Secondary (0-12)	DUCATION 16de completed) Coflege (1-4 or 5+)	Give kind of work don life. Do NOT use retired Framema	during most of working		Telepl		'RY			
W	John H. Bediord Ratie Hae Hitton										
O 1000.10	196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 264 Greenhaven Dr. Elkton, MD 21921 294. METHOD OF DISPOSITION 205. PLACE AND DATE OF DISPOSITION (Name) DATE 206. LOCATION — City or Town, State										
NO Sequipolar that results that	epiate cause (Finel ase or condition iting in death) uentially list conditions, ny, leading to immediate se. Enter UNDERLYING SE (Disease or injury initiated events iting in death) LAST	b. DUE TO (OR AS A C C. DUE TO (OR AS A C d. Liona contributing to death but	ONSEQUENCE OF):	l inforcte		with ileng	ITOPSY	Onset and Di			
MED	A . A . A . A . A . A . A . A . A . A .										
O E	MS CASE REFERRED TO MEDICAL EXAMINER? YES 2 NO	HOSPITAL:	lent 3 DOA 4 N	26, PLACE OF DEATH (C ER: ursing Home 5 ☐ Residence							
	ANNER OF DEATH Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d, DE\$	CRIBE HOW INJ	URY OCCUR	RED			
TED BY	2 Accident 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28f. LOCATION (Street and Number or Rural Route Nu City or Town, State)										
3 Suitede 8 Could not be determined building, stc. (Specify) 29e. CERTIFIER (Check only orle) 2 MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(e) and manner as stated.											
29e. (one) 2 MEDICAL EXAM		end/or investigation, in m	opinion, death occured at th							
29b. 5	SIGNATURE AND TITLE OF CERTIF		CHILLED AT	29c. LICENSE NI D33	UMBER 420	2		euse(a) and manner ea state (GNED (Month, Day, Year)			

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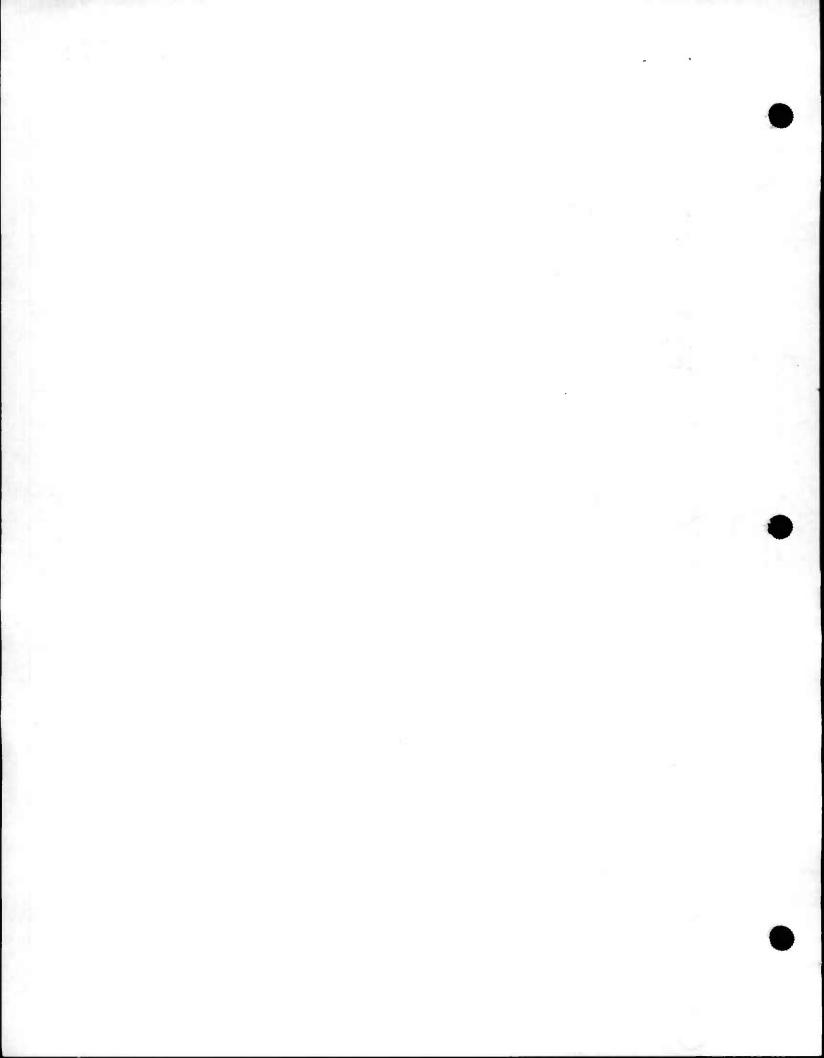
DHMH-18 Rev 1/89



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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH		HYGIENE REG. NO.
	2. DATE O	F DEATH

	FOR STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH		NTAL HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)					DATE OF DEATH	YEAR	3. TIME OF DEATH		
	BELL, LE ROY NA	1I	V			10 11	91	1750 M		
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday) IF I	NOER 1 YEAR IF UNDER		DATE OF BIRTH (Month, Day, Year)	B, BIRT	HPLACE (State or Foreign try)		
1	208-12-8336	1 📉 M 2 🗆 F	65 YRS.		1	-12-26		ryland		
	9a. FACILITY NAME (If not institution, give a	street and number)		CITY, TOWN OR LOCAT	ION OF DEATH		9c. COUNTY OF I	DEATH		
0	Union Hospital	(3)	I	Elkton			Cecil			
S C	10a. STATE 10b. COUNT	Y	10c. CITY, TO	WN OR LOCATION				10d. INSIDE CITY		
듬	Maryland Ceci:	1	Pern	yville				LIMITS?		
A	10e. STREET AND NUMBER			101. ZIP COC	Œ	T	10g. CITIZEN OF	WHAT COUNTRY?		
FUNERAL DIRECTOR	47 Greenbrier			2190	3		USA			
5	11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMEO	13. WAS DECENDENT	OF HISPANIC (ORIGIN? (Specify Yea o	r No— 14. RAC	E — American Indian, ck, White, atc.		
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D		1 TES 2 NO	Specify:	derito micari, etc.)	Spec			
	15. DECEDENT'S EDU	I CATION	Las DEGEDENTS HOL	AL COMPATION	-	Last Kind of Brion	FOO WIDLIOTON	wirte		
=	(Specify only highest grade	completed)	16a. DECEDENT'S USU (Give kind of work) life. Do NOT use ret	ione during most of work red.)	ing	16b. KIND OF BUSIN	4ESS/INDUSTRY			
P.E.	Elementary/Secondary (0-12)	College (1-4 or 5+)	truck dri			trucki	na			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		cruck ari		HER'S NAME	(First, Middle, Maiden Sc	_			
Ö	Willie Mitchell	Bell .		111,000		ie Joseph		nett		
BE.	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	RESS (Street and Number						
2	Caroline M. Bell	1	P.O. Bo	x 35 Cha	rlesto	wn. MD 2	1914			
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Rem	20	b. PLACE AND DATE OF	OISPOSITION (Name		DATE 20c. LOCA	ATION — City or 1	own, State		
	4 Donation 5 Other (Specify)		cemetary, crematory or o	metery		15-91Perry	ville,	Maryland		
	22. NAME AND ADDRESS OF FACILITY Crouch Funeral F									
	· (phent	1 Came	9	127 South	Main			t, Maryland		
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Cardiac arrest									
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): Average Cause Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):									
	PART II. Other significant conditio	ns contributing to death	but not resulting in ti	e underlying cause	given in Pa			b. WERE AUTOPSY FINDINGS		
PHYSICIAN: MEDICAL						PERFORM 1 □ YES 2 1		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
X	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF	DEATH (Check	only one)	1			
Sic	1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Out		THER: Nursing Home 5 - F	Residence 8	Other (Specify)				
ву РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJURY AT WORK? M 1 YES 2		Bd. DESCRIBE HOW IN	JURY OCCURED			
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, stree solfy)	t, factory, office	26	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLETED	cond. only	SICIAN: To the best of my know ER: On the bests of examination						(a) and menner as stated.		
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIE ELAGUE TE SELLE	I, mis,		0	CENSE NUMBE	P	P (O	(Month, Day, Year)		
	30. NAME AND ADDRESS OF PERSON W Edgar E. Folk III.	mid, 304 No	eath (ITEM 27) (Type, Printle St. / EUK	TON, MD	219:	21				
	31. DATE FILED (Month, Day, Year) OCT 15 '91	32. REGISTRAR'S SIG	NATURE N-Pandall							



	1 - STATE REGISTRAR	STATE OF I	WARYLAND / CE	DEPAR	RTMEN	F OF H	IEALTH DEAT	AND I	MENTAL HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle	le, Lasi)			10,		D =,	-	2. DATE OF DEATH		3	. TIME OF DEATH
1	LAYTON 4. SOCIAL SECURITY NUMBER	5. SEX	T 6. AGE (In yrs. last	* Laborator A	1		DEN,		10 08	1	9 9 1	12:55 P m
	219-18-4610	1 🖾 M 2 🗆 F	6. AGE (in yrs. lest	YRS.	MONTHS	DAYS	HOURS	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) March 3, 1	926	6. BIRTHPL Country) Mary	ACE (State or Foreign
	9a. FACILITY NAME (If not institution	on, give street and number)			9b. CITY	Y, TOWN C	OR LOCATIO	ON OF DE			NTY OF DEA	
DIRECTOR	E UNION HOSPI				EL	KTON	N			CEC		
LI T		COUNTY		10c. CIT	TY, TOWN	OR LOCAT	ION				1	Od. INSIDE CITY
DIR		Cecil			Elkton							Dd. INSIDE CITY LIMITS? X YES 2 NO
RAL	100. STREET AND NUMBER 511 Delaware A	7				101	ZIP CODE				. CITIZEN OF WHAT COUNTRY?	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	IT EVER IN U.S. ARM	MED	13.	WAS DEC			IIC ORIGIN? (Specify Yas		A.	A surday fadian
В	1 Never Married 2 X Marrie 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W World W	X YES 2 NO	5		If yes, spe	ecify Cuber	n, Maxicar	n, Puerlo Ricen, atc.)	or No-	14. RACE — Black, 1 Specify:	- American Indian, While, atc. White
=	15. DECEDENT (Specify only highe	T'S EDUCATION out grade completed)	(Giv	re kind of I	USUAL O	during mos	at of working	-	18b. KIND OF BUS	INESS/INE	DUSTRY	
COMPLETED	Elementary/Secondary (0-12) 1.2	College (1-4 or 5	+) Sup	(Give Wind of work done during most of working the Do Nor use neithed by the Post of the Conference of						_		
Š	17. FATHER'S NAME (First, Middle, L	Last)			- L		_	IER'S NAI	ME (First, Middle, Maiden		100	
BE C		n T. Boulden							Millicent	: Oli		
5	190. INFORMANT'S NAME (Type/Prid Margaret L. Bo								Route Number, City or Town			1
	20a. METHOD OF DISPOSITION			511 Delaware Avenue Elkton,					MD 21921 TION — City or Town, Stata			
	1 X Burial 2 Cremation 3 4 Donation 5 Other (Specif	EIKto				me or		110-11		Mary		
	21. SIGNATURE OF FUNERAL SERV	VICE LICENSEE	1.1		22.	NAMEAN	KSDAFF	offe ac	Tor Funera	ls,	P.A.	
	ralps	16. K	ticke	1		Bow Elk	and ton.	Sto	ockton Stre	ets		
	23. PART I. Enter the disease shock, or heart for iMMEDIATE CAUSE (Final disease or condition resulting in death)	allure. List only one ceu	it caused the deause on each line.	tr	Car				n as cardiac or respli		reat,	Approximeta interval Between Onaet and Death
SATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING											
CERTIFICATION	CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST C. Due TO (OR AS A CONSEQUENCE OF): d											
	PART II. Other algorificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY FINDINGS											
: MEDICAL									PERFOR		CC	MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH? YES 2 NO
AN	25. WAS CASE REFERRED TO MEDI	ncal			_							
PHYSICIAN:	EXAMINER?		ER/Outpatient 3	7.20	OTHER	R:			ock only one)			
HYS	27. MANNER OF DEATH	28s. DATE OF	MUTURY	DOA TIM		sing Home		_	8 Other (Specify)	117W 000		
ВУ Р	1 Netural 5 Pendin	(Month/Q	191		JURY M	1 V	RK7	/wo	28d. DEŞCRIBE HOW IN	JUNY UC	CUMED	
COMPLETED E	3 Suicide 8 Could determine	ouliding,	F INJURY — At hom atc. (Specify)	e, ferm, s	street, fact	ory, offica			281. LOCATION (Street as City or Town, State)	nd Number	or Rural Rout	e Number,
PLE	29a. CERTIFIER (Check only	PHYSICIAN: To the best of	my knowledge, deat	th occum	ed at the ti	ime, data	and place,	and due f	to the cause(s) and man	nor sa stat	ed,	
NO.	MEDICAL EX	XAMINER: On the basis of as	xamination and/or im	vestigatio	m, in my o	pinion, de	eth occure	ed at the t	time, data and place, and	due to th	a cause(s) ar	nd manner as stated.
BE 0	296. SIGNATURE AND TITLE OF CE	RTIFIER	120				29c. LICEN	NSE NUM	BER	29d. DAT	E SIGNED (M	onth, Day, Year)
10	/ Marion	~ Cora	11/1				O.C	. M . I	Ε.	▶10	-09-	1991
	30. NAME AND ADDRESS OF PERS	CHE M				ENN	STR	ЕЕТ	BALTIMOR	PE M	ARVI	AND 21201
	31. DATE FILED (Month, Day, Year)		R'S SIGNATURE			31111	O I IX	001	DREITHOL	11 6 11	AKILI	AND ZIZO
	OCT 1 0 'S	1 gulia	Davidson-V	Pande	20							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

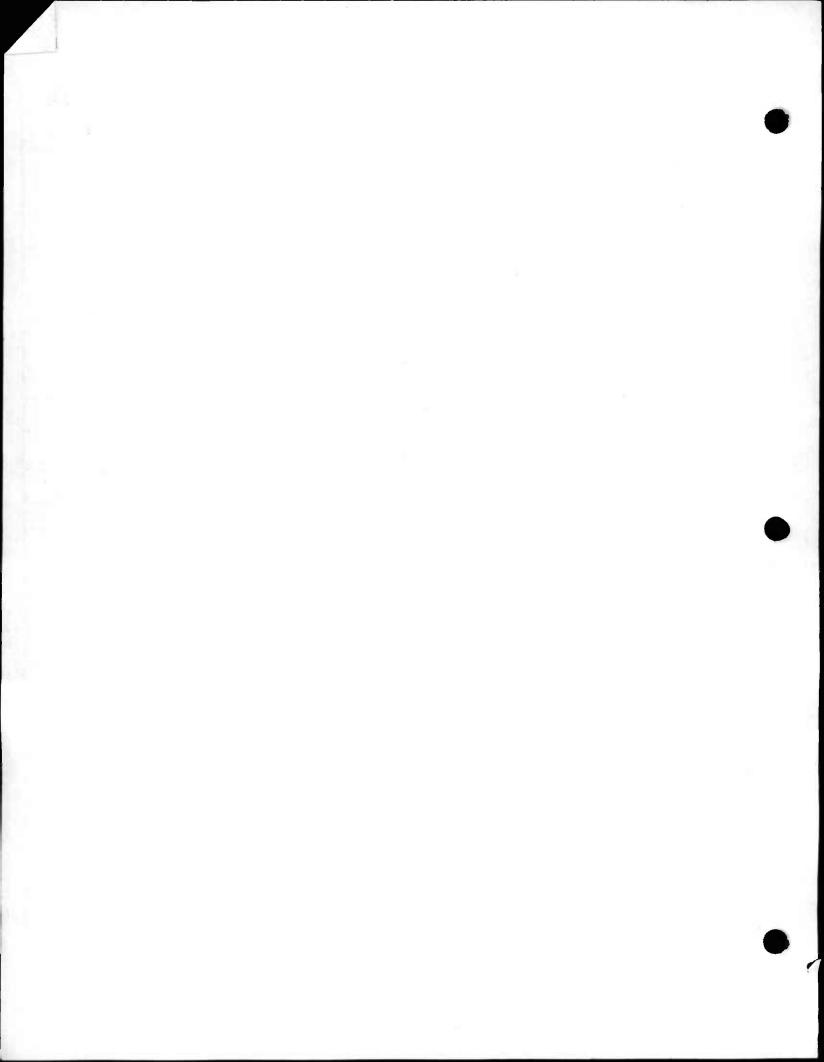
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-18 Rev 1/89 a s p

		1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF I	HEALTH AND		IENE 9	28874			
		1. DECEDENT'S NAME (First, Middle, Lest) Carlton Burnette					2. DATE OF DEA MONTH, OCTOBER	TH 004 19	3. TIME OF DEATH 7:40 A M			
		4. SOCIAL SECURITY NUMBER 577-44-0157		n yrs. lest birthdey)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT (Month, Day, W. July 14	н Га	BIRTHPLACE (State or Foreign			
é r	7	9a. FACILITY NAME (If not institution, give	street and number)	yas.	9b. CITY, TOWN (OR LOCATION OF D			Virginia v of DEATH			
1	1	Doctors Communit	Prin	Prince George								
Pages	DIRE	MD 106. COUNT	ince George	10c. CIT	ndover	TION			10d. INSIDE CITY LIMITS? 1X YES 2 NO			
physician. burial-transit permit.	FUNERAL	100. STREET AND NUMBER 1812 Palmer Pa	ark Road		101	101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY						
ing the	ВУ	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 E NO	If yes, sp	CENDENT OF HISPA Hecify Cuban, Maxic XXI NO Speci	fy Yea or No — 1-	i. RACE — American Indian, Black, White, etc. Specify: Black				
pital or attend ad for use as	LETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondery (0-12)	JCATION e completed) College (1-4 or 5 +)		ork done during mo retired.)	ON ost of working	of working 16b. KIND OF BUSINESS/INDUSTRY Andrews AFB					
by the hospit the detached at once.	E COMPL	17. FATHER'S NAME (First, Middle, Lest) UNKNOWN		WOOQ_	worker	18. MOTHER'S NA Alber	HER'S NAME (First, Middle, Meiden Surmerne) 1berta Belle Taylor					
ay be retained the page 5 should be notified	TO B	196. INFORMANT'S NAME (Type/Print) Carlestine Belle Landover. Md. 20785										
age 6 may director, pa er must b		20a. METHOD OF DISPOSITION 1 N Burial 2 Cremation 3 Ram 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI	come	PLACE AND DATE O	rdisposition (Ne per place) Memoria	omeof 1 Cemete	DATE 20	suitland	, Md.			
after death. Page 6 m by the funeral director, smoval.	1.0	J.P. ma	rshall				4217 Washin	9th S	meral Home,Ind Street, N. W., . C. 20011			
ted within 24 hours after completely filled in by the ial, cremation, or removal event, the medical		23. PARTA. Enter the diseases, or ahock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in dasth)	Liat only ona causa on as	cn iina.					Interval Between			
icate be execu physician and re prior to bur er traumation	CERTIFICATION	disease or condition resulting in dasth) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
the death certif the attending I Mental Hygien injury, or oth	CERT	resulting in dasth) LAST										
requires that the dear neen signed by the att of Health and Menta shows any Injury,	MEDICAL	PART II. Other significant condition		t not resulting in	tha undarlying	g cauae givan in	PE	S AN AUTOPSY REFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
law requals been been of 23 she		or was over present to the							1 PYES 2 NO			
or item	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 1 npatient 2 ER/Outpat		OTHER:	ACE OF DEATH (Ch	6 Other (Specify,					
NG PHYSIC fler this cer sath with th marked, o	у РНУ	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c. INJI	URY AT RK?		OW INJURY OCCUP	ED			
DR ATTENDING PHYSICIAN: The law requires th DIRECTOR: After this certificate has been signed hours after death with the State Dept. of Health it.	TED BY	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY - building, etc. (Specifi	At home, ferm, at		ES 2 NO	28f. LOCATION (SI City or Town,	reet and Number or State)	Rural Route Number,			
AL DIRECT POURS TO THE MINISTER POURS	III	29a. CERTIFIER (Check only	ICIAN: To the best of my knowle	dge, death occurred	at the fime, data	and place, and due	to the cause(a) and	manner ae stated.				
TO THE HOSPITAL TO THE FUNERAL De filed within 72 ?	COMPL	2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIE	R: On the basis of examination	and/or investigation	, in my opinion, de	eath occured at the	time, data and plac	e, and due to the c				
THE THE DE FILED THE THE THE THE THE THE THE THE THE THE	O BE	901 P Cl	amp olu			29c. LICENSE NUI	MBER	29d, DATE S	GNED (Month, Day, Year)			
(F)			AMPALOUI	4 143	orine)	Peul Fox	clare is	mur n	10 20715			
		OCT 0 9 9 10% 1000)	22. REGISTRAR'S SIGNAT	URE COLOR								



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

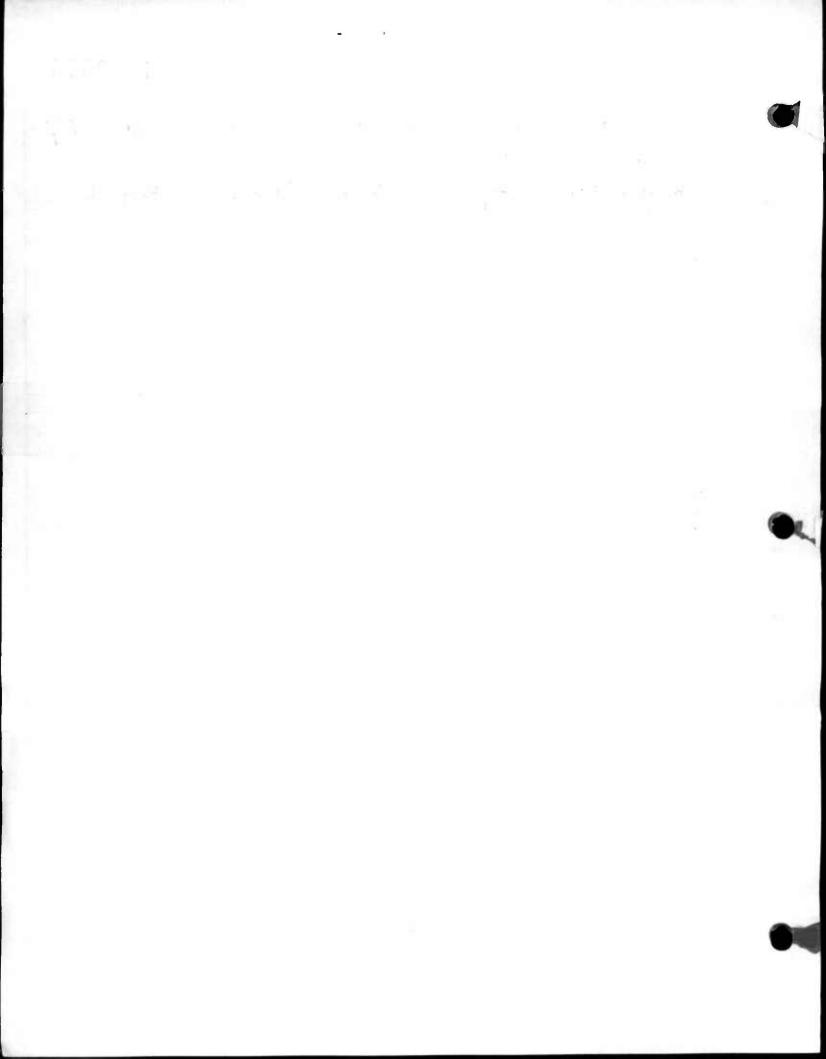
1	-	STATE REGISTRAR

Item: 28d, per MEO G-681 11/29/91 reb STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		- STATE REGISTRAR	OINIE OI	C		ICATE OF				REG. NO.	_			
	- [1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF	DEATN			3. TIME OF DEATN	
1	-1	Joseph	Α.	Bingha	m				MONTH 1 ()	10		YEAR	12:00 P	м
	- [4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. Ia.		IF UNDER 1 YEAR	IF UNDER	1 24 HRS.	7. DATE OF	BIRTN	1	8. BIRTN	PLACE (State or Foreign	
	- 1	177-20-0097	1 XM 2 F	64	YRS.	MONTHS DAYS	HOURS	MIN.	(Month, D	6–192	7	Counti	nsylvania	
1	- 1	9e. FACILITY NAME (If not institution, give st		9b. CITY, TOWN	OR LOCATI	ON OF DE				NTY OF D		_		
1 8	5	Veterans Hospit	t a 1		Perry	Poi	nt			Cec	<i>i</i> 1			
DIBECTOR	5	Veterans Hospit RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			7			11 6			Loec	11		
1 8	1	CASA COLOR			10c. CIT	Y, TOWN OR LOCA							10d, INSIDE CITY LIMITS?	
		Maryland 100. STREET AND NUMBER	Cecil		Perry Po								1 YES 2X NO	
FIINEBAL	8			- ·		10	f. ZIP COD						VHAT COUNTRY?	٦
1 12	# -	11. MARITAL STATUS	er, Perr	Y POINT	of the			219					S. A.	
		1 Never Merried 2 Merried	FORCES? 1	YES 2		If yes, sp	ecify Cuba	n, Mexice	NIC ORIGIN? (Specify Yee an, stc.)	or No-	14. RACE Black	— American Indian, k, White, atc.	
2		3 Wildowed 4 Divorced	6-26-44	MAR OR DATES 6-27-	-46	1 TYES	2 X NO	Specify	y:			Speci	White	
G		16. DECEDENT'S EDUC	ATION	18e. DE	CEDENT'S	USUAL OCCUPATION	ON		16b, KI	ND OF BUS	INESS/INE	DUSTRY	WILLOG	-
1	ı	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	life	ive kind of a Do NOT us	work done during mo se retired.)	ost of working	ng						
١٥		12		_ I	abor	er			1	Manuf	actui	ring		
COMPLET		17. FATHER'S NAME (First, Middle, Last)					16. MOT	NER'S NA	ME (First, Midd		-	1110		
BF.		Re	euben A.	Binghan	n				Sarah	D. W	001f			
2		19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (Street &	and Number					Code)		
		Elmer Bingham		1	970	Detweile	er Ro	ad	Pottst	town,	Penns	svlva	ania 19464	
	I	20e. METHOD OF DISPOSITION Tyl Burial 2 Cremetion 3 Ramo	oval from State	20b. PLACE cemetery, cre		OF DISPOSITION (Ne	ame of		DATE	20c. LO	CATION -	City or To	wn, State	
		4 Donation 5 Other (Specify)				Cemeter			10/18	Roc	kledo	ge, Pe	ennsvlvania	3
		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY												
	-	> muchael O. 9	assult	6-		2001 6	1- wwo	114-						- ,
	1	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or resolvations errors.											20	
	1	IMMEDIATE CAUSE (Finel										Interval Between		
		disease or condition a. Drowning										Onaet and Deat	h	
		DUE TO (OR AS A CONSEQUENCE OF):												-
z													j	
CERTIFICATION		Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSE	OUENCE O	F):			-					
S		CAUSE (Disease or Injury												
		that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSE	DUENCE OF	F):								7
H		resulting in death) LAST												
		PART II. Other significant conditions	s contributing to	deeth but not i	resulting	n the underlying	d cense o	niven in	Pert i 24	a. WAS AN	ALITODEV	245	WERE AUTOPSY FINDINGS	\exists
DICAL		Schizophn	ento							PERFOR	MED?	240.	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
E		Cont.	Disarde	1.0					_ 1	YES 2	□ NO		OF DEATH?	-1
ME		Jeizure	Morrida						-				1 YES 2 NO	J
PHYSICIAN:		25. WAS CASE REFERRED TO MEDICAL				26 DI	ACE OF D	EATN (Ch	eck only one)					4
Sic		EXAMINER?	HOSPITAL:	SER/Outpations 2	_ noa	OTHER:								\dashv
Ή		27. MANNER OF DEATN	28e. DATE OF	INJURY	28b. TIM	4 Nursing Nom		sidence	28d. DESCRI		IIII OC	CIBED		4
		1 Natural 5 Pending	F Oun		Fou	n d	PRK?	ONE					_	ĺ
BY	- 48	2 Accident Investigation 3 Suicide 8 Could not be	280. PLACE 0	FINJURY — At he	me, ferm, s	treet, factory, offic	_	,		ect				\dashv
		4 Nomicide determined	ounding,	etc. (Specify)					Furna Perry			of		-
Ш	1	29e. CERTIFIER		in wat		Simonia III								4
COMPLETED		(Check only one) 296. CERTIFYING PNYSIC	On the best of	my knowledge, de	ath occum	d at the time, date	end placa,	, end due	to the cause(a) and men	ner ne stat	ed.		-1
၂ ဗ		2 MEDICAL EXAMINER		ABITITION BIND/OF	investigatio	n, in my opinion, a	estn occur	ed at the	time, date end	d piece, en	d due to th	e Ceuse(s) and menner es stated.	
BE		296. SIGNATURE AND TITLE OF CERTIFIER	11	4 ~			29c. LICE	NSE NUM	IBER				(Month, Day, Year)	7
2		Menny ()	· Chu	a my			0.	C.M	.E.		10	-11	1991	
1 -	-													
-		30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS											
-			32. REGISTRA	1	11 P		reet	. В	altim	ore	Mar	ylaı	nd 21201	

DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit pern be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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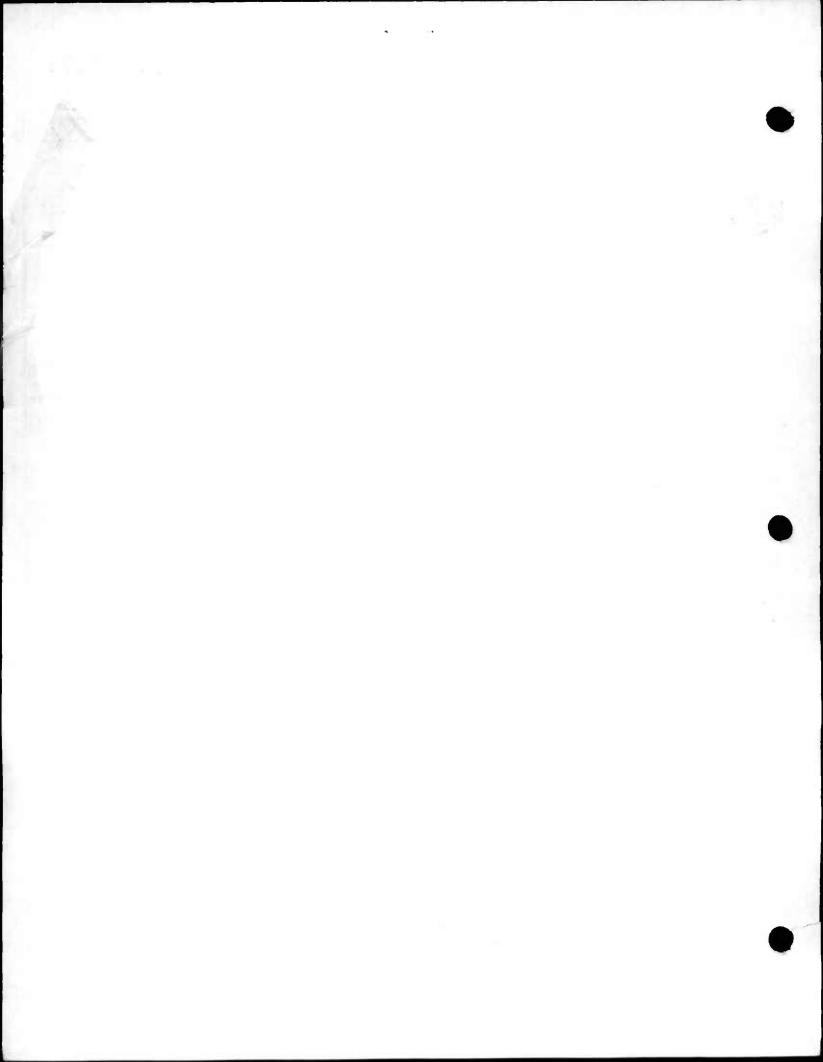
_	REGISTRAN		CENI	IFICALE C	F DEALH	REG. NO.					
	1. DECEDENT'S NAME (First, Middle,	72.1	41 8	Bounds	2	DATE OF DEATH	Y YEAR	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER					VC1 10		брм			
	215-74-0592		E (In yrs. last birtho	MONTHS DAY		(Month, Day, Year) 9/15/19	Country	vlace (State or Foreign			
	9e. FACILITY NAME (If not institution	, give street and number)		9b, CITY, TOV	N OR LOCATION OF DEAT		9c. COUNTY OF DE	-			
DIRECTOR	HUNTONA HE RESIDENCE OF DECEDER	Horial Hosp			de Grac		Harto	rd			
E E		OUNTY	10c.	CITY, TOWN OR LO	CATION		-	10d. INSIDE CITY			
	Maryland	Harford		Aberde			- 1	LIMITS?			
AL	10e. STREET AND NUMBER				10f. ZIP CODE		10g. CITIZEN OF WI	HAT COUNTRY?			
FUNERAL	601 Cornell S	Street Apt	. 109	-	21001		U.S.A				
5	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YE		13. WAS	ECENDENT OF HISPANIC	ORIGIN? (Specify Yee	or No- 14. RACE	- American Indian, White, etc.			
ВУ	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR			specify Cuben, Maxicen, I /ES 2 NO Specify:	Puerto Hicen, etc.)	Specify				
							Whi	te			
田	15. OECEDENT' (Specify only highes	S EDUCATION t grade completed)	16e. DECEDEI	NT'S USUAL OCCUP d of work done during OT use retired.)	ATION most of working	16b. KIND OF BUS	INESS/INDUSTRY				
COMPLETED	Elementery/Secondary (0-12)	Collega (1-4 or 5+)									
M	11	0	Home	emaker		In hor					
	17. FATHER'S NAME (First, Middle, La	ist)				(First, Middle, Malden S	,				
BE	George Aro					Myrtle Va					
2	19e. INFORMANT'S NAME (Type/Print				et end Number or Rural Rou						
.	Mr. Jerry Bou				Ct. Abe		ryland 2	1001			
	20e. METHOD OF DISPOSITION MD Burlel 2 Cremation 3 C	Ramoval from State	ametery cremeters	ATE OF DISPOSITION or other place)			CATION — City or Tow				
	4 Donetion 5 Other (Specify 21. SIGNATURE OF FUNERAL SERVI)G	rove Pre	esbyteria	n Cemetery	10/14 A	oerdeen,	Maryland			
	21. SIGNATURE OF FUNERAL SERVI	ICE LICENSEE			and address of facil ring-Cargo		Jomo D A	0.000			
	Bursten	A. Cox al	1 620	e Abe	rdeen Mar	vland 21	1011e, P.A	•			
	23. PART I. Enter the diseases, pr complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ehock, or heart fellure. Liet only one service on each line. Approximate										
- 1	IMMEDIATE CAUSE (Fine)										
	disease pr condition resulting in deeth) e.										
	readiting in deeth)	DUE TO (OR AS	A CONSTRQUENC	E OF	my Ku	rest	1000				
z	care conservations à	. Reen	at.	Xut	1 louis	- 11	0	1			
일	Sequantially liet conditione, if any, laeding to immadiate	DUE TO (ON AS	A CONSEQUENC	E OF):	7	ar pro					
2	cause. Enter UNDERLYING CAUSE (Disease or injury	.			Lylous	12_					
H	that initiated events resulting in deeth) LAST	DUE TO (OR AS	A CONSEQUENC	E OF):	Pos	00					
CERTIFICATION	resulting in deeth) LAST	L a									
	PART II. Other significant con	ditions contributing to death	but not resulti	ing in the underly	ring cause given la Pe	rt I. Ban WAS AN A	urtoesy last v	VERE AUTORAY EMPONOS			
EDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given by Bart I. The WAS AN AUTOPSY PREFORMED? AMELIABLE PRIOR TO COMPLETION OF CAUSE										
	1000	~ 1	and the	A THE	10	The s	MANO (OF DEATH?			
Σ	1-	wanten	* AA	up le	rate Car	- Ol nus	: Q h	□ ves 2 DM6			
₹I	25. WAS CASE REFERRED TO MEDIC	CAL V	- 11		PLACE OF DEATH (Chick	ale const	~ Two	220			
PHYSICIAN:	EXAMINER?	HOSPITAL:	rigistient 3 🗆 00	OTHER:		- Turnell					
Ĭ	27. MANNER OF DEATH	28a. DATE OF INJUR			ome 5 7 Residence 6 7	Other (Specify) Id. DESCRIBE HOW IN	HIRV OCCURED				
_	1 Return 5 Pending	(Month, Zhey, Yewr)		INJURY	WORK?	ne. Describe Hom in	JOHT OCCORED	- 1			
E E	2 Actident Investig	28= PLACE OF IN RE	BY At home, far			of LOCATION (Steam or	of Breedow or Breed Bu	to Months			
COMPLETED	4 Homicide determin	Domining, etc., 136	secify)	7775		H. LOCATION (Styleer or City or Shert, State)	nd reumber or regal red	ate Number			
9 #	29e. CERTIFIER		-/-	107							
MP		PHYSICIAN: To Iha best of my kno									
8		AMINER: On the beele of examinat	ion and/or investig	getion, in my opinior	, death occured at the tim	re, data end placa, end	due to the ceuse(e)	end manner ee stated.			
H H	296. SIGNATURE AND TITLE OF CER	N. C.	" .		29C LICENSE NUMBE	R	29d. DATE SIGNED (Month, Day, Year)			
2	- Y//	1	-M		1117	3	10	11401			
Ti II	30. NAME AND ADDRESS OF PERSO	WHO COMPLETED CAUSE OF D	DEATH (ITEM 27) (Type, Print)	and a	->1.(100	10			
	UXURTY	MANNEL	-M.	7	20-00 3 , 2	1 and	1	w mod			
	31. DATE FILED (Month, Day, Year) /	Julia Davidso	n- Handall	2							
	יני כב וטט										



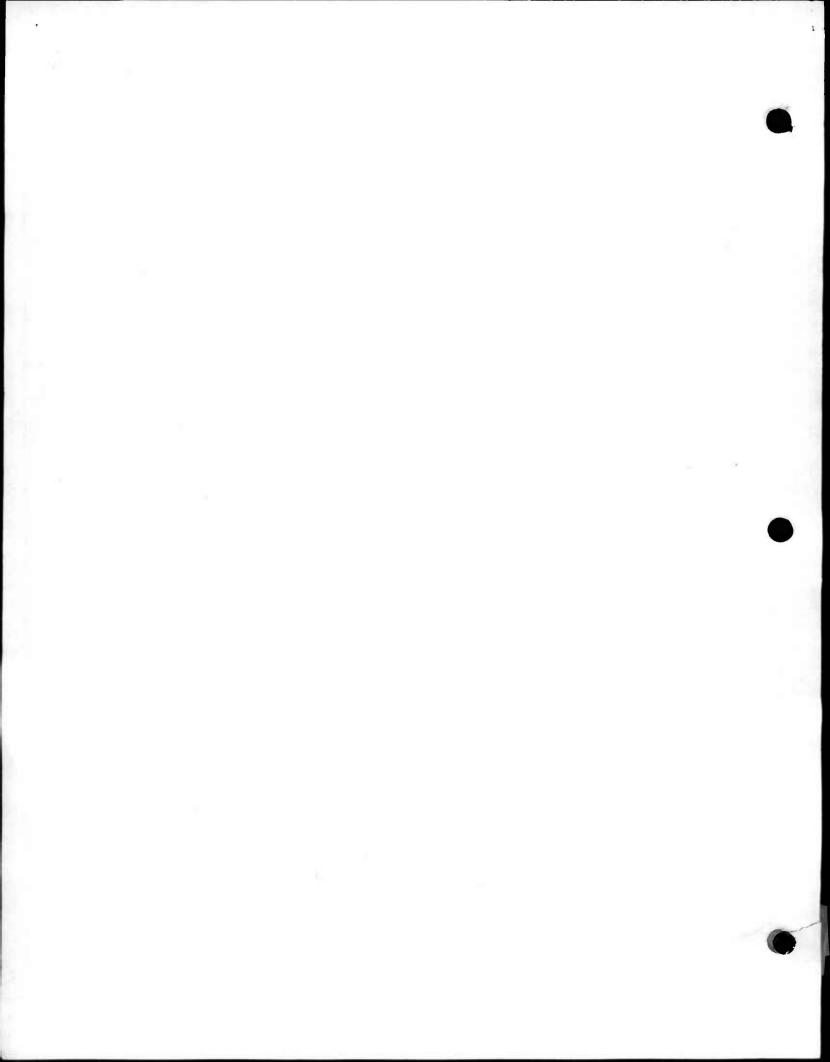
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - REGISTRAR C	ERTIFICA			REG.			
	1. OECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEAT			3. TIME OF DEATN
	Thelma Ethel KUR	Kins			MONTH	944	YEAR I	2480 .
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. In	ast birthday) IF U	INDER t YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	/ 7	8 BIRTHR	LACE (State or Foreign
	212 46 8311 1□ M 2 X F 76	MON	7	HOURS MIN.	(Month, Day, Yea 06-15-1	1)	Country)	
	9a. FACILITY NAME (If not institution, give street and number)		NTW OF DEA	MD				
DIRECTOR	HAR FORD MEMORIA! HOSAT	tal F		R LOCATION OF DE	RACE	1	TAR	ORY
REC	10s. STATE 10b. COUNTY	10c. CITY, TO	WN OR LOCATE	ON			1	Od. INSIDE CITY
	MD Harford		Abei	rdeen				LIMITS?
AL	10e. STREET AND NUMBER		101.	ZIP COOE		10g. CIT		AT COUNTRY?
띨	4 Liberty Street			21001			USA	
FUNERAL	11. MARITAL STATUS 12. WAS DECEOENT EVER IN U.S. A	RMED	13. WAS DECE	NDENT OF HISPAN	IC ORIGIN? (Specif)	Yes or No-	14. RACE -	- American Indian,
BY F	1 Never Merried 2 Married 3 Widowed 4 Divorced FORCES? 1 YES 2 X IF YES, GIVE WAR OR DATES	INO	If yes, spe		n, Puarto Rican, etc.)	Specify:	White, etc.
								hite
COMPLETED	(Specify only highest grade completed)	Give kind of work of	lone durina mos	N t of working	16b, KIND OF	BUSINESS/INC	USTRY	
٦	College (1-4 of 5+)	fe. Do NOT use retir						
M	8 17. FATHER'S NAME (First, Middle, Last)	Homer	naker			ш		
					ME (First, Middle, Ma			
B	Oliver Frank DuFour 198. INFORMANT'S NAME (Type/Print)				Richards			
2	Mrs. Cora Mast				loute Number, City or			
	20a, METHOD OF DISPOSITION				e de Gr			1078
	1 Budet a Manager	AND DATE OF OIS rematory or other pl	laca)		1000	LOCATION -		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	A. Ferr	1S & C	O. Inc.	10/16 V	Vest C	<u>heste</u>	r, PA
ĺ	N.) as D. O.				Funera	Home	. P.	Α.
	John & miller		Havre	de Gra	ce, MD	2107	8 - 319	
	 PART I. Enter the diseases, or complications that caused the d shock, or heart failure. List only one cause on each lin 	leeth. Do not e	nter the mod	le of dying, suci	as cerdisc or re	apiratory arr	est,	Approximate
	IMMEDIATE CALICE /Final			^				Onaet and Death
ŀ	disease or condition a. alloward	Malu	sma	0	my	-		
	DUE TO (OR AS A CONSE	EOUENCE OF):		0	- 0.	A 0	1	1
S O		mes	5:08	Mali	- Enem	2 est	me	un
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	EOUENCE OF):		, ,	0	V.	J	
윤	CAUSE (Disease or injury C.	OHENCE OF						
Ē	that initieted events resulting in deeth) LAST	OULNCE OF J.						
8	d							-
¥	PART II. Other significent conditions contributing to death but not	resulting in the	underlying	ceuse given in i		AN AUTOPSY		ERE AUTOPSY FINDINGS
DICAL	COVI					FORMED?	C	MILABLE PRIOR TO OMPLETION OF CAUSE
ш	lupponatenna.				_ ' ' ' '	2 27 110		F DEATN?
ż	01				_		1 '	_ 120 2 _ 100
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			CE OF DEATN (Che	ck only one)			
Š	t YES 2 10 10 10 PRIVATE 1		HER: Nursing Nome	5 Residence	Other (Specify)			
Ŧ	27. MANNER OF DEATN 26a. OATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	28c. INJU	RY AT	26d. DESCRIBE NO	W INJURY OCC	UREO	
₽	1 Natural 5 Pending 2 Accident Investigation			S 2 NO				
	3 Suicide 6 Could not be 28e. PLACE OF INJURY — At he building, etc. (Specify)	ome, ferm, street,	factory, offica		261. LOCATION (Stre City or Town, St	et and Number	or Rural Rout	te Number,
	4 Nomicide determined				City or lown, St	are)		
급	29a. CERTIFIER (Check only 1 SERTIFYING PNYSICIAN: To the best of my knowledge, de	eath occurred at f	he time, date a	nd place, and due	the cause(a) and	manner ee state	ut	
COMPLETED	one) 2 MEOICAL EXAMINER: On the basis of axamination and/or	investigation, in r	my opinion, des	ith occured at the t	ime, data and placa	and dua to the	n Cause(a) ar	nd manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUM				onth, Day, Year)
B	Hone Tun Kiru, Mr			D373	6CL	▶ (C	10	19 91
일	30. NAME AND AGOREST OF PERSON WHO COMPLETED CAUSE OF DEATH (ITE	M 27) (Type, Print)		V / 1		- (1/3	1
	-18 1 D 1 A 1 A 10	e, Su	ite#	5, AL	serdee	n, M	DZ	1001
	31. DATE FILEO (MONTH, DES MONT) OCT 15991 GENERAL SWIGGON-MONT	delle		1				
100								



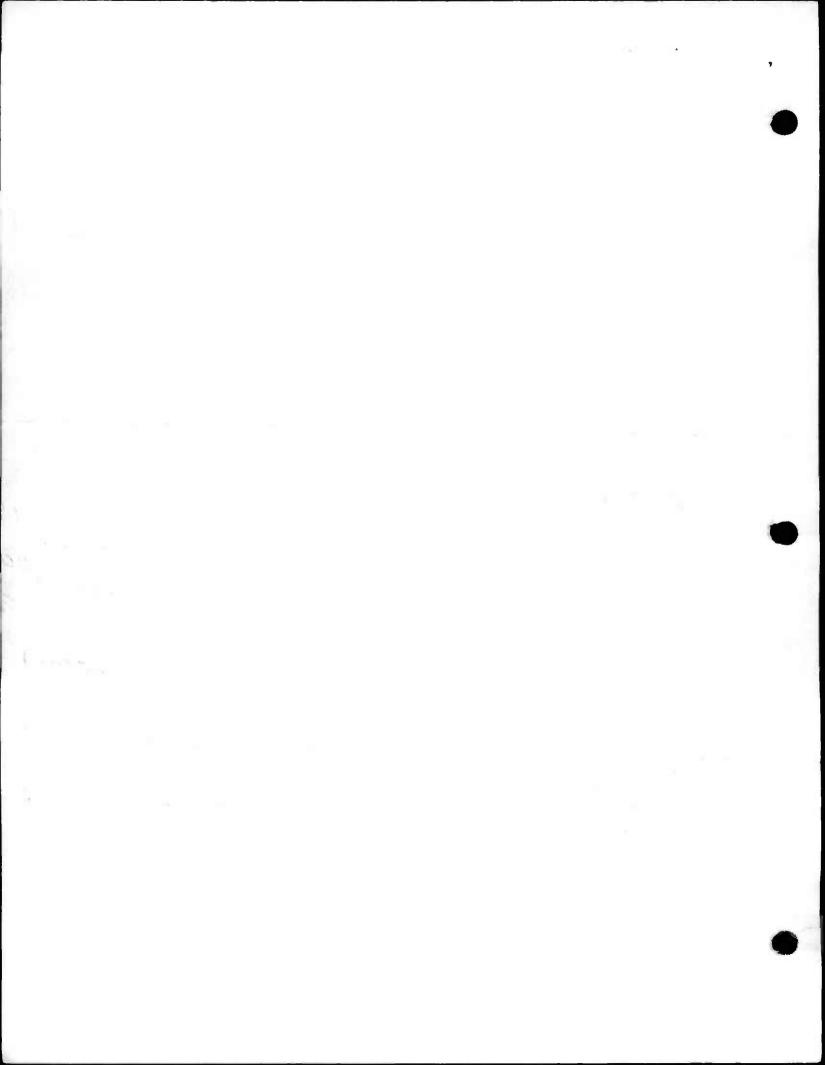
		1 - FOR STATE REGISTRAR	ATE OF MARYLAND			F HEALTH AND I	MENTAL HYGIEN REG. NO		
		1. DECEOENT'S NAME (First, Middle, Lest) LUCY Mary	Berro	end			2. DATE OF OEATH	9 91	3. TIME OF DEATH 7:87PM
9		4. SOCIAL SECURITY NUMBER 5/SEI 577-20-7346 1 □	8. AGE (In yrs. I		IF UNDER 1 YE MONTHS DA	AR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) December	C	NRTHPLACE (State or Foreign ountry) Wales
2, 3 should	стоя	9a. FACILITY NAME (If not institution, give street and Doctors Community H	COCCOTTON CO.			wn or location of de Lham		9c. COUNTY C	
(All	RECT	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			Y, TOWN OR L				10d. INSIDE CITY LIMITS?
(4)	9	Maryland Prince Ge	eorges	Dis	trict	Heights 101. ZIP CODE		10g. CITIZEN	1 YES 2 XXNO OF WHAT COUNTRY?
O Sician at-trans	FUNER		AS OECEDENT EVER IN U.S.	RMED	13. WAS	20747 OECENOENT OF HISPAN	NIC ORIGIN? (Specify Yes	U.S. A	RACE - American Indian,
215-0020 attending physicianse as the burierm	B		PRCES? 1 TYES 2 TYES, GIVE WAR OR DATES	NO		s, specify Cuban, Maxica YES 2 V NO Specify			Black, White, alc. Specify: White
D 21 spital or ed for u	COMPLETED	15. DECEOENT'S EDUCATION (Specify only highest grade complete Elamentary/Secondary (0-12) Colle	9d)	(Give kind of v ife. Do NOT us	usual occu work done durin se retired.) maker	g most of working	166. KIND OF BU	Home	W
AYLAND d by the hospit d be detached d at once.	111	17. FATHER'S NAME (First, Middle, Last) George F. Brown				18. MOTHER'S NA Anne	ME (First, Middle, Maiden Sanape	Sumame)	
, MAR be retained ge 5 should a notified	101	Joseph G. Bernard				mody Ct. H			
ALTIMORE, leath. Page 6 may be funeral director, page xaminer must be		20a. METHOD OF DISPOSITION 1 Serial 2 Cremation 3 Removal fro 4 Donation 5 Other (Specify)	m State		of disposition ther place! Nation	n _{(Name of} alCemetery	0ATE 20c. LO 10/15/91		
ALTIMOR death. Page 6 ma e funeral director, p		BURNATURE OF FUNERAL SERVICE ACTIVISES	ellash		22, NAN	E AND ADDRESS OF FA	CILITY 4	308 Sui	itland Rd. d, MD. 20746
24 hours aft filled in by lion, or remo		23. PART I. Enter the seeses, or complise shock, a pert failure. List or IMMEDIATE CAUSE (Final disease or condition resulting in death)	cetions that coused the chip one couse on each ille acute /	ence.	al d	ailure	h es cerdiec or resp		Approximete interval Batween Onset and Death
P.O. BOX 68: th certificate be execute anding physician and c Hygiene prior to buria or other traumatic	RTIFICATION	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	DUE TO (OR AS A COME DUE TO (OR AS A COME DUE TO (OR AS A COME	entreues of	era.	ralize trojeju lcer		my	
RECORDS, v requires that the dea been signed by the atf t. of Health and Merria shows any injury,	MEDIC	PART II. Other significant conditions control of the parties of th	melli	t resulting Hu	5	lying ceuse given in	Part i. 24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
I OF VITAL PHYSICIAN: The law this certificate has with the State Dep	PHYSICIAN		PITAL:	3 DDA	OTHER:	6. PLACE OF DEATH (Ch			
ON OF ING PHYSICI After this cer eath with th	ВУ РН	27. MANNER OF DEATH 2 Netural 5 Pending Investigation	8a. DATE OF INJURY (Month, Day, Year)	26b. TIM	IURY	WORK?	26d. DESCRIBE HOW	NJURY OCCURE	D
ISIC TTEND TTOR: 4 after d	ED		8a. PLACE OF INJURY — At building, alc. (Specify)	home, tarm,	streel, lactory,	office	261. LOCATION (Street: City or Town, State)	and Number or Ru	ural Route Number,
DIV HOSPITAL OR A FUNERAL DIREC WITHIN 72 HOURS MATHER 15 HOURS			to the best of my knowledge, the basis of examination and/o						use(a) and manner as stated.
TO THE HOSPITAL TO THE FUNERAL IDE filed within 72 h	O BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Kene	me)	DA6	39 l	29d. OATE SIG	SNEO (Mortin, Day, Year)
(2)		30. NAME AND ADDRESS OF PERSON WHO COME			, Print)				
		31. DATE FILEO (Mointh, Day, Year) OCT 1 1 91	2. REGISTRAR'S SIGNATURE		1.00				
			0						DHMH-18 Rev 1/89



DHMH-16 Rev 1/89

1	- STATE REGISTRAR	011112 01 1111	CE	RTIFIC	ATE OF	DEATH		REG. NO.			
1	DECEDENT'S NAME (First, Middle, Last)	,	C	OOLI	NG		2. DATE MONTH OCT	OF DEATH DA	1991	YEAR	TIME OF DEATH
	219426323	XXM 2 □ F	i. AGE (In yrs. lest		UNDER t YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Month MAR	OF BIRTH 1, Day, Year) 18 19	945	Country)	ACE (Stata or Foreign
	is. FACILITY NAME (If not institution, give at 1460 COURTHOUS)		ROAD			OR LOCATION OF DI EAKE CI			9c. COUNT		Н
1	RESIDENCE OF DECEDENT 100. STATE MARYLAND CEO	CIL			OWN OR LOCA	TION KE CITY	7			10	d. INSIDE CITY LIMITS? YES 24240
₹ 🔽	00. STREET AND NUMBER 1460 COURTHOUS	E POINT	ROAD		10	11. ZIP CODE 21915				ISA	T COUNTRY?
BY FUN	1. MARITAL STATUS Never Married 2 Married Wildowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WAS	EVER IN U.S.ARI YES 2 N R OR DATES	HUS_ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or No— If yea, specify Cuban, Maxican, Puerto Rican, atc.) 14. RACE — Ame Black, White, NTES 1 □ YES 2√□ NO Specify: Specify WH						American Indien, Inite, stc. VHITE	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementery/Secondary (0-12) UNKNOWN	CATION completed) College (1-4 or 5+)	(GI life.	CEDENT'S US the kind of work Do NOT use n		ION ost of working		KIND OF BUS			
	7. FATHER'S NAME (First, Middle, Lest) CHARLES N. COO	LING		301-111		18. MOTHER'S NA MARION					
	98. INFORMANT'S NAME (Type/Print) MARY C. COOLIN					and Number or Rural	Route Numi	ber, City or Town	n, State, Zip C		KE CITY,
	De METHOD OF DISPOSITION LYBuriei 2 Cremation 3 Rem Donation 5 Other (Specify)		20b. PLACE	OF DISPOSITI		emetery, cremetory or		20c. LO	CATION — C	ity or Town	
- 11-	11. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	11		R.I	ND ADDRESS OF FA	FUI				
	shock, or heert feliure. Liet only ona ceuee on aech line. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): INTERVAL Between Onset and Desth Onset and Dest										
2	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): d										
MEDICAL	PART II. Other significant condition	e contributing to d	leath but not r	reaulting in	tha undarlyi	ng cause given in	n Part I.	24a. WAS AN PERFOR 1 YES 2	RMED?	6	ERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION DF CAUSE F DEATH? YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					PLACE OF DEATH (C	heck only o	ne)			
2	1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	HOSPITAL: 1 Inpatient 2 28s. DATE OF I (Month, Day	NJURY	28b. TIME (OF 28c. II	me 5 Residence	_	or (Specify) SCRIBE HOW I	INJURY OCC	URED	
ED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined		INJURY — At ho rtc. (Specify)	ome, ferm, etn	set, factory, off	lca	281. LOC City	CATION (Street or Town, State)	and Number (or Rural Ros	rte Number,
COMPLEIE	anal only	ICIAN: To the beat of n									ind manner as stated.
מ מ	296 STBNATURE AND TITLE OF CERTIFIE	Wem	mD			D 238	UMBER 827		N 10	1 1	fonth, Day, Year)
	RICHBYD S. K					e 57.	BMIL	more,	M)		
	OCT 1 5 '91	32. REGISTRAP	widson-R	indalle							

Julia Davidson-Bandall



	FOR STATE REGISTRAR	STATE OF N	MARYLAND / Ce	DEPAR	TMENT	OF H	EALTH	AND MI		GIENE		7 1	20000
	1. DECEDENT'S NAME (First, Middle, Last)	0							. DATE OF DE				3. TIME OF OEATH
- 1	Dise Call	perl,	ETHE	L CC	LBE	RТ		- 1	MONTH	DAN	/	YEAR	1020 PH
- 1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. less		IF UNDER		IF UNDER	24 MD6 3	DATE OF BII		7	1.6	PLACE (State or Foreign
١I		1 M 2 X F			MONTHS	DAYS	HOURS	MIN.	(Month, Day,	Year)		Country)
) [219-12-3922		86	YAS.						905			RYLAND
JΙ	9a. FACILITY NAME (If not institution, give a	street and number)			9b. CITY	TOWN C	OR LOCATIO	ON OF DEAT	Н		9c. COUI	NTY OF DE	HTA
81	NORTH ARUNDEI	HOSPIT	AL		G	LEN	BUE	RNIE			AN	INE .	ARUNDEL
54	RESIDENCE OF DECEDENT												
뿐	10a. STATE 10b. COUNT				Y, TOWN C							- 1	10d. INSIGE CITY LIMITS?
ā	MARYLAND ANNI	E ARUNDE	EL	Al	NAP	OLI	S						1 YES 2 NO
4	10e. STREET AND NUMBER					101	. ZIP CODI	•			10g. CITI	ZEN OF W	HAT COUNTRY?
FUNERAL DIRECTO	68 CLAY STREET	C				2	1401	L				U.S	. A .
3	11. MARITAL STATUS	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. AR	MED					ORIGIN? (Sp		or No-	14. RACE	— American Indian, , White, atc.
F	1 Never Married 2 Married	IF YES, GIVE W		Ю		II yes, sp 1 □ YES	2 X NO	n, Mexican, Specify:	Puerio Rican,	atc.)		Specif	
æ	3 X Avidowed 4 Divorced											BL	ACK
	15. DECEDENT'S EDU		16a, DE	CEDENT'S	USUAL O	CCUPATIO	ON		16b. KIND	OF BUS	INESS/INC	DUSTRY	
E 1	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	Mo	Do NOT us	se retired.)	auring mo	ast of worldr	9					
리	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		D	OMES	STIC								
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)						16. MOTI	ER'S NAMI	(First, Middle,	, Malden :	Surname)		
BE	GEORGE MARTIN	7	Lon		ADDDEC	D (Daniel o			I JOH ute Number, Cli			Codel	
2													
	MILDRED PULLEY								LIS,				
- 1	20a, METHOD OF DISPOSITION 1 ☑ Burial 2 ☐ Cremation 3 ☐ Ren	noval from State	20b. PLACE other pl	ace)					- 1			City or To	
	4 Donation 6 Other (Specify)		HILL	CRI									MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	1		22.	NAME A	ND ADDRE	SS OF FACI	штү 8 2 1	WE	STM	ξT.,	ANNAPOLIS,
	Lanny	4.7	Roono						S MOR				
-	23. PART I. Enter the diseases or	complications the	t hausand the de	eth Do									Approximata
	ahock, or heart failure.				iiot aiitai	CHO IIIC	Jua or uy	mg, such	sa cardiac i	Oi Tespi	natory si	reat,	Intarval Between
	IMMEDIATE CAUSE (Finel	01											Onset and Dasth
	disease or condition resulting in death)	: 2 ye	2010	2									
		DUE TO	(OR AS A CONSE	OUENCE O	PF):	1		0					
z		a Cary	eil	loge	e a	X	6						
은	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSE	OUENCE O	F):		0						
8	cause, Enter UNDERLYING CAUSE (Disease or injury	ESSIG	Sylve	y lo	20	2	لام	~	2				
正	that initiated events	DUE TO	(OR AS A CONSE	OUENCE O	P):								
CERTIFICATION	reaulting in death) LAST	d											
									T			-	
CAL	PART II. Other significant condition			resulting	In the u	nderlyin	ig ceuse	given in P	art 1. 24s.	PERFOR	AUTOPSY IMED?	246.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
	ayer D	بثلاث	w	_				- 6	- 10	YES 2	LNO	-	COMPLETION OF CAUSE OF DEATH?
MEDI	alleeur	Daril	well	e S	ما	-0	en	Or	mag.				1 YES 2 NO
-									-			- 1	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		,			26. P	LACE OF I	DEATH (Chec	ck only one)				
2	EXAMINER?	HOSPITAL:	☐ ER/Outpatient 3	AOO TI	OTHE			asidanca A	Other (Spi	ec/fut			
¥	27. MANNER OF BEATH	28s. DATE O		20h. TH	_	_	JURY AT		26d. DESCRIE		MUUMY OC	CURED	
	1 ☐ Militurel 5 ☐ Pending		Day: Hear)	194	JURY	W	ORK7	ON					
B	2 Accident Investigation		OF INJURY At h	ame from	atrest for			J 110	28f. LOCATIO	M /Steam	and Marrie	er or florest i	Desira Manadase
-			wts. (Specify)	arries, searring	permet, san	nory, one			City or The			H.54.754000.5	SOCIE PROPERTY.
	3 Suicide 8 Could not be 4 Homicide determined	building											
ETED	3 Suitcide & Could not be 4 Homicide determined	building						_					
PLETED	The state of the s	Contains	if my knowledge, d	eath occur	red at the	time, det	a and plac	a, and due t	o the cause(s) and ma	nner aa st	nted.	
OMPLETED	4 Homicide determined 29a. CERTIFIER (Check only other check on the check only other check on the check only other check on the che	SICIAN: To the best of											i) and manner as stated.
COMPLET	4 Homicide determined 29a. CERTIFIER (Check only other check on the check only other check on the check only other check on the che	SICIAN: To the best of					death occu		lme, date and		nd dua to t	tha cause(a	
BE COMPLETED	4 Homicide determined 29a. CERTIFIER (Check only one) 1 CERTIFYINO PHYONE) 2 MEDICAL EXAMIN	SICIAN: To the best of					death occu	ired at the t	lme, date and		nd dua to t	tha cause(a	(Month, Day, Year)
BE COMPLET	4 Homicide determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFI	SICIAN: To the best of NER: On the besie of NER	examination and/or	Investigati	lon, In my		death occu	ired at the t	lme, date and		nd dua to t	tha cause(a	
E COMPLET	4 Homicide determined 29a. CERTIFIER (Check only one) 1 CERTIFYINO PHYONE) 2 MEDICAL EXAMIN	SICIAN: To the best of NER: On the besie of NER	examination and/or	Investigati	e, Print)	opinion,	death occu	ired at the t	lme, date and		nd dua to t	tha cause(a	
BE COMPLET	4 Homicide determined 29a. CERTIFIER Check only one) 2 MEDICAL EXAMIP 29b. SIGNATURE AND TITLE OF CERTIFICATION WAS NO ADDRESS OF PERSON WAS NAME AND A	SICIAN: To the best of MER: On the basic of MER: On the basic of MER	DESCRIPTION AND THE STATE OF DEATH (ITE	Investigati	lon, In my	opinion,	death occu	ired at the t	lme, date and		nd dua to t	tha cause(a	
BE COMPLET	4 Homicide determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFI	SICIAN: To the best of NER: On the basis of NER ON THE NEW OF THE	examination and/or	Investigati	e, Print)	opinion,	death occu	ired at the t	lme, date and		nd dua to t	tha cause(a	

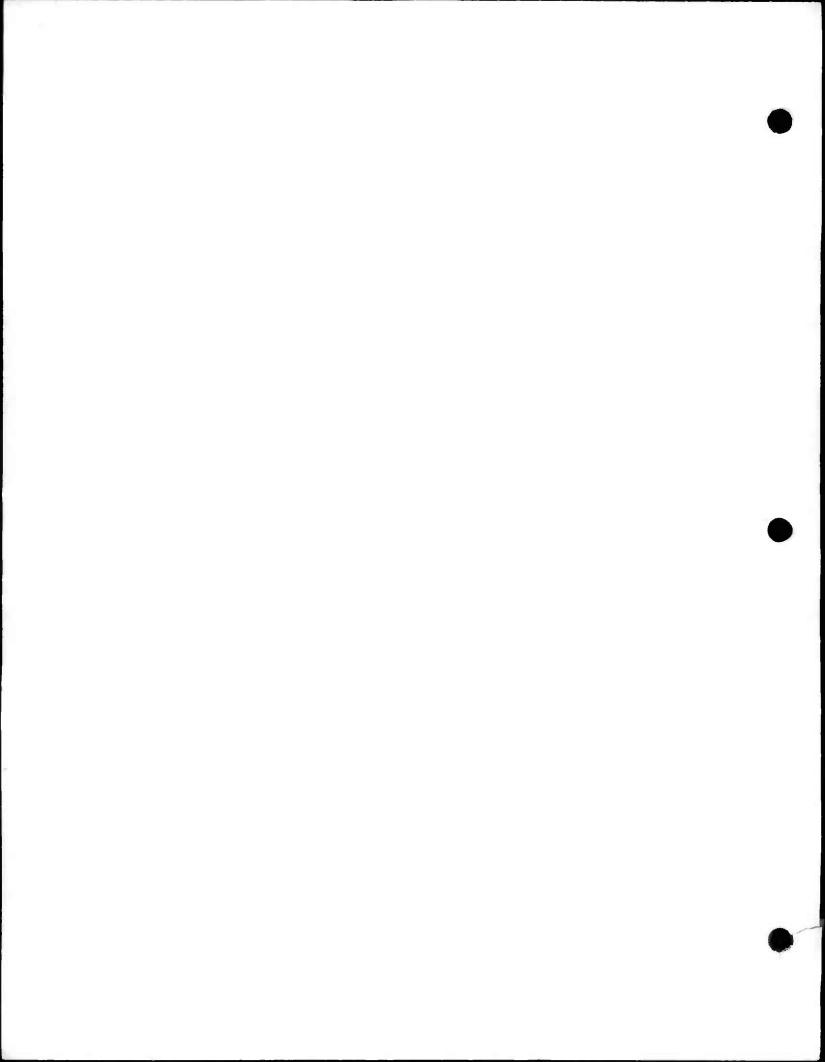
TO THE HOSPITAL DRATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. For since within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

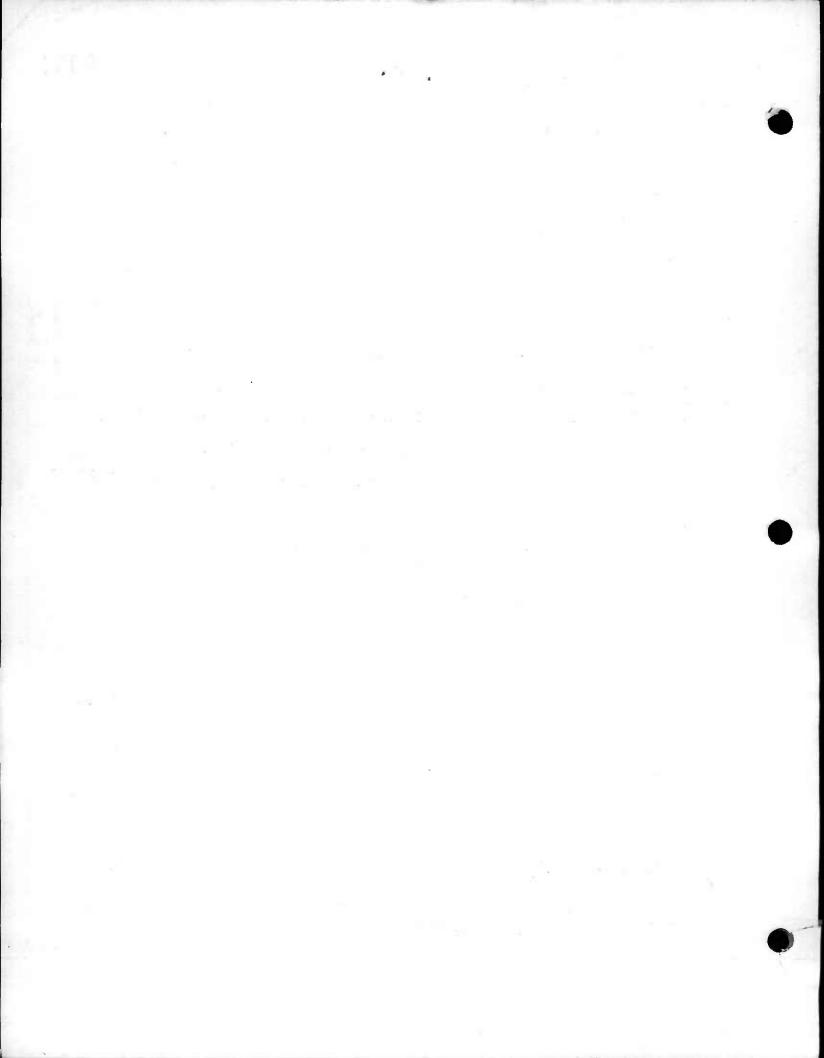
IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146



	* REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last,)				OF			2. DATE	OF DEATH	v	YEAR 3.	TIME OF DEATH									
1	EMMET	J. COL	LINS	5				(er 4,	1991	TEAR	4:00P M									
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (II	n yrs. last birthday,	IF UNDER	1 YEAR	IF UNDE	R 24 HRS.	7. DATE C	Day, Year)		a. BIRTHPLA Country)	CE (State or Foreign									
1	216 12 5119	1 M 2 D F		70 YRS.	MONTHS	DAYS	HOURS	MIPI.	01	06	21		LAND									
	9a. FACILITY NAME (If not institution, give				9b. CITY	TOWN		TION OF DE			10.7	TY OF DEAT	н									
OB	" VAMC, Perry Po:	.nt			Per	ry	Poi	nt, I	Maryl	and	Cec	i.l										
EC	TRESIDENCE OF DECEDENT 10a. STATE 10b. COUN	TY		10c, C	TY, TOWN C	R LOCA	TION					104	I. INSIDE CITY									
DIRECTO	MARYLAND 2	ANNE ARU	MDEI				HIC	TTM					LIMITS?									
AL [10e. STREET AND NUMBER	11110	711,011,1				f. ZIP COI				10g. CITIZ		COUNTRY?									
ER/	303 LINDA AVE	NIE.					211	090				S.A.										
FUNER	11. MARITAL STATUS	12. WAS DECEDEN	Y EVER IN	U.S. ARMED			CENDENT	OF HISPAN		? (Specify Yes		14. RACE	American Indian,									
BY F	1 Never Married 2 X Married	FORCES? 1	NAR OR DA	2 UNO				an, Maxica Specify	n, Puarto R /:	ican, etc.)		Black, W Specify:										
	3 Widowed 4 Divorced	•	11									WHI	TE									
TED	15. DECEDENT'S ED (Specify only highest grad			(Give kind o	work done	during m	ON ost of work	ding	16b.	KIND OF BU	SINESS/IND	USTRY										
Ä	Elementary/Secondery (0-12)	College (1-4 or 5	+)	Iffe. Do NOT																		
COMPLET	17. FATHER'S NAME (First, Middle, Last)	0		FLOOR	MAIN		1 40 440	THERIC MA	ARE (Close A	IVLAIN liddle, Maiden		TURIN	NG.									
	LEROY F. COLL	INS					100			RICK	Sumame)											
8	19a. INFORMANT'S NAME (Type/Print)	LIND	-	19h MAII IN	G ADORESS	S (Streat		_		er, City or Tow	en Stele Zio	Code										
2	BARBARA COLLIN	JS.								ICUM			90									
	20e. METHOD OF OISPOSITION 1 Studiel 2 Cremetter 1 Re-		20b.	PLACE OF OISP					L	- T		City or Town,										
	1 St Buriel 2 Cremetics 3 Re-	movel from State		EDAR H					10/				ARK, MD.									
	21. SIGNATURE OF PUREFUL SERVICE I	JCENSEE!	1	1	22.	NAME A	ND ADDR	ESS OF FA	CILITY													
	> Llaur	d. K	mo	men	RA	MYA	OND	C.	FINK	FUN:	ERAL	HOME	21061									
	23. PART I. Enter the diseaseal or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arreat, ahock, or heart failure. List only one cause on each line. Approximate interval Bet																					
					not enter	the m	ode or a	ying, auc	n as csro	iac or reap	iratory am	eat,	Interval Between									
	IMMEDIATE CAUSE (Final disease or condition												Onset and Death									
	disease or condition resulting in death) a. Acute anterior myocardial infarction DUE TO (OR AS A CONSEQUENCE OF):																					
_		Lulmo			J. J.																	
0	Sequentially list conditions, if any, leading to immediate	0.		CONSEQUENCE	OF):																	
CAT	cause. Enter UNDERLYING	Hyper	tensi	on																		
CERTIFICATION	CAUSE (Disease or Injury that Initiated events	DUE TO	OR AS A	CONSEQUENCE	OF):																	
ERI	reaulting in death) LAST																					
	PART II. Other algorificant condition	ons contributing to	death b	ut not resulting	In the ur	derlyk	on cause	civen in	Part I	24s. WAS AP	AHTTOREV	7.45 W	RE AUTOPSY FINDINGS									
DICAL				th but not resulting in the underlying cause given in I						PERFO	RMED?	AV	ALABLE PRIOR TO									
ED										1 TYES	NO X	OF	DEATH?									
: ME												11	YES 2 NO									
						26 F	HACE OF	DEATH /C/	eck only on	e)			N/A									
AN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one)																					
SICIAN	EXAMINER?	HOSPITAL:	□ FR/Outn	etlant 3 T DOS		mlma Ma.	ma E [7]	Dooldonno	a Class													
HYSICIAN		28s, DATE O	F INJURY	28b. T	4 🗆 Nur	28c. IN	JURY AT	Residence			INJURY OCC	PA Impatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Realdence 6 Other (Specify) 27. MANNER OF DEATH 288. DATE OF INJURY 288. DATE OF										
	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	28s. DATE Of (Month, i		28b. T	4 🗆 Nur	28c. IN					INJURY OCC	CURED										
BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	Inpatient 2 28s. DATE Of (Month, in the control of	F INJURY Day, Year) OF INJURY	28b. T	4 Nur	26c. IN W	JURY AT ORK? YES 2		28d. DES	CRIBE HOW	and Number	or Rural Rout	e Number,									
ED BY	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	Inpatient 2 28s. DATE Of (Month, in the control of	F INJURY Day, Year)	28b. T	4 Nur	26c. IN W	JURY AT ORK? YES 2		28d. DES	CRIBE HOW	and Number		e Number,									
ED BY	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not b 4 Homicide determined	28s. DATE Of (Month, i	F INJURY Day, Year) OF INJURY I, etc. (Spec	— At home, farm	4 Nur	26c. IN W 1	JURY AT ORK? YES 2	□ NO	2ad. DES	ATION (Street or Town, State	and Number)	or Rural Rout	e Number,									
ED BY	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	26s. DATE Of (Month, in pulled in pu	F INJURY Day, Year) OF INJURY i, etc. (Spec	— At home, farm	4 Nur IME OF NJURY M n, street, fac	28c. IN W 1 tory, offi	JURY AT ORK? YES 2 ce	□ NO	28f. LOC. City	ATION (Street or Town, State	and Number	or Rural Rout										
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COMPLETED BY	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only One) 2 MEDICAL EXAMIN	26e. PLACE of Month, in the best of the basis of the basi	F INJURY Day, Year) OF INJURY I, etc. (Spec of my knowl examination	At home, farm	4 Nur ME OF NJURY M o, street, fact rred at the t tion, in my o	28c. IN W 1 tory, offi	JURY AT ORK? YES 2 ce a and place death occ	NO NO ca, and due	28f. LOC. City: to the cau	ATION (Street or Town, State 199(s) and ma and place, a	and Number) nner as state and due to th	or Rural Rout ed. e cause(a) as	nd menner as stated,									
BE COMPLETED BY	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINED 29b. SIGNATURE AND TILLE OF CERTIFIER 1 MEDICAL EXAMINED	26a. DATE Of (Month, in the basis of other control of the basis of	F INJURY Day, Year) OF INJURY OF INJURY of the Company of my knowled the Company of my knowled the Company of my knowled the Company of the C	— At home, farm indige, death occur n and/or investiga ATH (ITEM 27) (7),	4 □ Nur IME OF NJURY M a, street, fact rred at the t titon, in my o	28c. IN W 1	JURY AT ORK? YES 2 ce a and place death occ	NO NO NO NO NO NO NO NO NO NO NO NO NO N	28d. DES 28f. LOC. City. 1 to the cause time, date	ATION (Street or Town, State 199(s) and ma and place, a	and Number) nner as state and due to th	or Rural Rout	nd menner as stated,									
BE COMPLETED BY	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINATION ONE) 30. NAME AND ADDRESS OF PERSON V	28a. DATE Of (Month, Inc.) 28a. PLACE of building SICIAN: To the best of other of the basis of other or the	FINJURY Day, Year) OF INJURY I, etc. (Special form of my knowledge) OF THE SPECIAL FORM OF THE SPECIAL F	At home, farm	4 □ Nur IME OF NJURY M a, street, fact rred at the t titon, in my o	28c. IN W 1	JURY AT ORK? YES 2 ce a and place death occ	NO NO NO NO NO NO NO NO NO NO NO NO NO N	28d. DES 28f. LOC. City. 1 to the cause time, date	ATION (Street or Town, State 199(s) and ma and place, a	and Number) nner as state and due to th	or Rural Rout	nd menner as stated,									
BE COMPLETED BY	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINATION OF CERTIFIER AND TULLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON V	26a. DATE Of (Month, in the basis of other control of the basis of	FINJURY Day, Year) OF INJURY I, etc. (Special form of my knowledge) OF THE SPECIAL FORM OF THE SPECIAL F	At home, farm	4 □ Nur IME OF NJURY M a, street, fact rred at the t titon, in my o	28c. IN W 1	JURY AT ORK? YES 2 ce a and place death occ	NO NO NO NO NO NO NO NO NO NO NO NO NO N	28d. DES 28f. LOC. City. 1 to the cause time, date	ATION (Street or Town, State 199(s) and ma and place, a	and Number) nner as state and due to th	or Rural Rout	nd menner as stated,									



		_
BALTIMORE, MARYLAND 21215-0020	death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. I
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	4 hour	filled in
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39	noa	and cor
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m	cate	Hys
Ö	THE L	9
~	9	din
3, P.O. BOX 68760,	att.	tter
16	5	40

	REGISTRAR				DEATH	MENTAL HYGIEN REG. NO.				
	t. DECEDENT'S NAME (First, Middle, Last) VTOLA		(CASSEY		2. DATE OF GEATH DATE OF THE D	5 9	3. TIME OF GEATH 2:55 AM		
1	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. la	asl birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	0.6	BIRTHPLACE (State or Foreign		
1)	196-16-2598 1□M	2 № F 79	YRS.	MONTHS DAYS	HOURS MIN,	Dec. 23,	1913 F	Pennsylvania		
1.	9e. FACILITY NAME (If not institution, give street end no				OR LOCATION OF D		9c. COUNTY			
CTOR	NORTH ARUNDEL HOSPI	TAL ASSOCIA	TION	GLE	N BURNIE		<u>A</u>	.A. COUNTY		
DIREC	10e. STATE 10b. COUNTY	- 3 - 1		TOWN OR LOC				10d. INSIDE CITY LIMITS?		
	Maryland Anne Aru	uget	GTE	n Burn	1.e			1 ☐ YES 2 1 NO		
FUNERAL	452 Glen Mar Rd.			- 1	21061		U.S			
S	EOD.	OECEDENT EVER IN U.S. A				ANIC ORIGIN? (Specify Yes		RACE — American Indian, Black, White, etc.		
BY F		ES, GIVE WAR OR OATES	,,,,,		S 2 NO Spec			Specify: White		
ED	15. DECEDENT'S EDUCATION	16a. D	ECEDENT'S	ISUAL OCCUPAT	ION	16b. KIND OF BU	SINESS/INDUST			
	(Specify only highest grade completed Elementary/Secondery (0-12) College	(1-4 or 5+)	Give kind of w le. Do NOT use memake	ork done during n retired.)	nost of working	Own Ho				
COMPLET	5	1101	memake							
	17. FATHER'S NAME (First, Middle, Lest) Edwin Borger Catherine Hahn									
B	19e. INFORMANT'S NAME (Type/Print)	11	9b. MAILING	ADDRESS (Street	and Number or Rura	I Route Number, City or Tow	n, State, Zip Cod	(e)		
	Earl R. Cassey	4	452 G1	en Mar	Rd., Gl	en Burnie,	Maryla	nd 21061		
	20e. METHOO OF DISPOSITION 1 Device 2 Cremetion 3 Removal from			FDISPOSITION (I		1	CATION — City			
4 74	4 Donestop 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Metr	o Crei	_	Inc. 1		tonsvil	le, BA, MD		
	A Att a L	1.0		Kirk	ley Fune	ral Home				
1	23. PART i. Enter the disesses, or compilca	tions that sound the	tooth Do					nie, MD 210		
	ahock, or heert fellure. List only	one ceuse on each lin	ie.	ot enter the in	loae or aying, su	cn sa cerdiac or reep	retory srrest,	Approximate interval Betwood Onsat and De		
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Conal	Au	0 1	ant	Sailus a		21.		
	resolding in death) . a	DUE TO (OR AS A CONSI	EQUENCE OF):		Grand,		700		
	Sequentielly list conditions, If any, leading to immediate									
CATION	If any, leading to immediate cause. Enter UNDERLYING	Dia	heti	10				į		
TIFIC	CAUSE (Disease or injury that initiated events recuiting in death) LAST	d events DUE TO (OR AS A CONSEQUENCE OF):								
1 65 1	d				,					
4	PART II. Other significent conditions contril	buting to death but not	resulting in	the underlyi	ng ceuse given i	n Part I. 24e. WAS AN		24b. WERE AUTOPSY FINDIN		
5	Acute	47. 0	100	d		t 🗆 YES 2		COMPLETION OF CAUS OF DEATH?		
: ME		1						1 TES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL			26	PLACE OF OEATH (C	Check cash one)				
SICI	EXAMINER? HOSP	ITAL:		OTHER:		a Other (Specify)				
}		. OATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. H	NJURY AT YORK?	26d. DESCRIBE HOW	NJURY OCCUR	ED		
BY P	1 Natural 5 Pending 2 Accident Investigation			M 1	YES 2 NO					
TED	3 Suicide a Could not be 4 Homicide detarmined	 PLACE OF INJURY — At h building, etc. (Specify) 	nome, ferm, s	tree1, 1ectory, of	lica	281. LOCATION (Street City or Town, State)	and Number or R	Rurel Route Number,		
ш	29a. CERTIFIER (Check only) 1 CERTIFYING PHYSICIAN: To 1	the heet of my knowledge of	double account	d at the star d	in and place size 4.					
COMPL	(Check only one) 2 MEDICAL EXAMINER: On the							ouse(a) end manner as state		
BE CO	20b. SIGNATURE AND TITLE OF CERTIFIER	1			29c. LICENSE N			GNED (Month, Day, Yeer)		
TO BI	Rolland	<i>I</i> ′	M	. D	126	307	▶ 10	5-91		
	30. NAME AND ACCRESS OF PERSON WHO COMPL RANI, S. KARIPINEN	T M.D /337	EM 27) (Type, HOSPT	Print)	IVE BLDO	G B/GLEN BU	RNIE.	MARYLAND 21		
		REGISTRAN'S SIGNATURE			IVE, DED.					

DHMH-16 Rev 1/89

		1 - STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT OF		MENTAL HYGIEL REG. NO		1 20003
		1. DECEDENT'S NAME (First, Middle, Last) CLAIBORNE	CLIFTON	CABIN	JESS	2. DATE OF DEATH	DAY / 9 9 /	YEAR 3. TIME OF DEATH
(D	1	4. SOCIAL SECURITY NUMBER 230-66-7899	5. SEX 6. AGE (In y/s. last	YRS. F UNDER 1 YEA		7. DATE OF BIRTH (Morith, Day, Year)	1	BIRTHPLACE (State or Foreign Country) Virginia
	4	9e. FACILITY NAME (If not institution, give			N OR LOCATION OF E	DEATH	9c. COUNT	Y OF DEATH
14. 27	CTO	9015 Littlesto			Washing	ton	Princ	e George's
permit. Page	L DIRE		ce George's	Ft. Was	nington			10d. INSIDE CITY LIMITS? 1 YES 2 NO
ts	FUNERAL	9015 Littles	tone Drive		20744			ted States
5-0020 nding physiclan. Is the burial-transit	BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Diverced	12. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	O If yes,	DECENDENT OF HISPA	NIC ORIGIN? (Specify Yean, Puerto Ricen, etc.)		4. RACE — American Indian, Black, White, atc. Specify:
- a ra		15. DECEDENT'S EDU (Specify only highest grade		CEDENT'S USUAL OCCUP	ATION	16b, KIND OF BU	JSINESS/INDU:	Black
20 00 00 00 00 00 00 00 00 00 00 00 00 0	COMPLET	Elementery/Secondary (0-12)	College (1-4 or 5 +)	re kind of work done during Do NOT use retired.)	most of working	4.5		
Z 2 5 0	OM	17. FATHER'S NAME (First, Middle, Last)		Superviso		GOY AME (First, Middle, Maider	Zernma n Surnama)	ent
3 8 5 Z	BE (William D. 190. INFORMANT'S NAME (Type/Print)			Flos	ssie Brow	mn	
be retained to ge 5 should e notified	2	Gwendolyn J. C		MAILING ADDRESS (Stre				
ALTIMORE, MAR- leath. Page 6 may be retained funeral director, page 5 should xaminer must be notified		20a. METHOD OF DISPOSITION 1	20h PLACEAL	ND DATE OF DISPOSITION natory or other place)	(Name of			gton VA. ly or Town, State
TIMC n. Page 6 eral direc		21. SIGNATU OF UNERAL SERVICE ALIC		Zion R.Z.U.A	AND ADDRESS OF F	metery A	lbert	a, Virginia
9 9 9		- John	attement -			neral Hom		
24 hours after in by the filled in by th		23. PA i. Enter the diseases, or abock, pr heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that caused the daa List only one cause on each line.	eth. Do not anter tha	mode of dying, au	ng Rd N ch as cardiac or rear	Piratory arres	Approximata interval Betwee Onset and Dant
68760, ecuted within and completely burial, cremati affic event, t		resolving in death)	DUE TO (OR AS A CONSEOU	4	-1			puaden
execu and bur matic	NOIL	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONTEON	UENCE OFI:	diseas			
O. BOX ertificate be ing physician rgiene prior t	RTIFICATION	cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events	c. Lyperters	WENCE OF	cristl	erotei Co	unda	5-
O # B # P	ш	reaulting in death) LAST	d			an ac	ence	
Ne d	AL C	PART II. Other significant condition	s contributing to death but not re	auiting in the underly	ing cause givan in	Part i. 24e. WAS AN		24b. WERE AUTOPSY FINDINGS
E # 0 # >	MEDIC					PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
L RECO law requires the as been signed ept. of Health 23 shows an								1 TES 2 NO
The la	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26.	PLACE OF DEATH (C)	neck only one)		
T 5 5 5	<u> </u>	1 YES 2 NO 27. MANNER OF DEATH	1 Inpetient 2 ER/Outpetient 3	DOA 4 Nursing H	ome 5 Residence			
ON OF DING PHYSIC After this cer death with th s marked, c	BY P	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	YRIJURY	WORK?	28d. DESCRIBE HOW	INJURY OCCU	RED
SIC OR: A fter d		3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — At hom building, stc. (Specify)	ne, ferm, street, factory, of	fice	281. LOCATION (Street City or Town, State	and Number or	Rural Route Number,
로 국 전 ==	OMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSI CERTIFYING PHYSI CHECK CONTROL OF CHECK	CIAN: To the best of my knowledge, deat R: On the basis of examination end/or in	th occurred at the time, di	ate end place, end due	to the ceuse(s) end me	nner es stated.	
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: If	BE CO	29b. SIGNATURE AND TITLE OF CERTIFIES			29c. LICENSE NU			IGNED (Month, Day, Year)
5 5 3 M	2		C, M.D.		P1287	19	· Oc	79,1991
(10)		SUBONSO VALLA	COMPLETED CAUSE OF DEATH (ITEM	27) (Type, Print) RAFTEN DR	LAR	GO, MD	20	772
9		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE Sulia Davidson Ran	dolla				
		UCI 10 31	Carrie Contractor					DHMH-16 Rev 1

Sec.

28881.

		1 - STATE REGISTRAR	OINIE OI II	CE	RTIF	ICATI	E OF	DEATH	D MCM	REG. NO		Eur	0004	
		1. DECEOENT'S NAME (First, Middle, Last)							2. D/	TE OF DEATN		3.	TIME OF DEATN	
		Alphonso	GIRARD	CU	RTIS				09	2 8	19	91 2	:25 A. M	
		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER	DAYS	IF UNDER 24 H		TE OF BIRTH	6	BIRTHPL	ACE (State or Foreign	
(P)		577-92-6282	1 🔀 M 2 🗆 F	16	YRS.	WOW I'VE	DAYS	HOURS MI	1 09	-15-75		Washi	ington, DC	
	or	an. FACILITY NAME (If not institution, give :						R LOCATION O			9c. COUNT	Y OF DEAT	N	
Bearing To ast	ᅙ	1800 PALMER RO	DAD			FOR	RT W	ASHIN	GTON		PRIN	CE G	EORGES	
Service Brown	DIRECTOR	10s. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN	OR LOCAT	ION				10	d. INSIDE CITY	
	ā				W	ashi	ngto	n, DC					LIMITS? YES 2 NO	
EL H	7	10e. STREET AND NUMBER					101.	ZIP CODE			10g. CITIZE		T COUNTRY?	
in. ansit	FUNERAL	4825 North Capit	ol St., N	N.E. #3	04				200	11		U.S.A	١.	
020 physician. burial-transit permit	100	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT FORCES? 1	T EVER IN U.S. ARM		13.	WAS DECI	ENDENT OF HIS	SPANIC ORI	GIN? (Specify Yes	or No- 1	I. RACE — Black, W	American Indian,	
5-0020 nding physic is the burial-	BY	3 Widowed 4 Divorced	IF YES, GIVE W				1 TYES		secify:	io Rican, etc.)		Specify:	Black	
1215-0 r attending use as the	ED	15. OECEOENT'S EDU	CATION	16a, OFC	FOFNT'S	USUAL O	CCUPATIO	·M	Ι.	ISE VINO OF BUIL	1	Tend	Didek	
2121 al or atter for use a	<u> </u>	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +	(Gir	e kind of a Do NOT us	work done	during mos	st of working		16b. KINO OF BUS	SINESS/INDU	SIMA		
Spita shed f	릴	9th	0011090 (1-4 01 0 7	<i>'</i>	Stu	dent								
AND the hospit detached once.	COMPL	17. FATNER'S NAME (First, Middle, Last)						18. MOTHER'S	NAME (Firs	t, Middle, Maiden	Surname)			
AYL d by t d by t	BE (Walter N. Curti	S					Bett	y Den	t				
MARYLAND 21215-0020 retained by the hospital or attending physician. 5 should be detached for use as the burial-tran notified at once.	TO E	19a. INFORMANT'S NAME (Type/Print)								imber, City or Tow				
- 40	-	Betty Curtis												
ALTIMORE, death. Page 6 may be funeral director, page		20s. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Figure	OWN-from State	20b. PLACE A	NO DATE	OF DISPOS	ITION (Nat	me of	0.	ATE 20c. LO	CATION — CH	y or Town,	Steta	
MOR age 6 ma director,		4 Donetton 5 Other (Specify) 21. SIGNATURE OF JUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 22. NAME AND ADDRESS OF FACILITY												
BALTIM after death. Page by the funeral dire- moval.	1	21. SIGNATURE OF JUNERAL SERVICE LI	- Charles			22.	NAME AN	D ADDRESS OF	FACILITY	Johnson	& Je	nkins	, Inc.	
A - 2 8		10-10×		11						et, N.W			20011	
I's		23. PART Enter the dieaesea, or a shock, or heart fellure.	complications that	t coused the dec	th. Do r	ot enter	the mod	de of dying,	ouch as c	erdiac or respi	retory arree	t,	Approximate	
	- 1	IMMEDIATE CAUSE (Finel	-2		0,		A	, Do-					Interval Between Oneet and Death	
1 1 1 1 1 1 1 1 1 1		disease or condition resulting in death) • Multiple Gunslot Wounds Due to (or as a consequence of):												
Pa 5 6		DUE TO (OR AS A CONSEQUÊNCE OF):												
Secu and and bur bur	ERTIFICATION	Sequentially list conditions,	b. DUE TO ((OR AS A CONSEQ	JENCE OF	n.								
SOX ite be e ysician prior to	Ä	if any, leading to immediate cause. Enter UNDERLYING		51 p.										
O. B. ertificate ing phys rgiene pr	Ĕ	CAUSE (Disease or injury that initiated eventa	OUE TO (OR AS A CONSEO	JENCE OF	ን:								
eath certification attending mal Hygier y, or oth	E	resulting in death) LAST	d											
S 0 0 5 5	O	PART II. Other eignificant condition	s contributing to	death but not re	outile a	n 4h a 44n								
OC # 55 >	DICAL	The state of the s	a contributing to	daath but not ra	auiting i	n the un	deriying	ceuse given	in Part i.	24e. WAS AN PERFOR		AWA	RE AUTOPSY FINDINGS HLABLE PRIOR TO	
CO ires the signed sign										1 YES 2	□ NO	OF	MPLETION OF CAUSE DEATN?	
REC requires been sign of Heal	. ME											0	YES 2 NO	
DIVISION OF VITAL RECO- ON ATENDING PHYSICIAN: The law requires the DIRECTOR. After this certificate has been signed hours after death with the State Dept. of Health.	SICIAN:	25. WAS CASE REFERRED TO MEDICAL					26 81 /	CE OF DEATN	(Charle and					
VITA NN: The ficate h State Item	Sic	EXAMINER?	HOSPITAL:	ER/Outpetient 3 (DOA	OTHER	t:							
Sicial certification of or	PHY	27. MANNER OF DEATH	28a. DATE OF	INJURY	28b. TIM	EOF	28c. INJU	RY AT		her (Specify) O			OAD	
NG PHYS NG PHYS fler this sath with	ВУР	1 Natural 5 Pending 2 Accident Investigation	0 9 - 2 8	-1991	1:23	A	1 Y	IK?		BJECT		120	3	
NOING NOING IS After death		3 Suicide 6 Could not be	26s. PLACE OF	F INJURY — At hom atc. (Specify)	e, ferm, s	treet, facto	ory, office		26f. LC	CATION (Street a	nd Number or	Rural Route	Number,	
DIVISION OH ATTENDING DIRECTOR: After Nous after death Item 28 is mail	ETE!	4 Homicide detarmined	1800	PALMER	ROA	D			FO	RT WAS	INGTO	N		
DIV DIRE Noun	2	29e. CERTIFIER (Check only 1 CERTIFYING PNYSI	CIAN: To the best of r	my knowledge, deal	h occurre	d at the ti	me, data s	and place, and						
HOSPITAL RINERAL WITHIN 72 TANT: II	COMPL	orie) 2 MEDICAL EXAMINE										ause(a) and	d manner se stated.	
E HOSPI E FUNEI d Within BTANT	S I	296. SIGNATURE AND TITLE OF CERTIFIER	1					29c. LICENSE					nth, Day, Year)	
TO THE HOSPITAL TO THE FLINESAL Se Sied within 72 IMPORTANT. II	0	Dennis (J. Chi	it e and	>		- 1	D.C.M			▶ 09 -			
1	2	30. NAME AND AODRESS OF PERSON WH	-/			Print)								
(4)				11	PE	NN	STRI	EET BA	ALTI	MORE M	ARYLA	ND :	21201	
		31. DATE FILEO (Month, Day, Year)	32. REGISTRAF	R'S SIGNATURE										
		OCT 0 9 '91	Julia Da	widson-Ran	dell									

DHMN-16 Rev 1/89

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1 - STATE REGISTRAR		SIAIE UF IV	C	ERTIF		OF DEATH	MENIAL FITGI			
1. OECEDENT'S NAME (Firs	, Middle, Last)	- Cons	mula	10			2. DATE OF DEATH MONTH	DAY	CYEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In yrs. ia	st birthday)	IF UNDER 1 YE	AR IF UNDER 24 HRS.	7. DATE OF BIRTH	3	8. BIRTI	IPLACE (State or Foreign
215–16–530	2	1 🕅 M 2 🗆 F	69	YRS.	MONTHS DA	YS HOURS MIN.	02-14-2	22	Ma	ryland
9a. FACILITY NAME (# not i						WN OR LOCATION OF D	EATH	1.7	INTY OF D	_
Howard Coun		eral Hosp	ital		Co.	lumbia			Howa:	ra
10a. STATE	10b. COUNT	Υ	-1-	10c. CIT	Y, TOWN OR L	OCATION				10d. INSIDE CITY
Maryland	Howa	rd County		S	ykesvi	lle				1 YES 2 NO
13970 Fors		oad				101. ZIP CODE 21784			U.S.	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 3 Wildowed 4 Div	THE COLUMN	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2		If yo	DECENOENT OF HISPAI a, specify Cuban, Mexico YES 2 NO Specifi	n, Puarto Rican, etc.)	Yea or No-	14. RAC Blac Spec	E — American Indian, k, White, etc. White
15. DE	EDENT'S EDU	JCATION completed)	16a. O	ECEOENT'S	USUAL OCCU	PATION or most of working	16b. KIND OF	BUSINESS/IN	DUSTRY	
Elamentary/Secondary (Collega (1-4 or 5 +) in			g most of working	Mod			
12	Note to a			Bric	k Laye			onry		
17. FATHER'S NAME (First, I	E dill	antine					MME (First, Middle, Mail Trie Thi			
19a. INFORMANT'S NAME		MICTIC	11	Pb. MAILING	ADDRESS (St	reet and Number or Rural			(in Code)	
Mrs. Fern	M. Con	stantine				ythe Road				84
20a. METHOD OF DISPOSI 1 St Burlal 2 ☐ Cremati		normal from Charles	20b. PLACE	OF OISPO	SITION (Name	of cemetery, crematory or	20c.	LOCATION -	- City or To	own, Stata
4 Donation 6 Othe		noval from State	Gari	rison	Fores	t Veterans	Cemetery	/ Owi	ngs i	Mills, MD
21. SIGNATURE OF FUNER. BY	L SERVICE L	L. Z	faigl	£	Hai	ght Funera esville, M	1 Home			
IMMEDIATE CAUSE (Fi disease or condition resulting in death) Sequentially list condi if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or in that initiated events resulting in death) LA:	tions, addiate ring	05	(OR AS A CONSI	henic EQUENCE O	clara	age (renal	Rudue me	plue	c vsch	onset and Death instructor instru
PART II. Other signific	S CON		death but not	resulting	In the under	riying ceuse given in	PER	S AN AUTOPS FORMED? S 2 NO	7 24	b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED EXAMINER?	TO MEDICAL					26. PLACE OF DEATH (C	heck only one)			
1 YES 2 NO		HOSPITAL:	ER/Outpetlant	3 🗆 DOA	OTHER:	Home 5 - Residence	6 Other (Specify)			
27. MANNER OF DEATH 1 Netural 5 2 Accident	Pending Investigation	26s. DATE OF (Month, D	INJURY lay, Year)	28b. TIR	JURY	c. INJURY AT WORK?	26d. DESCRIBE HO	W INJURY O	CCURED	
a 🗆 autota	Could not be detarmined	26e. PLACE O building,	F INJURY — At I etc. (Specify)	ome, farm,	atreet, factory,	offica	261. LOCATION (Str City or Town, S		er or Rural	Route Number,
anal						, data and place, and du				a) and manner as stated.
296. SIGNATURE AND TITE)00	es Wal	100	MO		29c. LICENSE NU	MBER	29d. D/	TE SIGNE	(Month, Day, Year)
30. NAME AND ADDRESS (1-11	noticempleted cau	SE OF DEATH (IT	EM 27) (Type		will City	Hed "	> 108	3	
31. DATE FILED (Month, Day OCT	15 '91	32. REGISTR	ha Davido	on-Aan						

BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

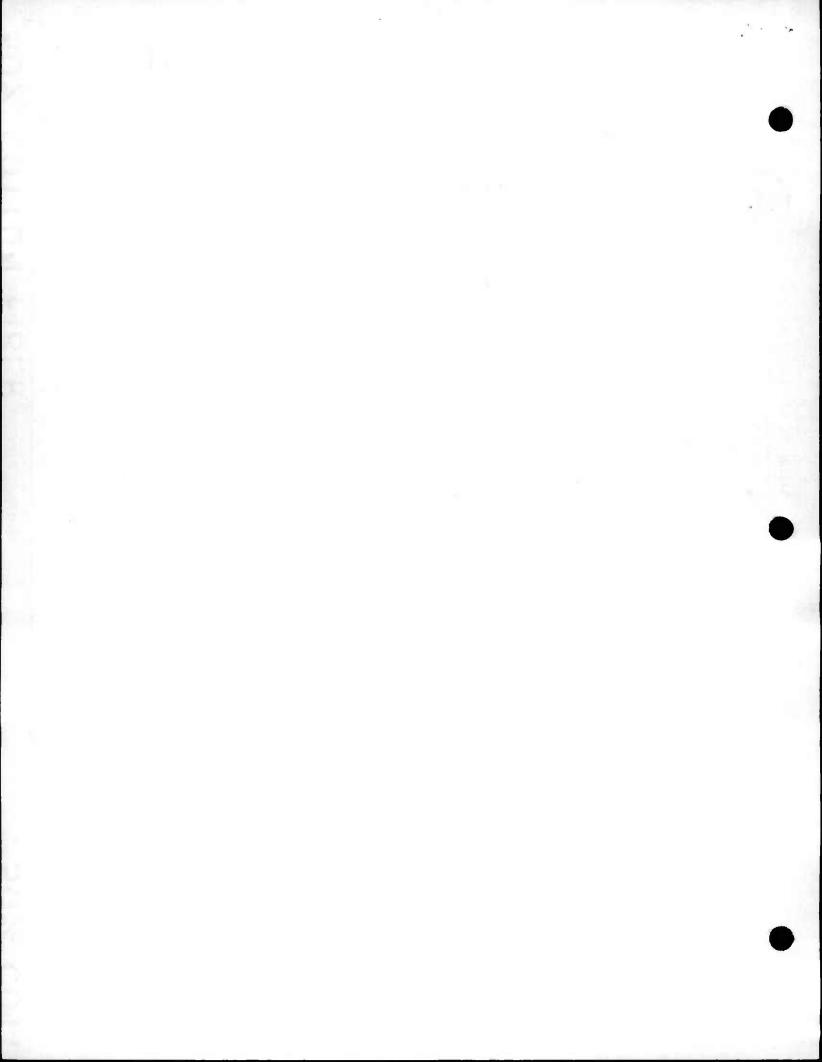
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit in be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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O.	OIR	POG	Hen
TAL	PAL	27	=
HOSP	UNE	ALCON I	AM
Ψ	里	> pe	ORT
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within thin this after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached.	be filed within 72 hours after death with the State Dept. of rheath and Mental hypteric prior to burial, cremation, or removal.	IMPORTANT. If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

Sherif Osman,
31. DATE FILED (Month, Day, Year)
OCT 15'91

MD

FOR 1 - STATE REGISTRAR	STATE OF MAR	RYLAND / DEPAR CERTIF	TMENT OF I		MENTAL	HYGIENE REG. NO.	9	1 2888
1. DECEDENT'S NAME (First, Middle, Last)	* ***	OLITTI	IOAIL OI	DEATH	2. DATE C	OF OEATH		3. TIME OF DEATH
Do:	rothy K. C	otts			10	14	1991	7:35P
4. SOCIAL SECURITY NUMBER 234 52 1541	1 □ M 2 🏋 F	AGE (in yrs. last birthday) 79 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	10-	Day, Year) 28-1911	Cou	THPLACE (State or Foreigntry) W VA
9a. FACILITY NAME (If not institution, give: Fallston Gener				or location of de liston	EATH	9c. C	Har:	
10a. STATE 10b. COUNT	y Harford	10c. CIT	y, town or loca H	avre de	Grac	e	Т	10d. INSIDE CITY LIMITS? 1 X YES 2 NO
100. STREET AND NUMBER 350 Girard Stre			10	1. ZIP CODE 21078		10g.		SA
11. MARITAL STATUS 1 Never Married 2 Married 3 XWildowed 4 Divorced	12. WAS DECEDENT EX FORCES? 1 I	YES 2 NO	If yes, s	CENDENT OF HISPAN pecify Cuban, Mexica S 2 1 NO Specify	in, Puerto A		Bla	CE — American Indian, ack, White, atc. ecily: White
18. DECEDENT'S EDI (Specify only highest gradi Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5+)	Ille. Do NOT us	work done during m se retired.)	ost of working		KIND OF BUSINESS	/INDUSTRY	
17. FATHER'S NAME (First, Middle, Last)	4	(Ret) F	tegister	ed Nurse		TOSPITAL		
David C. Kirk	or			Sara N			10)	
10- INCORMANT'S NAME (Top-(Tries)	.61	19b. MAILING	ADDRESS (Street	and Number or Rural			, Zlp Code)	
Mrs. Judy Dulin	1	808	John Sm	nith St.,	Hav	re de Gr	ace.	MD 21078
20a METHOD OF DISPOSITION 1 X39urial 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State	20b. PLACE OF OISPO- other piece) Brooke C	SITION (Name of ce	emetery, cremetory or		20c. LOCATION	l — City or	Town, Stata
21. SIGNATURE OF FUNERAL SERVICE L	CENSEE STATE	81	22. NAME A	nd address of fa nell-Smith e de Gra	rillity 1 Fur	neral Hon	ne, F	P.A.
23. PART I. Enter the diseases, or ahock, or heart failure.								Approximate
iMMEDIATE CAUSE (Finel disease or condition resulting in death)			c br	east	can	lino	ng	Interval Baty Onset and D
Sequentielly list conditions, if any, leeding to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	c	AS A CONSEQUENCE O	صافع	Qcam	12			
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	na contributing to de	ath but not resulting	in the underlyli	ng cause given in	Part I.	24a. WAS AN AUTOF PERFORMED? 1 YES 2 NO		AMULABLE PRIOR TO COMPLETION OF CAUDE DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. F	PLACE OF DEATH (CH	heck only on	9)	<u> </u>	
1 TYES 2 X NO	1X Inpetient 2 - EF		4 - Nursing Ho	me 8 🗆 Residence	V			
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJ (Month, Day,	rbar) IN	JURY W	YES 2 NO		CRIBE HOW INJURY		
M a Destable	26a. PLACE OF IN building, etc.	IJURY — At home, farm, (Specify)	screet, factory, off	Ce		ATION (Street and Nu or Town, State)	mber or Run	ai rioute Number,
000)	SICIAN: To the best of my IER: On the bests of axam							e(a) and menner as state
29b. SIGNATURE AND TITLE OF CERTIFIE	ER			29c. LICENSE NU	MBER	29d.	DATE SIGN	IED (Month, Day, Year)

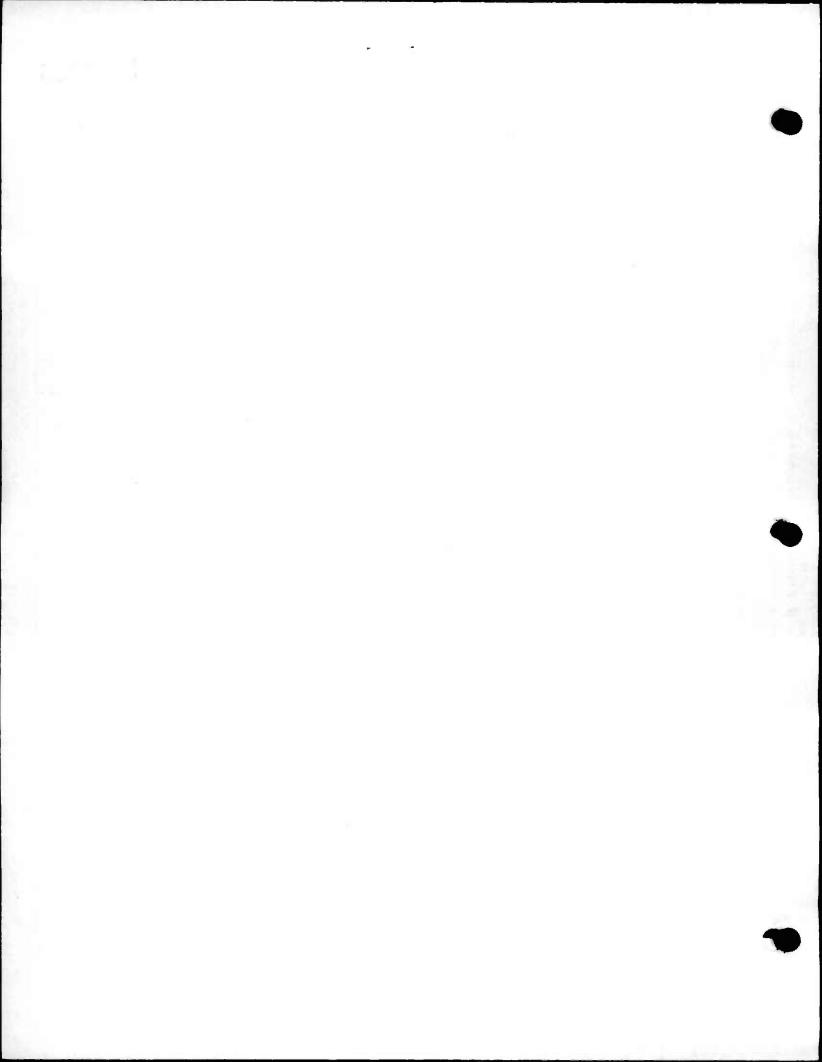
504 Lewis Street,
32. RECISTRAN'S SIGNATURE

Juna Davidson Andelle

Havre de Grace,

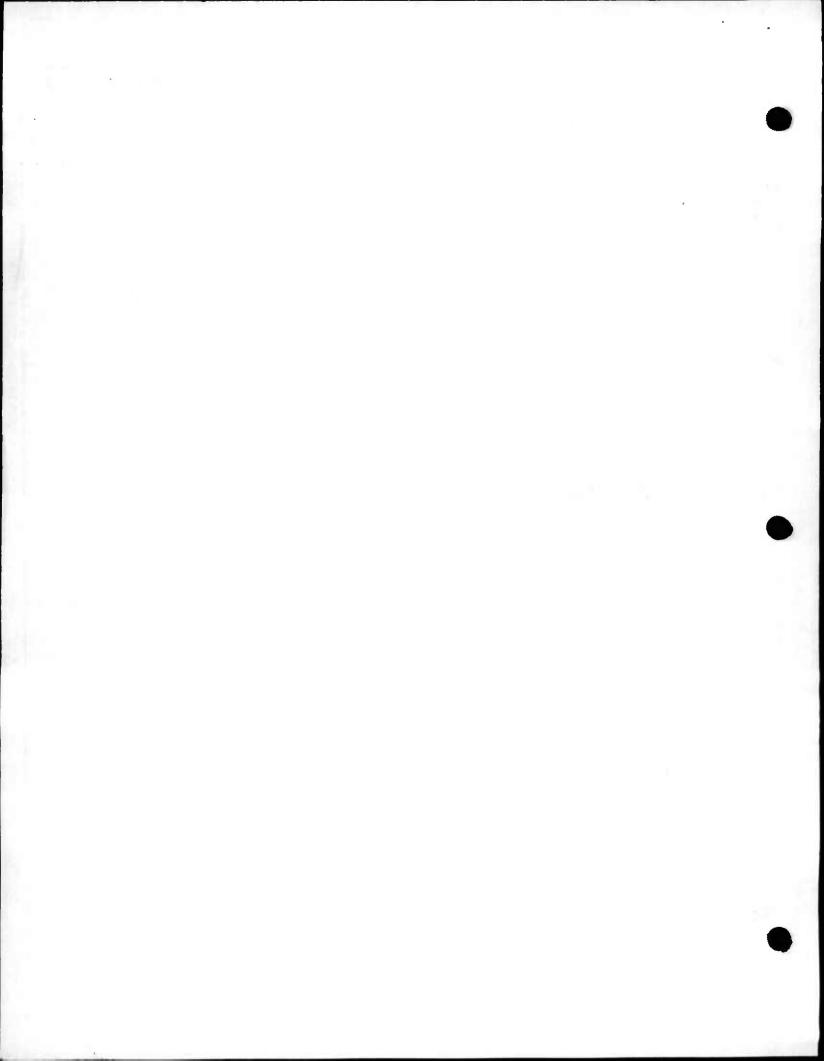
21078

MD



BALTIMORE, MARYLAND 21215-0020	y be retained by the hospital or attending physician.	page 5 should be detached for use as the burial-transit permit	be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit in the State Debt, of Health and Mental Hodiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR		CERTIF	ICATE O	F DEATH	REG. NO	D.		
		N CONK					DAY YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 220-82-4720	1 □ M 2-2KF 41	yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS		7. DATE OF BIRTH 0 1-15-51	8. BIR Cou	THPLACE (State or Foreign mirry) Wash. D.C	
TOR	90. FACILITY NAME (If not institution, give str Holy Cross Hospita RESIDENCE OF DECEDENT				er Spring	EATH	9c. COUNTY OF	Oldery	
E	10a. STATE 10b. COUNTY		10c, CIT	, TOWN OR LOC	ATION			10d. INSIDE CITY	
L DIF	id. Mo	ntgomery	Si	lver S			1 X YES 2 NO		
FUNERAL DIRECTOR	3100 Gracefield Re				20904		10g. CITIZEN OF	WHAT COUNTRY?	
B	11. MARITAL STATUS 1 Naver Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATE:	2 NO	If yes,	ECENDENT OF HISPAN specify Cuban, Mexica ES 2 NO Specify	NIC ORIGIN? (Specify Youn, Puerto Rican, atc.) y:	Ble	CE — American Indian, ock, White, stc.	
COMPLETED	15. DECEDENT'S EDUC, (Specify only highest grade of Elementary/Secondary (0-12)	ATION 18 Completed) Coffege (1-4 or 5 +)	(Give kind of w life. Do NOT us	rock done during	TION nost of working	16b. KIND OF BU	JSINESS/INOUSTRY		
×	17. FATHER'S NAME (First, Middle, Lest)		none				one		
BE CC	John G. Conkey					ME (First, Middle, Maidel Clarenc			
2	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Stree	and Number or Rural F	Route Number, City or Tox	wn, State, Zip Code)		
۴	Alice Conkey					urel, ild.			
	1 Donation 5 Chart (Specify)	val from State cemeter	ACE AND DATE OF	leaven	Cemetery	10/95ilv	er Sprin	iown, State	
	21. SIGNATURE OF FEMBRAL SERVICE LICE	Telente	-	22. NAME	AND AODRESS OF FAC		el, ild.	20707	
	23. PART i. Enter the diseases, or co	emplications that caused	e desth. Do n					Approximate	
	shock, or heart feliure. Li IMMEDIATE CAUSE (Final	ist only one ceuse on	line.					intervei Between	
	disease or condition resulting in death)		nenia	0 (RPRESI	r		Onset and Death	
ĺ	touting in death)	DUE TO (OR AS A CO	DUE TO (OR AS A CONSEQUENCE OF):						
Z	Sequentially list conditions, If any, leading to immediate Respiratory Respiratory INSUFFICIENCY DUE TO (OR AS A CONSEQUENCE OF):								
E									
<u>2</u>	CAUSE (Disease or injury	acrile a	end cH	ROMIC	BRUNC	hillis . a	isthra	undelende	
CERTIFICATION	that initieted events resulting in death) LAST								
点	d.	Severe Kyp	huscol	10515	CHEST	Detonn.	ク		
	PART il. Other algnificent conditions	contributing to death but I	not rasulting in	the underlyi	ng ceuse given in	Part I. 24a. WAS AN	AUTOPSY 24	b. WERE AUTOPSY FINDINGS	
EDICAL							AMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
	Bleeding a	elardation	10000	134.5		1 YES	ZHO	OF DEATH?	
5		, , , , , , , , , , , , , , , , , , , ,	CONC /					1 YES 2 NO	
₹ I	25. WAS CASE REFERRED TO MEDICAL			28. (PLACE OF OEATH (Che	ack only one)			
Sic		HOSPITAL: 1 Department 2 ER/Outpaties		OTHER:	me 5 🗆 Rasidence				
PHYSICIAN: M	27. MANNER OF OEATH	28s. DATE OF INJURY	28b. TIME	OF 28c. IA	JURY AT	28d. DESCRIBE HOW	INJURY OCCURED		
B	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year) 10-5-91	INJU		YES 2 NO				
28. PLACE OF INJURY — At home, farm, straat, factory, office 3 Suicide 8 Could not be building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, straat, factory, office City or Town, State							and Number or Rural	Route Number,	
<u> </u>									
COMPLET	(Check only CERTIFYING PHYSICI.	AN: To the best of my knowledge On the basis of examination and	a, death occurred	st the time, day	e and place, and due	to the cause(a) and ma	nner as stated.		
	29s. SIGNATURE AND TITLE OF CONTIFIER	-	and introdugation	, in my opinion,	29c. LICENSE NUM				
2 B	, SCAPE	7 M. D			D 163		29d. DATE SIGNED	D (Month, Day, Year)	
F	30. NAME AND ADDRESS OF PERSON WHO								
	31. DATE FILED (Month Day Year)		25 HA	VOVER	PARKVAG	- yreen b	-11 110	20770	
	OCT 1 1 91	32. REGISTRAR'S SIGNATUR	ridson-Par	nde 10					



BALTIMORE, MARYLAND 21203-314	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hospital or attending pi	IN THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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•	ithir	ernation	mt, th
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	cuted w	od comp	tlc eve
×	be exe	ician ar	гаита
BC	tificate	g physi	ther t
0	ath cer	tendini al Hygi	0 10
S,	the de	the al	injury
ORC	s that	ned by	amy
ECC	equire	en sign	Shows
LB	e law	has be Dept.	1 23 8
/ITA	AN: Th	ificate State	r iten
DF.	HYSICI	vith the	ed, o
NO	NING P	After the	шац
ISIC	TTEN	after u	28 Is
DIV	. OR A	DIRE	item
	SPITAL	NERAL hin 72	NT: H
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	TO	日日	IMP

TO BE COMPLETED BY FUNERAL DI

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR

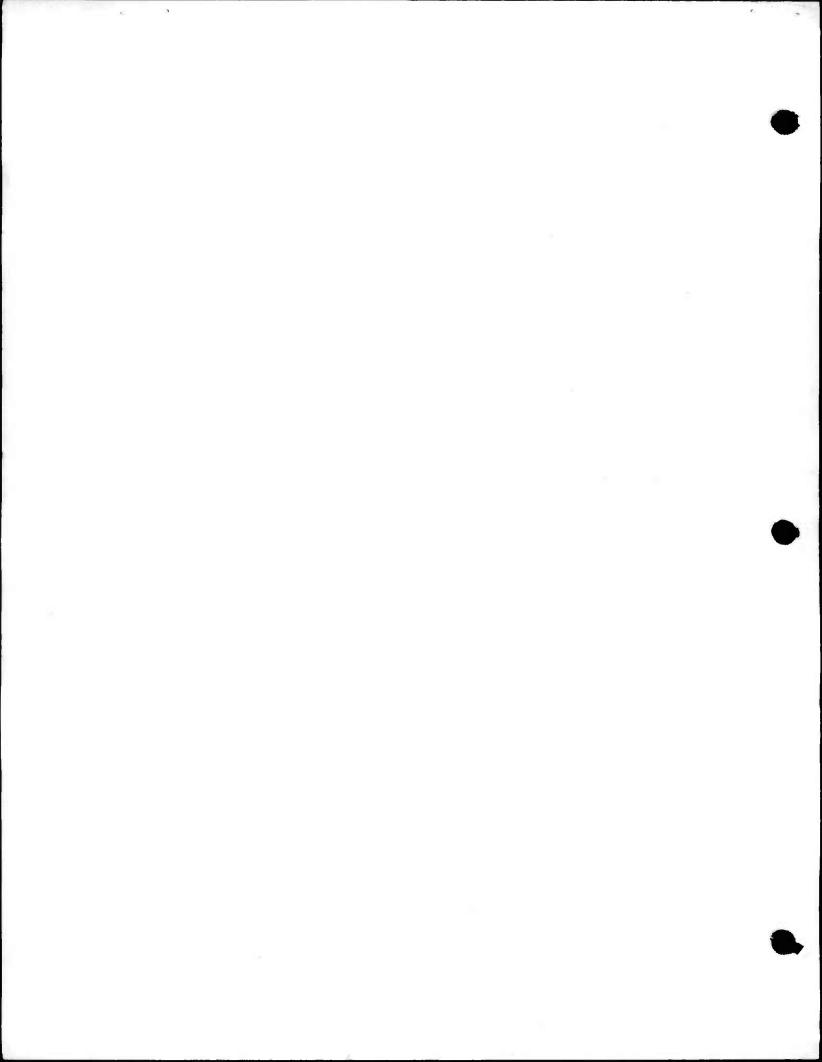
- STATE REGISTRAR		CERTIFI	CATE OF	DEATH	REG. I	NO.		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH
THURZA	A. CARROLI				Oct. 4			12:00 P_
4. SOCIAL SECURITY NUMBER		in yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTI	IPLACE (State or Foreign
199 12 3596	1 ☐ M 2XXF	73ns.	MONTHS DAYS	HOURS MIN.	Nov. 22	1917		nsylvania
De. FACILITY NAME (If not institution, give st	reet and number)		9b. CITY, TOWN	OR LOCATION OF D	EATH	9c. COI	JNTY OF E	
PRINCE GEORGE HOS	SPITAL CENTER	2	CHEV	FRLY			DDTN	CE_GEORGE
RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY			, TOWN OR LOCA				1-12-114	
				IION				10d, INSIDE CITY LIMITS?
Maryland Princ	e Georges	Bow				1		1 X YES 2 NO
			10	r. ZIP CODE		2019		WHAT COUNTRY?
2403 Keene Place				20715		Uni		States
II. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 X NO	If yes, sp	ecify Cuban, Maxic	NIC ORIGIN? (Specify an, Puarto Rican, atc.)		14. RAC Blac	E — American Indian, k, Whita, atc.
3 ☑ Widowed 4 ☐ Divorced	IF YES, GIVE WAR OR D	No No	1 TYES	2 MO Speci	/y: No		Spec	White
15. DECEDENT'S EDUC	ATION	18a. DECEDENT'S	USUAL OCCUPATION	ON	18b, KIND OF	BUSINESS/IN	DUSTRY	WILLE
(Specify only highest grade	completed)	(Give kind of w life, Do NOT us	vork done during mo e retired.)	ost of working				
Elementary/Secondary (0-12)	College (1-4 or 5 +)	Sales	S		Re	tail		
7. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, Mai	den Surnama)		
Collins Rundle					Thompson	,		
9a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street)	1	Floute Number, City or	Town State 2	in Code)	
Judith T. Mooref:	ield				vie Maryl			
20a. METHOD OF DISPOSITION	201	. PLACE OF DISPOS				LOCATION -		nwn State
Burial 2 ☐ Cremation 3 ☐ Rame Donalion 5 ☐ Other (Specify)	oval from Stata	other place) ort Linco						aryland
1. SIGNATURE OF FUNERAL SERVICE LIC		O DIME.	22. NAME A	ND ADDRESS OF F	ACILITY			aryrana
(D. hot E	0	D	Beal	1-Evans	Funeral	Home,	P.A.	
Jonen C.	-vama,	Nes	1600	0 Annapo	lis Rd.	Bowie	Mary	land 20715
iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b	CONSEQUENCE OF		,,				
CAUSE (Disease or injury hat initiated events resulting in death) LAST	d	CONSEQUENCE OF						
PART II. Other significant condition	Lendert	re, co	enzeh	g cause other in	PEF	SAN AUTOPS' FORMED? S 2 - NO	24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
5. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOCDITAL			LACE OF DEATH (C	heck only one)			
1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Out	ostlant 3 🗆 DOA	OTHER: 4 Nursing Hor	ne 5 🗆 Realdenca	8 Other (Specify)			
7. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c, IN	JURY AT ORK?	28d. DESCRIBE HO	OW INJURY O	CCURED	
1 Natural 5 Pending 2 Accident Investigation	(1143		YES 2 NO				
3 Suicide 8 Could not be detarmined	28a. PLACE OF INJURY building, atc. (Spe	— Al homa, farm, scify)	streel, factory, offi	ca	281. LOCATION (St. City or Town, S		er or Rurel	Route Number,
0001	CIAN: To the best of my know							a) and manner as stated.
THE BIONATURE AND TITLE OF CENTURIES	2.4	by D. Der	12 cap	29c, LICENSE NU				
1/4	Ine		4			290.0/	A /	(Month, Day, Year)
30, NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	ATH ATEM OF AT-	Print)	Do 177	1-	-/	14	171
THE PROPERTY OF PERSON WA	TOMPLETED GAUGE OF DE	Sort (ITEM &/) (/y/pe,	, rinnj					,
11. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE Pana	1,00		-			

BALTIMORE, MARYLAND 21215-0020	I hours after death. Page 6 may be retained by the hospital or attending physician.	lled in by the funeral director, page 5 should be detached for use as the burial-transiti, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buniat-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buniat, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

permit. Pages 1, 2, 3

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI	MENT OF H	EALTH AND	MENTAL HYGIEN		40003			
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH		3. TIME OF DEATH					
1	ADALINE SHIC				Oct. 7	Y YM	EAR 1600 M				
	4. SOCIAL SECURITY NUMBER	THE INTERIORY OF CHILD IN THE PART OF THE					6.	BIRTHPLACE (State or Foreign			
	L Z 10-40-3388	1 M 2 X F 9		ONTHS DAYS	HOURS MIN.	Oct. 13,		Country) Illinois			
L.	9a. FACILITY NAME (If not institution, give street	of and number)	1	b. CITY, TOWN	OR LOCATION OF		9c. COUNTY				
FUNERAL DIRECTOR	3105 River Cr	escent Dri	.ve	An	napoli	5	Ann	e Arundel			
RE	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?			
۵	Maryland Ann	ne Arundel	A	nnapol	is	1 🗌 YES					
AL	10e. STREET AND NUMBER			101	ZIP CODE		10g. CITIZEI	OF WHAT COUNTRY?			
E	3105 River Cres	cent Driv	e		2].40	1	U.S	5 . A .			
5	11. MARITAL STATUS	2. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DEC	ENDENT OF NISPA	NIC ORIGIN? (Specify Ye		RACE - American Indian			
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES		If yes, specify Cuben, Maxican, Puarto Rican, etc.) □ YES 2 NO Specify: Specify:							
						White					
TE	15. DECEDENT'S EDUCAT (Specify only highest grade cor	(ION mpleted)	16a. DECEDENT'S US	k done during ma	ON st of working	16b. KIND OF BU	SINESS/INDUS				
E		College (1-4 or 5+)	Me. Do NOT use r	retired.)							
₩ I	4		Homemal	ker		Hor	ne				
COMPLETED	17. FATNER'S NAME (First, Middle, Last)				18. MOTNER'S N	AME (First, Middle, Malder	Surname)				
BE	John Birt Shic	k				A. Wheel					
10	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AT	DDRESS (Street a	nd Number or Rura	Route Number, City or Tox	n, State, Zip Co	de)			
-	Georgia Dyer B	urnett	253 H	eamans	Way,	Annapolis	. MD	21401			
	20a. METNOD OF DISPOSITION 1 № Burial 2 ☐ Cremation 3 ☐ Ramova		PLACE AND DATE OF	DISPOSITION (Na				or Town, Stata			
	9-Opnation 5 Other (Specify)	1 1 Surface 2 Cremation 3 Removal from State Compton or other place)									
-	21. SIGNATURE OF FUNERAL SERVICE LICEN	spe /	//	22. NAME AN	ID ADDRESS OF F	ACILITY					
	THOUNDAY X	Tuth	/	Taylo	r Fune	ral Chape	21	21401			
_	23. PART I. Enter the diseases, or con	guy	Para di Para di	1147 G	louces	ter St. A	nnapo	olis,MD			
	shock, or heart failure. Lie IMMEDIATE CAUSE (Final disease or condition resulting in death) a	OCCUA DUE TO (OR AS A C	e leu	kow		ch aa cardiac or reap	iretory arreat	Approximate interval Between Onset and Death			
NO	Sequentially list conditions b.										
CERTIFICATION	til any, leading to immediate cause. Enjar UNDERLYING										
일	CAUSE (Disease or injury C	DISC 70 (00 to a c									
Ē	that initiated events	DUE TO (OR AS A C	ONSEQUENCE OF):								
5	d										
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY FINDINGS										
CAL	HASCUD, C	HF, A	on			PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUSE			
MEDI	C. Bres	- F				1 _ YE\$:	کارت	DF DEATH?			
Σ	<u> </u>							1 TYES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL										
0	EXAMINER?	IOSPITAL:	- 0	26, PL	ACE OF DEATH (C	neck only one)					
ΥS	1 YES 2 NO 1	☐ Inpetlant 2 ☐ ER/Outpet	lient 3 DOA 4	☐ Nursing Nom		8 Other (Specify)					
	1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	Y WO	JRY AT RK?	26d. DEŞCRIBE HOW I	NJURY OCCUR	ED			
B	2 Accident Investigation				ES 2 NO						
	3 Suicide 6 Could not be 4 Nomicida determined	26a. PLACE OF INJURY — building, stc. (Specify	- At home, farm, stre	et, factory, office		281. LOCATION (Street and City or Town, State)	and Number or F	Rural Route Number,			
COMPLETED											
PL	29a, CERTIFIER CERTIFYING PHYSICIAL	to the cause(a) and mai	ner as stated,	-7							
8	one) 2 MEDICAL EXAMINER: 0	time, data and placa, an	d dua to the ca	luse(s) and manner as atated.							
	396. SIGNATURE AND JITLE-OF CERTIFIER										
BE	Thich & Jul	en An.			29c LICENSE NU	142C	29d, DATE SI	GNED (Month, Day, Year)			
임	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEAT	N (ITEM 27) (Type Pr	int)		178		2/0/11			
	Truch [[G/EN	JAMO 66	10R1061	LEY A	IE HI	10 ANNA	PMUS	Ud 21401			
	OCT 09 1991 Julia	Javidson-Randa									

	100		1 - STATE CERTIFICATE OF DEATH REG. NO.					
•			1. DECEDENT'S NAME (First, Middle, Last) MARY KATHLEEN DONNELLY 2. DATE OF DEATH MONTH DAY 10 0.3 91 42 42					
	D		4. SOCIAL SECURITY NUMBER 5. SEX 1 M 2 F Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex					
4.	13 J	стоя	98. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 96. COUNTY OF DEATH PRINCE GEORGE'S					
	Pages 1,	DIRECT	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY Anne Arundel 10c. CITY, TOWN OR LOCATION 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 □ YES 2 및 NO					
	sit permit.	177.6	106. STREET AND NUMBER 1467 Justin Place 107. ZIP CODE 109. CITIZEN OF WHAT COUNTRY?					
3146	se as the burial-transit	BY FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WIGhten Agriculture					
212	od for use as	COMPLETED	15. DECEDENT'S EOUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 16a. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 18b. KIND OF BUSINESS/INOUSTRY					
YLAND	id be detached for use	BE COMI	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surrame) KATHLEEN MARIE KRALL					
MARYL	e 5 should	10	John J. Donnelly 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1467 Justin Place Crofton Maryland 21114					
ORE,	all director, page		20a. METHOO OF OISPOSITION 1 Burlel 2 12 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)					
	e funerali.		21. SIGNATURE OF FUNERAL SERVICE LICENSEE Pres. 22. NAME AND ADDRESS OF FACILITY Beall-Evans Funeral Home, P.A. 16000 Annapolis Road Bowie Maryland 20715					
•	vacuted within 24 hours after and completely filled in by the burial, cremation, or removal natic event, the medical		23. PART I. Entar the diseasee, or complications that caused the daath. Do not enter the mode of dying, such se cardiac or respiratory errest, shock, or heart fellure. Liet only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) out to (or as a consequence op: Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OP: DUE TO (OR AS A CONSEQUENCE OP:					
O. BOX 1314	in cerundate de se ending physician if Hygiene prior to or other traun	MEDICAL CERTIFICATION	MEDICAL C	MEDICAL C	MEDICAL C	MEDICAL C	MEDICAL C	Sequentially list conditions, if any, leading to immediate couse. Enter UNDERLYING CAUSE (Diseasa or injury that initiated events resulting in death) LAST b. SRUERE CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): d.
RDS	requires that the open signed by the of Health and Meishows any injur							MEDICAL
VITAL !	n: The law req ficate has been State Dept. of Item 23 sho	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:					
OF VI	the the	РНУ	1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Rasidence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 1 Yes 2 NO Netural 5 Pending Netural					
DIVISION	TOR: After after death	TED BY	Could not be determined S Place OF INJURY - At home, farm, street, factory, office S Could not be determined S C					
5	TAL OR TAL DIRI 72 hour	COMPLET	29a. CERTIFIER (Check only one) CERTIFYING PHYTICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. MEDICAL EXAMPLER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.					
	TO THE HOSPI TO THE FUNER De filed within IMPORTANT:	BE	29c. LICENSE NUMBER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 10-4-91					
(.	3)	10	30. NAME AND ADDITION OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) Raies Puri M.D. Greater Laurel Beltsville Hospital					
-			31. DATE FIXED (Month, Ogy, Year) 991 32. REGISTRAFS SIGNATURE					



BALTIMORE, MARYLAND 21215-0020	irs after death. Page 6 may be retained by the hospital or attending physicia	in by the funeral director, page 5 should be detached for use as the burial-tremoval.
	24 hou	filled ion, or
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicial	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tr hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

		FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAI CERTIF	RTMENT OF	HEALTH AND	MENTAL HYGIE		
		DECEDENT'S NAME (First, Middle, Lest) THOMAS	S. DAWS	SON			2. DATE OF DEATH		3. TIME OF DEATH 9.00 PM M
(D)		4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF BIRTH	8. 1	BIRTHPLACE (State or Foreign
(F)	577-03-3882		75 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 3/28/191		irginia
	Œ	9a. FACILITY NAME (If not institution, give st PRINCE GEORGES HO				OR LOCATION OF D	EATH	9c. COUNTY	
Wilder of the State of the Stat	ЕСТОВ	RESIDENCE OF DECEDENT			CHEVERL			TPRINCE	GEORGE
Page	DIRE		ce George'		COOK TO				10d. INSIDE CITY LIMITS?
permit.	AL I	10a. STREET AND NUMBER	ce George	5		leasant		10g. CITIZEN	1 VES 2 NO OF WHAT COUNTRY?
St	FUNER	7208 Hylton St				20743			ed States
215-0020 attending physician. se as the burial-transit		11. MARITAL STATUS 1 Never Married 2 X Merried	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	U.S. ARMED	13. WAS DE If yes, s	CENDENT OF HISPA pecify Cuben, Mexico	NIC ORIGIN? (Specify Youn, Puerto Ricen, etc.)		RACE — American Indian, Black, White, etc.
215-0020 attending physic se as the burial	ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	1 🗆 YE	S 2 NO Specif	y :		Specify: Black
	E I	15. DECEDENT'S EDUC (Specify only highest grade	ATION completed)	(Give kind of	USUAL OCCUPAT	ION lost of working	16b. KIND OF B	USINESS/INDUST	
D 21 spital or ed for u	PLE	9th Grade	College (1-4 or 5+)	IIIe. Do NOT i	ise retired.)				
AND 2121 the hospital or att detached for use once.	COMPLET	17. FATHER'S NAME (First, Middle, Lest)		Retii	ed Tru	CK Driv	YEI Pri	vate	
# 8 4 X	BE C	Steward Daws	son				monia (U		1)
MARYL retained by 1 5 should be notified at	2	190. INFORMANT'S NAME (Type/Print) Mary Dawson				end Number or Rural	Route Number, City or To	wn, Stete, Zip Coo	le)
		200. METHOD OF DISPOSITION	200		OF DISPOSITION (N		Seat Ple		
D & D E		1 Buriel 2 Cremation 3 Remo	val from State	netery, cremetory or o	other plece)		1	OCATION — City	PARTY NAME OF THE PARTY NAME O
ALTIMO death. Page 6 a funeral directo	1	21. BIGNATURE OF TUNERAL SERVICE AIC	ENSEE OL	narmony I	22. NAME A	ND ADDRESS OF FA			er, MD.
BALT after death. by the funera moval. cal exami		Lohm	Leuron	TIT			neral Ho		ash. D.C.
within 24 hours within 24 hours toletely filled in the cemation, or recent, the median		23. PAM . Enter the diseases, or cahock, or haert failure. I iMMEDIATE CAUSE (Finel disease or condition resulting in death)	ist only one cause on e	ach line.	not enter tha me	ode of dying, suc	h as cerdiec or resp	piratory errest,	Approximate interval Between
b.O. BOX 68 n certificate be executed inding physician and Hygiene prior to bur or or other traumatte	immediate cause (finel disease it condition resulting in death) Bequentistly that conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Conduction of the property of the cause of t								
Ne de d	CE	PART II. Other significent conditions	contributing to death b	ut not resulting		/			
RECOF requires that been signed b t. of Health ar shows any	4: MEDICAL	Prosto	atre Car	cu -	Stge D	g cause givan in	Part I. 24a, WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
- a 8 9 7	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			28. P	LACE OF DEATH (Ch	eck only one)		
OF VITAL HYSICIAN: The law his certificate has with the State Dep ked, or item 23	YSIG	1 TES 2 NO	HOSPITAL:	atlent 3 DOA	OTHER: 4 Nursing Hon	ne 5 🗆 Residence	8 Other (Specify)		
	ву рну	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIN	JURY WO	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCURE	D
Solicide Solici								and Number or R	ural Route Number,
로 기의 등	COMPLE	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINER	IAN: To the best of my knowl : On the beste of examination	edge, death occurr	ed at the time, date	e end place, end due death occured at the	to the cause(e) end me	enner ee stated.	JBe(e) end menner ee stated.
THE HOSPITAL THE FUNERAL filed within 72 PORTANT: If	w II	296. SIGNATURE AND TITLE OF CENTIFIER	E .	1.		29c. LtCENSE NUI			NED (Month, Day, Yeer)
TO THE HOSPIT TO THE FUNERA De filed within 7 IMPORTANT.	8	- SEC- N	yengo	V		D 155	58	D 11	0/4/91
(10)	-	30. NAME AND ADDRESS OF PERSON WHO	4T, 4D, 3	308 F	Print) ERRY	St, MT	RAINIC	R, 17.1	207/2
		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN					, ,	
		OCT 10 9	Efection Davidson	Markana					
									DHMH-18 Rev 1/89

III.

1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Last) Mary K.	Diml				E OF DEATH	91 ^{YEAR}	3. TIME OF DEATH	
	213-16-6984	1 M 2 T F 80		F UNDER 1 YEAR F UNDER ONTHS DAYS HOURS	R 24 HRS. 7. DAT (Mg/	E OF BIRTH		HPLACE (State or Foreign try) Md	
TOR	98. FACILITY NAME (If not institution, give stre Carroll Co. Gen RESIDENCE OF DECEDENT			Westminst	ION OF DEATH		c county of	DEATH	
FUNERAL DIRECTOR	10a. STATE Md Carr	oll		town or Location				10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
VERA	100. STREET AND NUMBER 406 Baldwin Pa			101. ZIP COD 211	_	10	USA	WHAT COUNTRY?	
ВҰ	11. MARITAL STATUS 1 Never Married 2 Married 3. Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 A. A.O	13. WAS DECENDENT (If yes, specify Cubit 1 YES 2 X NO	in, Mexican, Puenc	ilN? (Specify Yes or o Ricen, etc.)	No — 14. RAC Blac Spec	E — American Indian, ck, White, etc. city: White	
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5 +)	180. DECEDENT'S US (Give kind of wor life. Do NOT use of Waitres	k done during most of working retired.)	ng 16	Restur		11-1-1	
BE CON	17. FATHER'S NAME (First, Middle, Last) Nicholas	Kirwan		18. MOT	Ann	Middle, Meiden Surr Black	name)		
10	Johnn Dimler	Process of the second	406		ark Dr	. Apt B	-3 We	Md. stminster	
	20a. METHOD OGOISPOSITION 1 General 2 Comment of Signature Signatu		LACE AND DATE OF	DISPOSITION (Name of Orema	tion		pstead		
	· 1/1/	HAV	/,	Pritts Westmi	Fuheri	Md 2975	7		
	23. PART I. Enter the diseases, or co shock, or heart fellure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	DUE TO (OR AS A C	CONSEQUENCE OF:	csp1 tur	7 AR			Approximate interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):								
CAL CE	PART II. Other significant conditions	contributing to death but	t not resulting in t	the undarlying cause (givan in Part I.	24e. WAS AN AUTO PERFORMED		WERE AUTOPSY FINDINGS	
PHYSICIAN: MEDIC						1 - YES 2 Y		COMPLETION OF CAUSE OF DEATH? 1 YES 2 100	
SICIAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:	EATH (Check only o				
ву рну	27. MANNER OF DEATH 1 Natural S Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	Nursing Home 5 Re F 28c. INJURY AT WORK? M 1 YES 2	28d. DE	er (Specify) ESCRIBE HOW INJUR	RY OCCURED		
	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
COMPLETED	2 MEDICAL EXAMINER:	AN: To the best of my knowled On the basis of examination a	ige, death occurred e	n my opinion, death occur	and due to the ca	euse(s) and manner a and place, and du	as atated. a to the couse(s	i) and manner as steted.	
TO BE	Promise and title of certifier	Sore		70.	2092 2	290	O 12	(Month, Day, Year)	
	PRAFOLL	COMPLETED CAUSE OF DEATH	H (ITEM 27) (Type, Pri	m)	ount	Gen	Hos	r.	
	31. DATE FILED (Month, Day, Year) OCT 1 5 '01	32. REGISTRAR'S SIGNAT	URE doon-Rande	82				J	



1, 2, 3 should

the buriet

31. DATE FILED (Month, Day, Year)

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32. REGISTRAR'S SIGNATURE

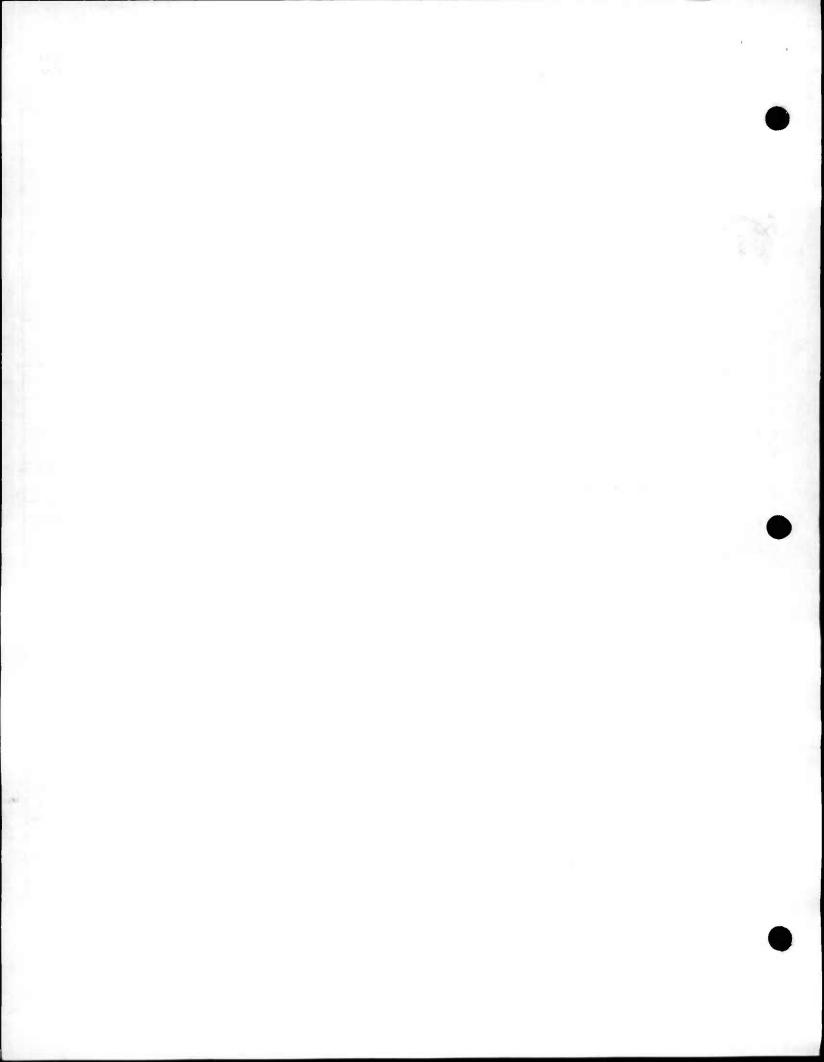
The Davidson-gandale

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH 3. TIME OF DEATH DAY YEAR 1020 10 Mary Agnes Dalbora 10 10 91 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) WUNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign DAYS 1-11-1906 1 M 2 K F 85 153-24-6987 New York 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Summit Nursing Home Catonsville Baltimore RESIDENCE OF DECEDENT 10a. STATE 10b COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Baltimore 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 5916 Hilltop Avenue 21207 U. S. A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES WAS DECENOENT OF NISPANIC ORIGIN? (Specify Yes or Noif yes, specify Cuban, Mexican, Puarto Rican, atc.)
 U YES 2 10 NO Specify: 14. RACE — American Indian, Black, White, alc. 1 Never Married 2 Married BY Specify: 3 Widowed 4 Divorced White COMPLETED 18e. OECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 8 Unit Controller (Sears) Retail Business 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Patrick McCarthy BE Ann Keane 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Joan Scarfo 5916 Hilltop Drive Baltimore, Maryland 21207 20a. METNOD OF DISPOSITION

| Burlai 2 | Cremation 3 | Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of 10/1 20c. LOCATION — City or Town, State 4 Donation 5 Other (Specify) St. Nicholas Cemetery Lodi, New Jersey 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Marzullo Funeral Service michael 3981 Carrollton Road Upperco, Maryland 21155 23. PART I. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximete intervsi Between shock, or heert feliure. List only one ceuse on each line. IMMEDIATE CAUSE (Finsi Onset end Death diseese or condition Hyperosmolor State resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Diskute Million CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): l, Atin cause. Enter UNDERLYING CAUSE (Disesse or Injury OUE TO (OR AS ACONSEQUENCE OF): that initiated events resulting in desth) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. PHYSICIAN: MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS Dement 100 PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 - YES 2 - NO 1 | YES 2 | NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpetient 3 | DOA OTHER: 1 - YES 2 10 me 8 - Residence 8 - Other (Specify) 4 2 27. MANNER OF DEATH 28a. OATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 3 Sulcide ETED. 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined 4 Nomicide 29a. CERTIFIER
(Check only one)

A MEDICAL EVANIMER, Or the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. COMPL 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER BE Ttomh D344(7 5 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) Form DI Thounk 415 Commonwealth se Bolt mis 2177

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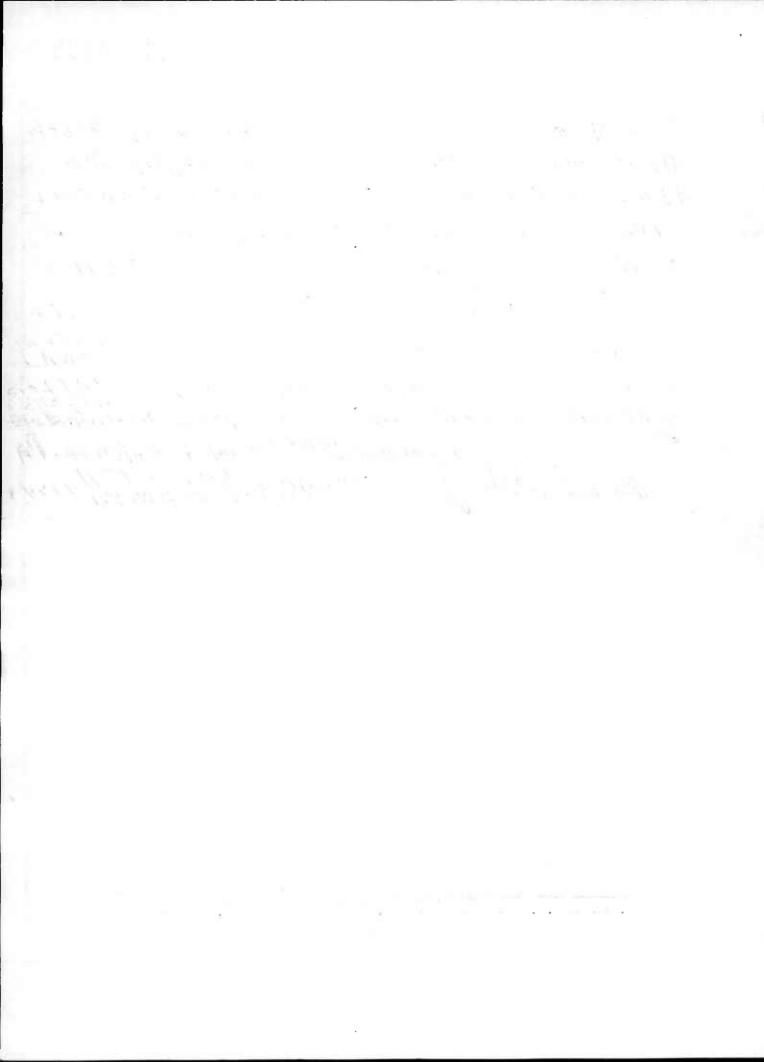
FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICAE

	1 - STATE REGISTRAR		CERTIFICAT	E OF DEATH	REG. N					
	1. DECEDENT'S NAME (First, Middle, Last)	C >=			2. DATE OF OEATH		3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs.	fact higher 1 are man	ER 1 YEAR IF UNDER 24 HRS.	Del	8 9	1 9:30 PM			
	219-12-1605	1 2 M 2 D F 6 2			7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)			
	9a. FACILITY NAME (If not institution, give st	-		TY, TOWN OR LOCATION OF	DEC. 29		OF DEATH			
DIRECTOR	53 W. DEFD RUN RD. WESTMINSTER CARRULL RESIDENCE OF DECEDENT									
	10a. STATE 10b. COUNTY	ARROLL	10c. CITY, TOWH	OR LOCATION	STE	re	10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	100. STREET AND NUMBER 53 W DE	EP RUN	NRI	101. ZIP CODE	11 12	10g. CITIZEN	OF WHAT COUNTRY?			
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN U.S. FORCES? 1 4 7ES 2 [IF YES, GIVE WAR OR DATES	ARMEO 13	WAS DECENDENT OF HISP. If yes, specify Cuban, Maxi-	can, Puerto Rican, atc.)	as or No- 14.	RACE — American Indian, Black, White, atc.			
ED BY	3 Wildowed 4 Divorced 15. DECEDENT'S EDUC	KOREA	DECEDENT'S USUAL	1 TYES 2 Spec			Specify: WHIT E			
ᇤ	(Specify only highest grade	completed)	(Give kind of work done life. Do NOT use retired.	during most of working			DIFFICE			
COMPL	17. FATHER'S NAME (First, Middle, Last)		STA		IAME (First, Middle, Maide		CTIONA			
BE	19a. INFORMANT'S NAME (Type/Print)	- DOL	AN	KA	THERI	NE	TAYLO			
2	WANDA	DOLAN		SS (Street and Number or Rura	Route Number, City or To	wn, State, Zip Coo	ESTMINSTE			
	20a MSTROD OF DISPOSITION 1 Burial 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)	oval from State 20b. PLAC cemetery,	CE AND DATE OF DISPO crematory or other place	SITION (Name of	OATE 20c. L	OCATION — City	or Town, State			
ĺ	21. SIGNATURE OF FUNERAL SURVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY									
	· Ruhof	Tittle ()		34MAP2	年(月次)	LAL	PA 1734			
		omplications that caused tha List only one cause on each li	death. Do not ente ina.	r the mode of dying, su	ch as cardiac or ree	piretory arreet	Approximata intervai Between			
	IMMEDIATE CAUSE (Final disease or condition resulting in death)									
j	DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):									
를 	CAUSE (Disease or injury									
ERT	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST									
- 11	PART II. Other eignificant condition	PART II. Other eignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS								
DICAL	PERFORMED?									
ä	1 VES 2 NO									
ᅙ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTHE	26. PLACE OF DEATH (C	heck only one)					
PHYSICIAN: ME	1 TYES 2 NO	1 Inpetient 2 ER/Outpetient	3 DOA 4 Nu	rsing Home 5 - Rasidence	6 Other (Specify)					
표	27. MANNER OF OEATH 1 Natural 5 Pending	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. OESCRIBE HOW	INJURY OCCURE	D			
à l	2 Accident Investigation 3 Suicide 6 Could not be	28s. PLACE OF INJURY — At	M 1 TYES 28s. PLACE OF INJURY — At home, farm, street, factory, office			28f. LOCATION (Street and Number or Rural Route Number,				
	4 Homicide determined	building, atc. (Specify)			City or Town, State	City or Town, State)				
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.									
BEC	DO. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUI									
0	Thillip Kenns				Po 991					
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Philip H. Konits M. D. 902 Washington Rd. Suite E Westminster. MD21157									
	Philip H. Konits M. D. 902 Washington Rd, Suite E Westminster, MD21157 OCT 15 '91 32. REGISTRATIS SIGNATURE June Dandere									

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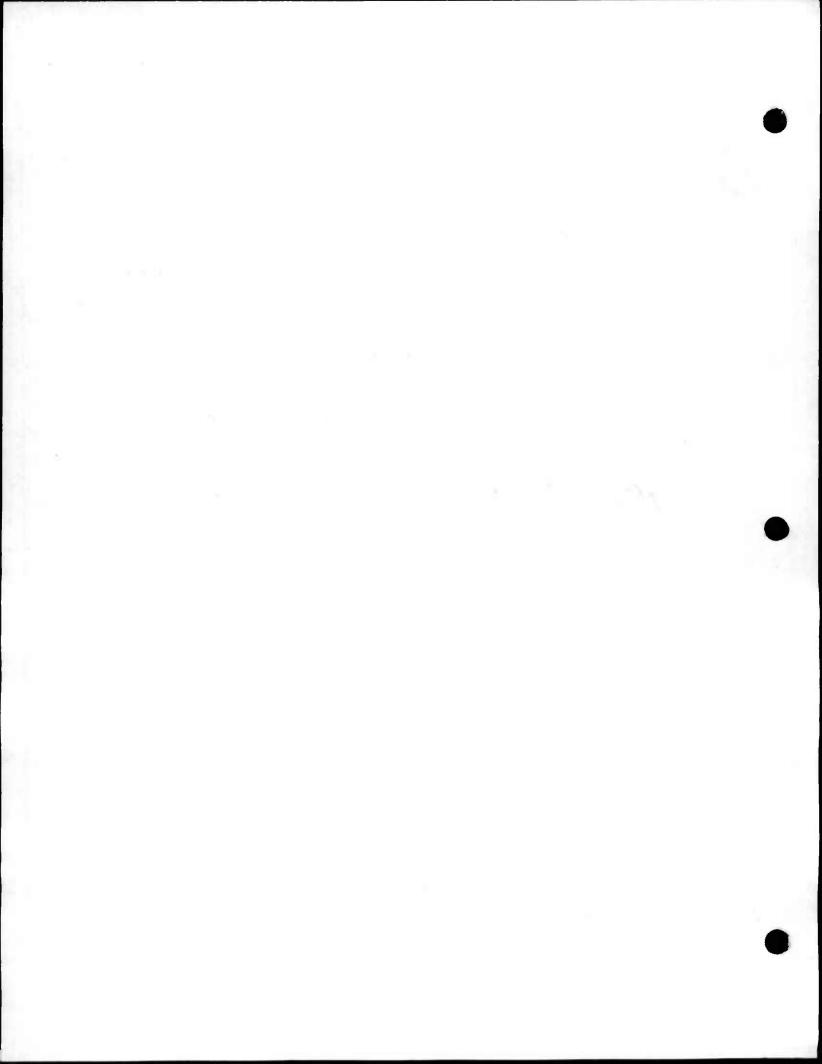
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•	0 . 9	ages 1.
BALTIMORE, MARYLAND 21215-0020	nun after shalf. Page 6 may be retained by the hospital or attending physician.	in by the luneral director, page 5 should be detached for use as the burial-transit permit. Progression
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after seath. Prage 6 may be retained by the hospital or attending physician.	**************************************

1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH MARY ELIZABETH EVERSON OCT. 199T 1015 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTNPLACE (State or Foreign 5-7-1911 1 M 2 F Virginia 058-10-7205 80 9e. FACILITY NAME (If not institution, give etreet end number) 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Anne Arundel Medical Center Annapolis Anne Arundel RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Anne Arundel Maryland Annapolis L'EYES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 701 Glenwood St. Apt 720 21401 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No-If yes, specify Cuben, Mexican, Puerto Rican, atc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO 1 Never Merried 2 Merried BY 1 TES 2 NO Specify: 3 🔀 Widowed 4 🗌 Divorced Specify White COMPLETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade or nentary/Secondary (0-12) College (1-4 or 5+) 12 Accountant Safeway Retail Food must be notified at once. 17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) Richard R. Larrick Mary Dunbar BE 19e. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Single 500 Nimber of the 9000 Tumber Only Took page 3005000)

Malvern Worcestershire, England WR1421T 2 Louise Richardson 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE Nonethy remains of other place Crematory 10/ Alexandria, Va. examiner 21. SIGNATURE OF FUNDIAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY en Taylor Funeral Chapel Annapolis, Md. medical 23. PAHT I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart failure. List only one cause on each line intarvai Betwe IMMEDIATE CAUSE (Final Onaat and Daath Injury, or other traumatic event, the disease or condition resulting in death) 2 WWb DUE TO (OR AS A GONSEQUENCE OF) CERTIFICATION Sequentially list conditions. DUE TO (OR A! if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (ORVAS A CONSEQUENCE OF) that initiated evants resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS marked, or item 23 shows any AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 TES 2 NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL:
1 Inpatient 2 ER/Outpatient 3 DOA 1 YES 2 NO OTHER: ne 5 🗆 Residence 8 🗆 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 286. TIME OF INJURY 28c, INJURY AT 26d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending BY 1 YES 2 NO 2 Accident 3 Sulcide 28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 66 COMPLETED 6 Could not be 261. LOCATION (Street end Number or Rural Route Number, City or Town, State) 4 Homicide 28 Item 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner se stated. TO THE HOSPITAL
TO THE FUNERAL
De filed within 72 h
IMPORTANT: If I 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(s) end menner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIES BE 29d. DATE SIGNED (Month, Day, Year) 5 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) HINARD COL 32 REGISTRAR'S SIGNATURE his Davidson-Andrew

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I THE MOSTIM. DRIVING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the h	DITHE RIMERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be deta		PORTANT If fem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notitied at one
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	REGISTRAR		С	ERTIF	ICATE	OF	DEATH	REG. NO).			
1	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEAT							TN				
1	DOROTHY M	MARIE FORSTER				10 04		YEAR Q1	1 44	DM		
	4. SOCIAL SECURITY NUMBER	6. SEX 6.	AGE (In yrs. I	est birthday)	IF UNDER		IF UNDER 24 HRS.	7 DATE OF BIDYN	U- 1	a. BIRTI	NPLACE (State or F	oreign
	194-12-1963	□ M 2 XXF	78	78 YRS.	MONTHS	DAYS	HOURS MIN.	August 7,	1913			
2 1	9a. FACILITY NAME (If not institution, give street	t and number)		-	9b. CITY,	TOWN C	OR LOCATION OF DE		-	NTY OF D		
8	PRINCE GEORGE HOS	PITAL CEN	NTFR		CHE\						CE GEORGE	
5	RESIDENCE OF DECEDENT											
*#	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN OF	R LOCAT	TON				10d. INSIDE CIT	Y
ā	Maryland Prince George's					Camp Springs				1 YES 2 X NO		
4	10e. STREET AND NUMBER					101. ZIP CODE			10g. CITIZEN OF WNAT COUNTRY?			
FUNERAL DIRECTOR	6911 Berkshire Drive						20748		U.S	. A.		
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED				13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify			IIC ORIGIN? (Specify Ye	a or No-	14. RACI	E — American Indi	len.
BY	1 Never Merried 2 Married 3 X Widowed 4 Divorced FORCES? 1 YES 2 X NO IF YES, GIVE WAR OR DATES				If yes, specify Cuben, Mexican, Puarto Rican, etc.) 1 YES 2 X NO Specify:			n, Puerto Rican, etc.)			k, White, alc.	
	3 X windowed 4 Divorced									Орос	"White	
Ē	15. DECEDENT'S EDUCAT (Specify only highest grade col	TION mpleted)	16a. D	ECEDENT'S	USUAL OC	CUPATIO	ON st of working	16b. KIND OF BU	SINESS/INC	USTRY		
ä		College (1-4 or 5+)		Give kind of v			at or working					
₹	8 Tech			Techn	nician				Hospital			
COMPLETED		17. FATHER'S NAME (First, Middle, Last)					18. MOTNER'S NA	ME (First, Middle, Maider	en Sumame)			
8	Mayberry Thoma	S					Mary	Viltrup				
2	19a. INFORMANT'S NAME (Type/Print)							Poute Number, City or Tov				
-	Dorothy M. Barnes			6911	Berks	shir	e Dr. Ca	mp Spring	s, Ma	ryla	nd 2074	8
	20a. METHOD OF DISPOSITION ↑ X X Burlal 2 □ Cremation 3 □ Remove	I Imm State	20b. PLACE	ANDDATE	F DISPOSIT	TION (Ne		DATE 20c. LC	CATION -	City or To	wn, State	
	4 Donetign 5 Other (Specify)		St.	Josep	h s (Ceme	tery 10	/8/91 Che	ws La	ndin	g Penna	
	21. SIGNATURE OF FUNERAL SERVICE LICEN	set 1			22. N	AME AN		las Funer				
	* Lougel of X	00,0									M1 207	, -
-	23 PART I Enter the diseases as an	ace						11 Rd. Ox			Md. 207	45
	23. PART I. Enter the diseases, or con	t only one cause	on aach lin	eath. Don a.	ot antar t	ha mod	da of dying, such	as cardiac or resp	iratory an	est,	Approxim Interval B	
	IMMEDIATE CAUSE (Final disease or condition	1	1.				1		/		Onsat sno	
	resulting in death) - s											
		DUE TO (OF	R AS A CONSE	OUENCE OF	1	1	-00	0	5	4	1	
8	Sequentially list conditions, a horanic Change Funning Junes 10478											
E	the structure of the st											
윤	CAUSE (Disease or Injury C	DUE TO (OF	AS A CONSE	OLIENCE OF	eno	11	2,9	lneras	236	M	300	pro
Ē	that initiated events resulting in dasth) LAST	552 15 (51	AS A CONSE	OUENCE OF):				0		/	
CERTIFICATION	d.											
	PART II. Other algnificant conditions of	ontributing to da	ath but not	resulting i	n the und	lerlying	cause given in			24b.	WERE AUTOPSY F	INDINGS
EDICAL	Tather Dest Olive + (9/1/191) Dent PERFORMED?							AVAILABLE PRIOR				
	FLOOR AND OF DEATH?											
- I	1 YES 2 NO									NO		
₹ I	25. WAS CASE REFERRED TO MEDICAL 26 PRACE OF DEATH (Check street)											
8	EXAMINER? HOSPITAL: OTHER:											
PHYSICIAN: M	1 Cinpatient 2 ER/Outpatient 3 DOA 4 Nursing Nome 5 Residence 8 Other (Specify)											
	1 Natural 5 Pending	(Month, Day,		INJ		WOF	RK?	28d. OEŞCRIBE HOW I	NJURY OCC	URED		- 1
B≼	2 Accident Investigation	2 Accident Investigation M 1 YES 2 NO										
	3 Suicide 6 Could not be determined determined City or Town, State) 26a. PLACE OF INJURY — At homa, farm, streel, lactory, office building, stc. (Specify) 26b. LOCATION (Street and Number or Rural Route Number, City or Town, State)											
COMPLETED												
AP I	29e. CERTIFIER (Check only one) 1											
Š I	2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) end manner as stated.											
BE	29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)											
	11111111	417/	Back	721	71-1).	D 0510.	5	•	1/2/	4/91	7
2	30. NAME AND ADDRESS OF PERSON WHO C								/		1/1/	
William A. Holbrook, M.D., 3001 Hospital Dr., Cheverly, Maryland 20785								85				
	31. DATE-FRED (Month, Day, Your) OCT 0 7 91 Julia Davidson-Rondon											
	VVI	0			_	_						



EOD

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25-meturs after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTIOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR	STATE OF MARYLA	CERTIFI				MENIAL HI	G. NO.		
1. DECEDENT'S NAME (First, Middle, Last)		1				2. DATE OF DI		YEAR	3. TIME OF DEATH
Elizabeth	Frank	covic				10-1		YEAR	8:45 A.M
4. SOCIAL SECURITY NUMBER 137-10-3651	5. SEX 8. AGE (In	975. lest birthday) 80 YRS.	IF UNDER 1	YEAR IF UND DAYS HOURS	ER 24 HRS.	7. DATE OF BI 2-12-	1911	Cour	THPLACE (State or Foreign atry) W Jersey
9a. FACILITY NAME (If not institution, give a	treet and number)		9b. CITY, 1	OWN OR LOCA	TION OF DE	ATH	9c.	COUNTY OF	DEATH
4667 Willow Gr	ove Drive]	Ellicot	t Cit	У		Howa	rd
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	1	10c. CITY	, TOWN OR	LOCATION					10d. INSIDE CITY
Maryland How	ard			21043	Ellic	cott Ci	.ty		LIMITS?
10e. STREET AND NUMBER				101. ZIP CO	0E		10g.	CITIZEN OF	WHAT COUNTRY?
4667 Willow G	rove Drive			210	043			U.S.	Α.
11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED				IC ORIGIN? (Sp.		- 14. RA	CE — American Indian, ick, White, etc.
1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DAT	res X		YES 2 X N			, 0.0.,		White
15. DECEDENT'S EDU (Specify only highest grade		16a. OECEDENT'S (Give kind of w	rork done du	CUPATION ring most of wor	king	16b. KINC	OF BUSINESS	S/INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	iiia. Do NOT us				Gh.	. 1	G	
1.2 CII 17. FATHER'S NAME (First, Middle, Last)		Emplo	yee	Lacina					pany/Clifto
John Krei	del				Rose	ME (First, Middle		ustic	a a
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Route Number, Ci			,
rs. Roe Tunkel		4667	Wil	.low G	rove	Driv	e How	ard,	Ct.Md.
METHOO OF DISPOSITION	20b.	PLACE OF DISPOS other place)	ITION (Nam	e of cemetery, cr	ematory or		20c. LOCATIO	N — City or	Town, State
Donation 5 Other/(Specify)	5 t	. Mary					Saddle	ebroc	k. New Jer
21. SIGNATURE OF FUNERAL SERVICE LI	Maria	.lb			lo Fu	neral		vice 2	239-6666
23. PART I. Enter the diseases, or	complications that/caused	the death. Do n	ot enter t			Mary		v arrest.	Approximete
shock, or heert feilure.	Liet only one couse on ee	ch line.							interval Between Onset end Death
IMMEDIATE CAUSE (Finei disease or condition	Modulia	Alu Dic	14 m 1 1	211	and on				7. 40.000
resulting in death)	a. Metasta DUE TO (OR AS A	CONSEQUENCE OF	P):	101 Cc	vrice				290413
Sequentieily liet conditions,	b. MA I GAN	ANT CONSEQUENCE OF	730	149					3 months
if eny, leeding to immediate ceuse. Enter UNDERLYING	-								
CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF	ት :						
resulting in death) LAST	d			_					
PART ii. Other eignificent condition	ns contributing to death by	it not resulting i	in the und	erlying cause	aiven in	Part i. 24a.	. WAS AN AUTO	PSY 2	4b. WERE AUTOPSY FINDINGS
	_						PERFORMED?	_	AVAILABLE PRIOR TO COMPLETION OF CAUSE
						_ ''	YES 2	°	OF DEATH?
						_			1 163 2 NO
25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF	OEATH (Ch	eck only one)			
EXAMINER?	HOSPITAL: 1 Inputlent 2 ER/Output	itlent 3 🗆 DOA	OTHER:		Flesidence	6 C Other (Spe	ecity)		
27. MANNER OF DEATH	26a. OATE OF INJURY (Month, Day, Year)	28b. TIM	E OF	Rec. INJURY AT WORK?		28d. DESCRIB	BE HOW INJUR	Y OCCUREO	
1 Natural 5 Pending 2 Accident Investigation			М	1 YES 2	□ NO				
3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building, etc. (Speci	— At home, farm, :	street, factor	ry, office		281. LOCATION City or Tox	N (Street and No wn, State)	imber or Aura	al Route Number,
29a. CERTIFIER (Check only 1 CERTIFYING PHYS	ICIAN: To the best of my knowle	edge, death occum	ed at the tin	ne, date and pla	ce, and due	to the cause(a)	and manner =	a atated.	
	ER: On the basis of examination								e(a) and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIE	R / /			29c. L	ICENSE NUI	MBER	29d	. OATE SIGN	EO (Month, Day, Year)
Thick tax Kine	Julator	- md		P	385	09			ec 12 1991
30. NAME AND ADDRESS OF PERSON WI	IO COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type	, Print)			- 21		- 4- 8-	
Zexo Century	P/1920 Col	umbus	m	1) 2	104	4			
OCT 7 5 'Q 1	32. REGISTRAR'S SIGNA					,			
UCI 15'91	John Davidson-A	andell							

TO BE COMPLETED BY PHYSICIAN; MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR	STATE OF MARYI		MENT OF I		MENTAL HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last) Theresa M. Fe	erraro		150		2. DATE OF DEATH	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 212-26-0543		(In yrs. last birthday) 63 YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Dev. Year) 6/7/1928	Cour	THPLACE (State or Foreign
9a. FACILITY NAME (W not institution, give s 2525 Birdview				ninster	EATH	carro	
RESIDENCE OF DECEDENT			TOWN OR LOCA				Torring and
10a. STATE 10b. COUNT		10e. C114,		ninster			10d. INSIDE CITY LIMITS?
MD Ca.	rroll			ILIIS CEL		10- AITITEN OF	1 YES 2 NO
	D = = 4		100	21157		U.S.	WHAI COUNTRY?
2525 Birdview	12. WAS DECEDENT EVER	IN U.S. ADMED	13 WAS 050		NIC ORIGIN? (Specify Yes o		CE — American Indian
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 X NO	If yee, a		en, Puerto Rican, etc.)		CE — American Indian, ok, White, etc. Party: Tite
15. DECEDENT'S EDU		16a. OECEDENT'S L	JSUAL OCCUPATI	ON	166. KIND OF BUSIN	ESS/INDUSTRY	
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT use	ork done during m ratired.)	ost of working			
10		worker	2		Noxel	l Corp) a
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, Malden St	ımame)	
Charles Muel	ler			There	sa Murph	У	
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural	Route Number, City or Town,	State, Zip Code)	
Mr . Joseph J	. Ferraro	2525	Birdv.	iew Rd.	, Westmin	ster,	MD 21157
20s. METHOD OF OISPOSITION 1 Durial 2 Cremation 3 Ren 4 Donation 5 Other (Specify)		0b. PLACE ANO OATE			OATE 200. LOCA	imoniu	Town, Stata
21. SIGNATURE OF FUNERAL SERVICE LI		arane,	22. NAME A	ND ADDRESS OF E	KILITY		
					eral Home		
Robert K. 23. PART i. Enter the diseases, or	Pritts S						ninster, M
iMMEDIATE CAUSE (Finel disease or condition resulting in death)	Metasta	HE REV		Carcin	noma		18 mo.
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	с	A CONSEQUENCE OF					
that initiated events resulting in deeth) LAST	d	A CONSEQUENCE OF):				
PART II. Other algnificant condition	na contributing to death	but not resulting in	n the underlyi	ng cause given in	1 Part i. 24a. WAS AN A PERFORM	IED?	4b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL							
EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH (C			
1 YES 2 NO 27. MANNER OF DEATH	1 Inpetient 2 ER/Ou				6 Other (Specify)		
1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)		URY W	JURY AT ORK? YES 2 NO	28d, OEŞCRIBE HOW IN	JURY OCCURED	
3 Suicide 6 Could not be detarmined	26e. PLACE OF INJUI building, etc. (Sc	RY — At home, farm, s pecify)	treet, factory, offi	GE .	26f. LOCATION (Street an City or Town, State)	d Number or Run	il Route Number,
TOTAL OTHY	SICIAN: To the best of my kno						e(a) and manner as stated.
29b. SIGNATURE AND TITLE OF CENTIFIE	flan	MO		29c. LICENSE NO. 1034	1MBER 298	29d. DATE SIGN	ED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON W Robert Kass, M	0 532 6	Da Himore	Blud.	West	muster, M	p 21	157
31. DATE FILED (Month, Day, Year) 91	32. REGISTRANIS SIL	Mary Mano	Lasse				

5 37 0 And the second

8. BIRTHPLACE Country) Maryland

Harford

9c. COUNTY OF DEATH

7. DATE OF BIRTH (Month, Day, Year) 9/2/30

3, TIME OF DEATH

DHMH-18 Rev 1/89

Fallston

JR.

IF UNDER 1 YEAR

IF UNDER 24 HRS.

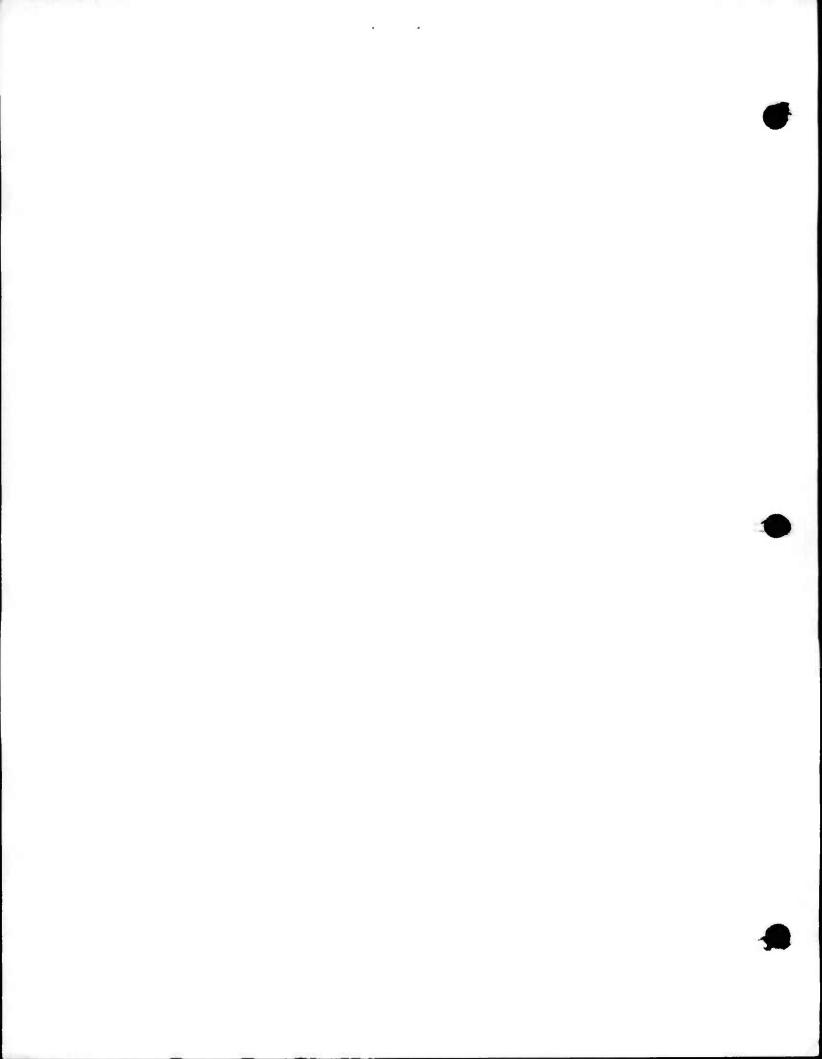
9b. CITY, TOWN OR LOCATION OF OEATH

Fallston

Fisher

8. AGE (In yrs. last birthday,

N 0	DIRECTOR	Fallston Gen	eral HOSF). F	allston		Ha	reford				
8	REC	10a, STATE 10b. COUNTY		10c. CITY, TOW	N OR LOCATION			10d. INSIDE CITY LIMITS?				
40		Maryland Harf	ord	Bel	Air			1XXYES 2 NO				
85	FUNERAL	10e. STREET AND NUMBER	7		10f. ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?					
991	NE	804 Old English (12. WAS DECEDENT EVER IN U.S.		21014 13. WAS DECENDENT OF HISPANI	IC OBIGIN2 (Specify Ver	U.S.	A. RACE — American Indian,				
nie ond	ВҰ	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2		If yes, specify Cuben, Maxicar 1 YES 2 NO Specify.	, Puarto Rican, etc.)	S	Black, White, etc. Specify: Black				
8	日	15. DECEDENT'S EDUC (Specify only highest grade	ATION (16a, completed)	DECEDENT'S USUAL (Give kind of work do	OCCUPATION ne during most of working d.)	16b. KIND OF BU	SINESS/INDUSTF	RY.				
5 6	COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Construct		Home	Buildir	ng				
once.	00	17. FATHER'S NAME (First, Middle, Last)	1 = 1 = 0			AE (First, Middle, Malden						
ed at	BE	Edward Willard	d Fisher, Sr.			ONNELIA						
notified	2	198. INFORMANT'S NAME (Type/Print) James E. Johnson	_		ESS (Street and Number or Rural R							
9		20a. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Remo			Bel Air Ave. (Name of cometery, crematory or		CATION — City of					
must		Burlel 2 □ Cremation 3 □ Remo □ Donation 5 □ Other (Specify)	oval from Stata other	place)	Methodist Cer		•	·				
		21. SIGNATURE OF FUNERAL SERVICE LIC			22. NAME AND ADDRESS OF FAC	CILITY						
examiner		1 Commette	B. Kana		Tarring-Cargo Aberdeen, Ma							
or removal		23. PART I. Enter the diseases, or c shock, or heart failure. I IMMEDIATE CAUSE (Final	List only one cause on each il	lna.	tar tha moda of dying, auch	aa cardlac or reap	elratory arrest,	Approximata Interval Batween				
nation.		disease or condition resulting in death)	LAON SW	me (CEU L	ING	CANC	ER 34R				
d, crei		DUE TO (OR AS A CONSEQUENCE OF):										
sen signed by the accounting physician and compresely me of Health and Mental Hygiene prior to burial, cremation, shows any injury, or other traumatic event, the	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONS	SEQUENCE OF):								
tal Hygiene p	ERTIF	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CON:	SEOUENCE OF):								
of Health and Menta shows any Injury,	PHYSICIAN: MEDICAL (PART II, Other algolificant condition	a contributing to death but no	ot resulting in the	undariying causa given in	Part I. 24a. WAS AMPERFO	RIVEO	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
of He	ME		/ ·	1 YES 2 NO								
23 Dept.	AN	25. WAS CASE REFERGED TO MEDICAL			00 DI 107 OF DESTU 701							
the State [ic.	EXAMINER?	HOSPITAL:		28. PLACE OF DEATH (Che							
the the	НХ	27. MANNER OF DEATH	1 Nepetient 2 ER/Outpatient 28s. DATE OF INJURY	28b. TIME OF	Nursing Home 5 - Residence 26c. INJURY AT	28d, OE\$CRIBE HOW	INJURY OCCURE	ED				
eath with the marked, or	ВУ Р	1 Natural 8 Pending (2 Accident Investigation	(Month, Day, Year)	INJURY	WORK? 1 YES 2 NO							
after deal	B	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At building, etc. (Specify)	home, farm, street,	factory, office	28f. LOCATION (Street City or Town, State		tural Route Number,				
TO THE FUNEHAL DIRECTOR; After be filed within 72 hours after death IMPORTANT; If Item 28 is mail	COMPLET	amen's and a second	CIAN: To the best of my knowledge,					use(a) and manner as stated.				
be filed with	TO BE C	286. SIGNATURE AND TITLE OF CERTIFIER	1 sous	/ .	29c. LICENSE NUM	MBER	29d. DATE SIG	GNED (Month/Day, Year)				
	F	as hame and accress of person wh	O COMPLETED CAUSE OF DEATH (TEM 27) (Type, Print)	THE SEZ	ARM	1)	27047				
		31. DATE MED (Month, 'De); "Year)	32 REGISTRAR'S SIGNATUR			l						
- 1		m # # # # # # # # # # # # # # # # # # #	I STUNIA NUMBER OF VONC-VI	معاللي المال								

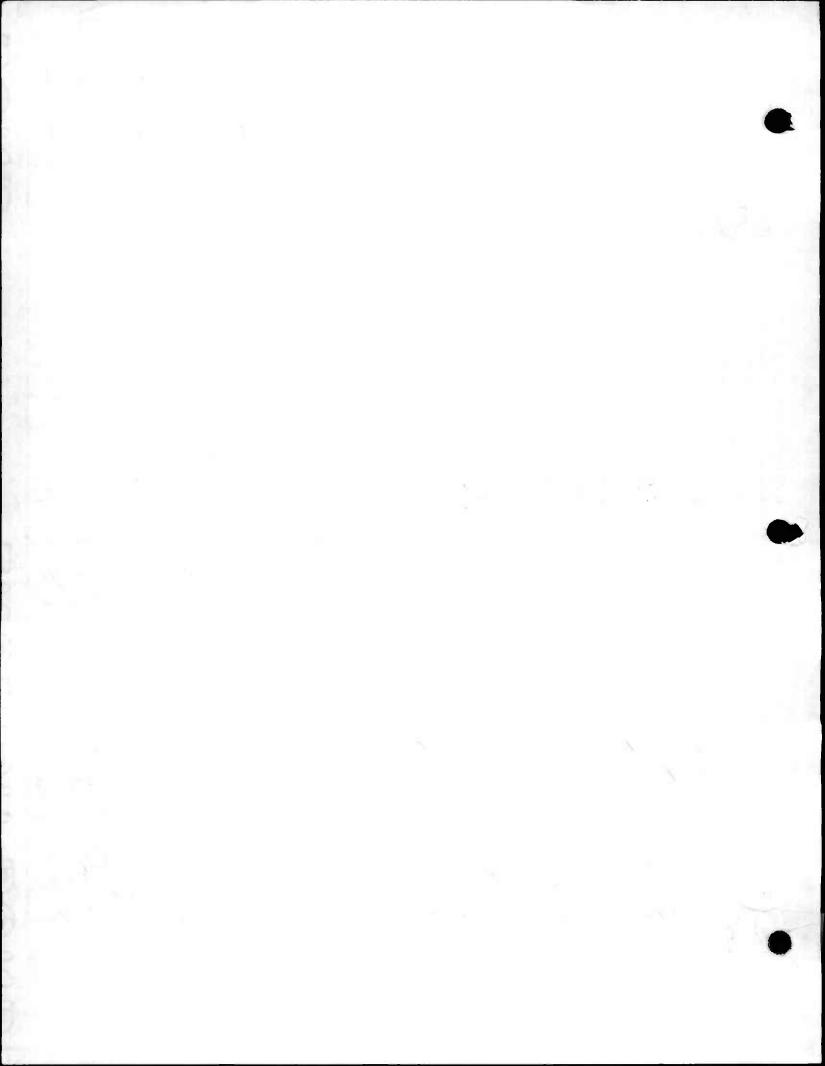


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DIVISION OF VITAL RECORDS, P.O. BOA 60/00	L OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours a	
Z	VG P	
2	ENDI	
Š	ATT	
5	OR	

1 - REGISTRAR	STATE OF MARYLAND /		NT OF HEALTH AND TE OF DEATH	REG.	NO.	1 20300			
1. DECEOENT'S NAME (First, Middle, Last)	Dante	G. Fai	na	2. DATE OF DEATH	DAY	YEAR 1255 PM			
570 OF 7061	SEX 6. AGE (In yrs. lest 82	birthday) IF UN YRS. MONTH	DER 1 YEAR IF UNDER 24 HRS. 8 DAYS HOURS MIN.	7. DATE OF, BIRTH (Month, Pay, Yea 12 24	7)	8. BIRTHPLACE (State or Foreign Country) Washington D.C.			
9a. FACILITY NAME (If not institution, give street Anne Ayundel Met RESIDENCE OF DECEDENT	end number) dical Center		TY, TOWN OR LOCATION OF C	DEATH	Miles Control	NTY OF GEATH			
10a. STATE 10b. COUNTY Maryland Anne Ar	rundel		n or location polis			10d. INSIDE CITY LIMITS? 1 YES 2 X NO			
100. STREET AND NUMBER 247 Cape St. John	Road		101. ZIP CODE 2140	1		zen of what country? ted States			
3 Widowed 4 Divorced	. WAS DECEDENT EVER IN U.S. ARE FORCES? 1 \times YES 2 \square N IF YES, GIVE WAR OR DATES 1944-1945	MED O	If yes, specify Cuben, Maxic 1 YES 2 NO Spec	an, Puerto Rican, etc		14. RACE — American Indian, Black, White, stc. Specify: White			
15. DECEDENT'S EDUCATI (Specify only highest grade con Elementery/Secondary (0-12) 4 17. FATHER'S NAME (First, Middle, Last)	(Gh life.		OCCUPATION ne during most of working d.) [arble Setter]	Union	BUSINESS/INC Choi lin Ti	ni Tile and			
17. FATHER'S NAME (First, Micidia, Last) Eliseo Faina				AME (First, Middle, Me					
196. INFORMANT'S NAME (Type/Print) Catherina Faina			ESS (Street and Number or Rura E St. John Ro			aryland 21401			
20a. METHOD OF DISPOSITION 1 Burlal 2 Cremetion 3 Removal	20b, PLACE	ANO DATE OF D	SPOSITION (Name	OATE 20	LOCATION —	Cily or Town, State			
1									
23. PART I. Entar the diseases, or come shock, or heert feliure. List IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	t only one cause on each line.	DiAC	PRREST	ch es cardlec or i	espiratory sn	rest, Approximete interval Between Onset and Death			
Sequentially list conditions, if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST	DUE TO (OR AS A CONSEG	UENCE OF):	STIVE HER PRICEIN	PRT 1-	BiLV	2 yn + 2 yn +			
PART ii. Other algnificant conditions of	contributing to deeth but not r	eaulting in the	underlying ceuse given i	PE	S AN AUTOPSY REFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 27. MANNER OF DEATH	tOSPITAL:		26. PLACE OF DEATH (I	12.63)				
2 Accident investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	26d. DESCRIBE H		CURED or or Rural Route Number.			
4 Homicide determined 29e. CERTIFIER (Check only	building, atc. (Specify) IN: To the best of my knowledge, de On the basis of examination end/or	ath occurred at 1	he time, date and place, and d	City or Town,	State)	nied.			
29b. SIGNATURE AND TITLE OF CERTIFIER	11-111		29c. LICENSE N			TE SIGNED (Marin, Day Year)			

32. REGISTRAD'S SIGNATURE
Julia Davidson-Randelle

'91

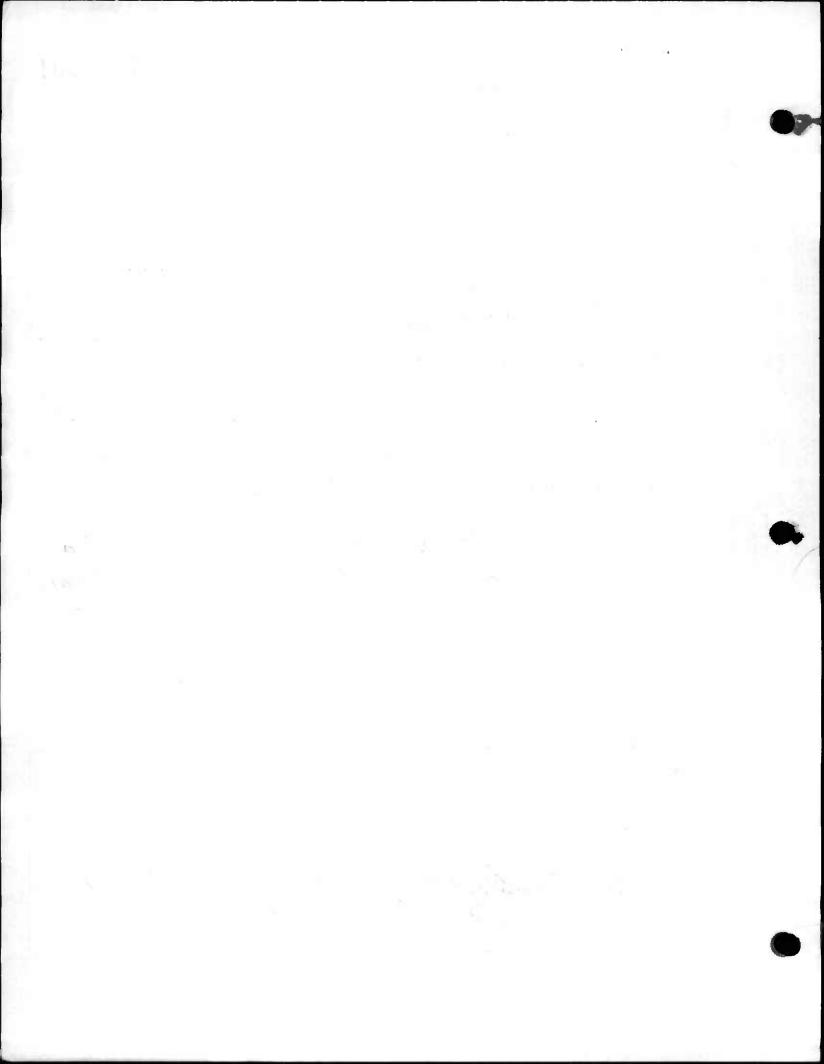


1		FOR STATE REGISTRA	3
T-4	-	ECEDENT'S N	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

1. DECEDENT'S NAME (First, Middle, Las	.ah		OLITIN.	IOAII		DLA		2. DATE OF DEATH			3. TIME OF DEATH
Committee of the second of the		Cilma						MONTH D	AY 1.0	YEAR	13:52
4. SOCIAL SECURITY NUMBER	wson S.		TT1 rrs. last birthday)	IF UNDER	1 VEAD	IF UNDER	2 24 MDE	Oct 12 7. DATE OF BIRTN	19	91	NPLACE (State or Foreign
	1 🔯 M 2 🗆 F		YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year)		Coun	try)
220-14-3814 9a. FACILITY NAME (If not institution, giv	21	83	ins.		. ======			Sept 19,1		orgia	
	Action of the second					OR LOCATI	ON OF DE	EATH	INTY OF		
Union Hospital		County	1		Elkt	on			cil		
10a. STATE 10b. COU			10c. CITY, TOWN OR LOCATION								10d. INSIDE CITY
Maryland	Ce	cil			Perr	yvi1	le				LIMITS?
10e. STREET AND NUMBER						. ZIP COD			10g. CI1	IZEN OF	WHAT COUNTRY?
1526 Principio	Furnace R	heo					219	03	11	S.A.	
11. MARITAL STATUS	12. WAS DECEDE		S. ARMED	13.	WAS DEC	ENDENT (HC ORIGIN? (Specify Ye			
1 Never Married 2 Married	FORCES?	1 X YES	2 NO		If yes, sp		ın, Mexica	n, Puerto Rican, etc.)		Spe	E — American Indian, ck, White, atc.
3 Widowed 4 XXDivorced		. II			I L I FES	VAMO	apacin	<i>,</i> .		Sper	White
15. DECEDENT'S E	DUCATION	_	se. DECEDENT'S	S USUAL C	CCUPATI	ON		16b. KIND OF BU	SINESS/IN	DUSTRY	
(Specify only highest gri	College (1-4 or 5	+)	(Give kind of life. Do NOT L	work done use retired.)	during mo	ost of worki	ng	Marylan	nd St	ate	Hwy. Admin
	Two Years		Asst. S	uper	inte	nden	t	Hatem M	1emor	ial	Bridge
17. FATHER'S NAME (First, Middle, Last)						7		ME (First, Middle, Malder	Sumame)		
Seaton Am	brose Gil	man					N	ora Lee Mo	Cul1	um	
19a. INFORMANT'S NAME (Type/Print)			19b. MAILIN	G ADDRES	S (Street	and Numbe	r or Rumi	Route Number, City or Tox	vn, State, Z	ip Code)	
Stephen P. Gi	1man										nowingo, M
20a, METHOD OF DISPOSITION 1 \(\text{\tint}\text{\tint{\text{\tint{\text{\tin}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tex{\tex		20b. P	LACE AND DAT								Town, State
1 Buriat 2 Cremation 3 Red Donatton 5 Other (Specify)	emoval from State	of cen	netary, cremator	y or other	place)			10/16/91			•
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	<u> </u>	THETPIO						rell	. y v I I	ite, MD
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Lee A. Patterson & Son Funeral H Perryville. Maryland											Home
all remains 11	Patterson	post.		P	erry	vill	e. M	laryland			
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO	Colors to	Msedetice d	OF): OF):	s	Sh	ore	works	6.		loyan
PART II. Other algnificant condit	d.	o death but	not resulting	in the u	nderlylr	ng cause	given in	Part I. 24a. WAS AI PERFO	RMED?	24	bb. WERE AUTOPSY FINDS AMILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
									/		1 YES 2 NO
		_			5414						
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	1		OTHE		LACE OF	DEATH (C/	heck only one)			
1 TYES 2 NO	1 Inpetient 2	A		4 🗆 Nu	insing Ho		teeldence	8 Other (Specify)			
27. MANNER OF PEATH 1 Natural 5 Pending	28e. DATE (Month)	SF INJURY Day, Year)	26b. TJ	NJURY	W	JURY AT ORK?		28d. DEŞCRIBE HOW	INJURY O	CCURED	
2 Accident Investigation			M		YES 2	∐ NO					
3 Suicide 6 Could not determined	oe building	OF INJURY — g, etc. (Specify	- At home, farm	, street, fe	ctory, offi	ce		28t. LOCATION (Street City or Town, State	and Numb	er or Rura	l Route Number,
CONSON ONLY								to the cause(a) and me			o(e) and menner ee state
29b. SIGNATURE AND TITLE OF CERTI											
A CENT	11	/	v . A			ZVC. LIC	CENSE NU	MBER	29d. D/	I SIGNE	ED (Month, Day, Year)
Year V	Jana 1		11)		3	1	12/	99		10/	12/01
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED EX	OF DEAT	H (ITEM 27)	3501	tal					/	111
TT IET (TIMINO V	1 4 11 -					1 1 1	-8	L ALA	- 1	£	
31. DATE FILED (Month, Day, Year)	NO MID	PAR'S SIGNAT	50W	24,	EI	Kto	ON	1D ala	31	,	

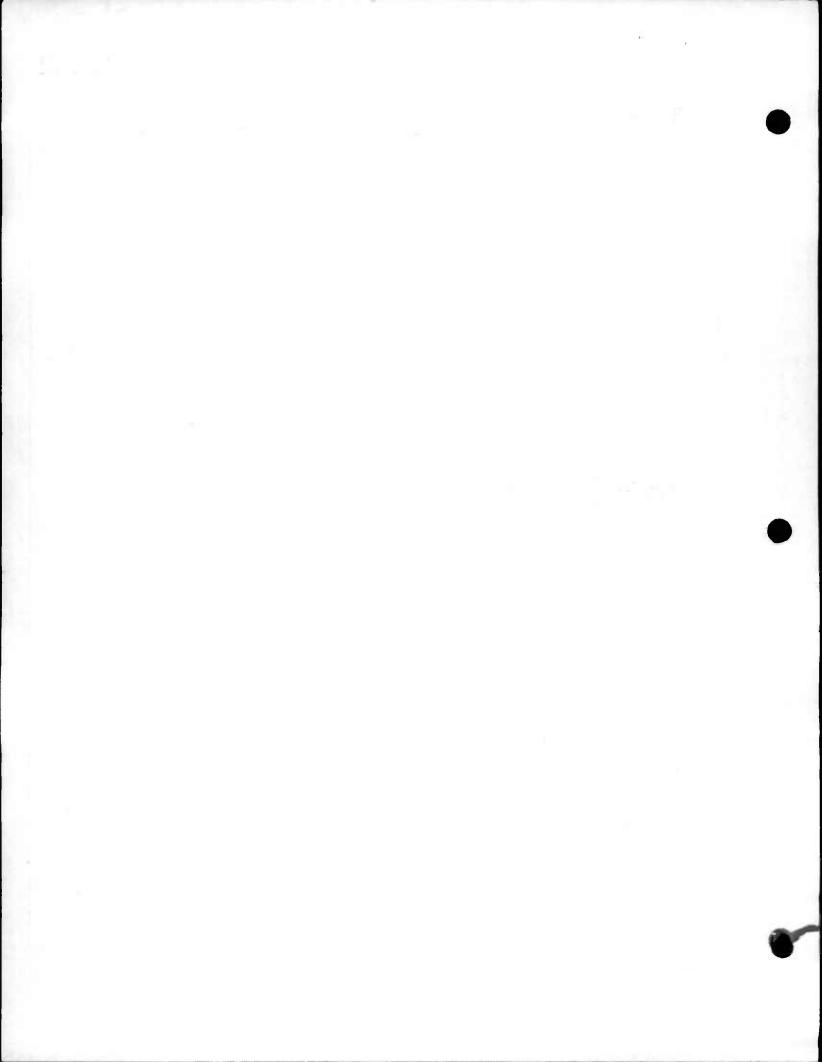
DHMH-16 Ray 1/89



2.42

THE HESPITAL OR ATTENDING PHYSICIAN; The law requires that the elegath certificate be executed within 3- hours after death. Page 6 may be retained by the hospital or attending physician. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1 - STATE REGISTRAR		STATE OF I	MARYLA	ND / DEPAR CERTIF				MENTAL	HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First,	INA	Wil	lite.	side	G	Re	99	2, DATE O	OF OEATH DA		YEAR /	3. TIME OF DEATH 1410 M
	4. SOCIAL SECURITY NUMB	ER	5. SEX	8. AGE (In	yrs. last birthday)	IF UNDER	-	UNDER 24 HRS.	7. DATE (Day, Year)		8. BIRTH Counti	IPLACE (State or Foreign
	221-12-6611		1 🗆 M 2 📉 F	79	YRS.	MONTHS	UATS I	OUNS MIN.		29, 1	912		
	9e. FACILITY NAME (If not in:		street and number)			9b. CITY,	TOWN OR	LOCATION OF DI	EATH		9c. COU	NTY OF D	EATH
OLO C	Union Hospi	tal		11 110		Elkt	on				Cec	il	
ш	10a. STATE	10b. COUNT	Υ		10c. CIT	Y, TOWN O	R LOCATION	N					10d. INSIDE CITY
OIR I	Delaware	New	Castle		Ne	wark							LIMITS?
A	10e. STREET AND NUMBER						101. Z	IP CODE			10g. CIT	IZEN OF \	WHAT COUNTRY?
E	33 Continer	tal A	venue				19	9711			US	A	
FUN	11. MARITAL STATUS		12. WAS DECEDED	NT EVER IN	U.S. ARMED			DENT OF HISPAI			or No-	14. RACI	E — American Indian, k, While, atc.
BY	1 Never Married 2 3 Widowed 4 Divo		IF YES, GIVE					NO Specif		econ, etc.;		Spec	tty:
- 8		EDENT'S EDU	1						Lon	inne secono			White
ETED	(Specify only	r highest grade	completed)		16a. DECEDENT'S (Give kind of life. Do NOT u	of working	160.	KIND OF BUS	INESS/IN	DUSTRY			
	Elementary/Secondery (0 6+	-12)	College (1-4 or 5		Product		Contro	21	Ι.	Fiber			
COMP	17. FATHER'S NAME (First, M	iddle, Last)						8. MOTHER'S NA			Sumame)		
ŭ W	Charles Unk		Whitesid	6				Sarah U					
ا ۵	19e. INFORMANT'S NAME (7)		WILL COLU		19b. MAJLING	ADDRESS		Number or Rural			n, State, Zi	p Code)	
2	Joseph H. G	regg,	Jr.		26913	Gree	nbro	oke Dr.	. Olm	sted '	Town	shin	, ОН 44138
	20g. METHOD OF DISPOSITI	ON	21. 71.51	20b.	PLACE OF DISPO							City or To	
	1 🖄 Buriel 2 □ Crematio 4 □ Donation 6 □ Other		noval from State		other place) ewark C	emete	ry			Ne	wark	, DE	
1	21. SIGNATURE OF FUNERAL	L SERVICE LI	CENSEE					ADDRESS OF FA					
	Robert T. Jones and Foard, Inc. 122 W. Main St., Newark, DE 19711												
	23. PART I. Enter the discesses, or complications that caused the deeth. Do not snter the mode of dying, such as cardiac or respiratory errest, shock, or heart fellure. List only one cause on each line. Approximate interval Between												
ERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) s. SUMOUS CHUL CANCER OF LUNG DUE TO (OR AS A CONSEQUENCE OF): Due to (OR AS A CONSEQUENCE OF):											Onset and Death	
CENTIFICA	cause. Enter UNDERLY! CAUSE (Disease or Inju that initiated events resulting in death) LAS	NG ry	c. OUE TO	O (OR AS A	CONSEQUENCE C	F):							
MEDICAL	PART II. Other significe				t not resulting	In the un	derlying	cause given in	Part I.	24a. WAS AN PERFOR 1 TYES 2	MED?	241	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
A I	25, WAS CASE REFERRED TO	O MEDICAL					28. PLAC	E OF DEATH (CI	heck only on	e)	_		
PHYSICIAN:	EXAMINER?		HOSPITAL:	☐ ER/Outpa	itlant 3 🗆 DOA	OTHER	₹:	5 Reeldence					
-		Pending Investigation	28e. DATE O		26b. Til		28c. INJUR	TA Y		CRIBE HOW I	NJURY O	CCUREO	
בובח פז	3 Suicide 6	Could not be determined	26e. PLACE building	OF INJURY - I, etc. (Speci	Al home, farm,	street, fact	ory, offica			ATION (Street a or Town, State)		er or Rural	Route Number,
COMPLE	one)	Harrison Control	SICIAN: To the best of										e) end menner ee stated.
BE	296. SIGNATURE AND TITLE	15	ente,	517	7		2	D 2	MBER 2.23	2/	29d. DA	TE SIONE	(Month, Day, Year)
0	30. NAME AND ADDRESS OF	130	este	1	20	e, Print)	A	leus	API	1		De	/
	OCT 15'91	roar)	32. REGISTR		Pandell			0390.00					



NDI A	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit.	if death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
	NG PHYSICIAN: TI	fter this certificate	eath with the State

MADORANI. It is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

31 OCT 0 9 9 7

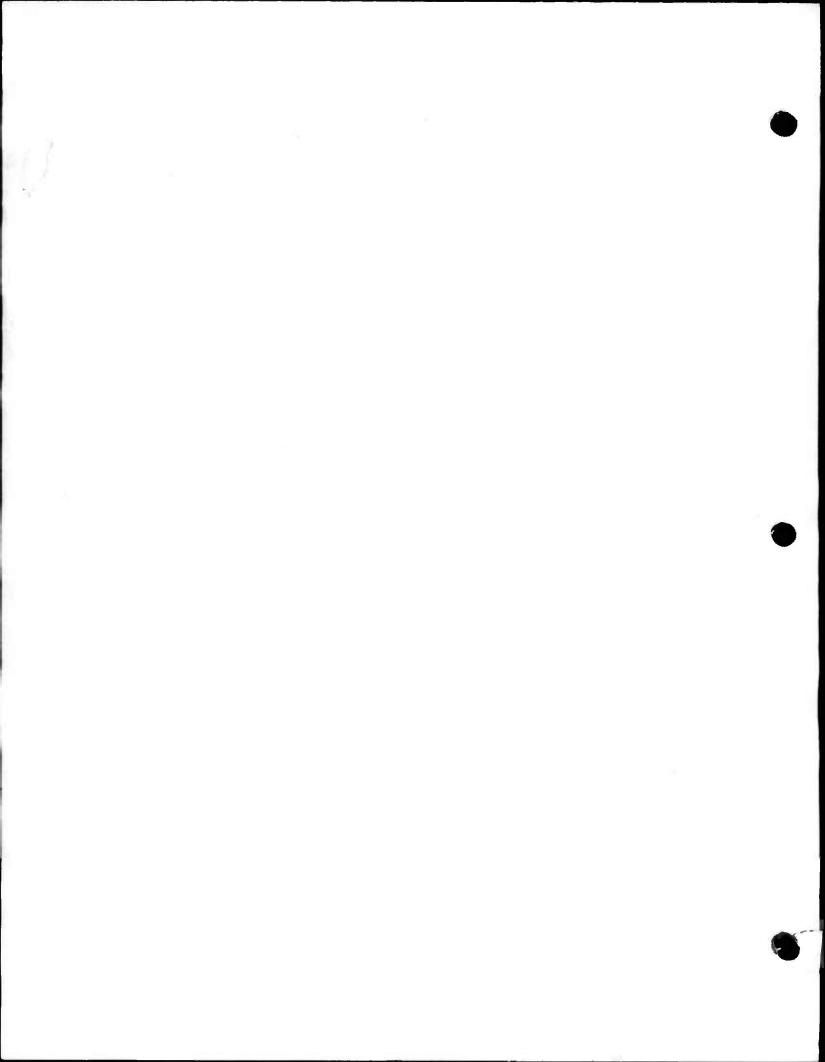
	FOR STATE REGISTRAR	TATE OF MARY		EPARTMEN TIFICAT			MENTAL	HYGIEN	E	91	2890)3
ı	1. DECEDENT'S NAME (First, Middle, Last)		à				2. DATE O	F DEATH DA	v	YEAR	3. TIME OF DEATH	
ľ	KAYLA MARIE GR	EER	1				OCTO	BER 7	, 199		12:30	Ам
	4. SOCIAL SECURITY NUMBER 5. S	SEX 6. AG	BE (In yrs. last birt	thday) IF UNDE	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE O	F BIRTH Day, Year)	6. BIRTH Countr	PLACE (State or Foreign)	gn	
	593-76-9144 10	M 2 F	2	YRS.				0-88	ec cou		RIDA	_
TOR	NIH, THE CLINICAL C					A, MD			ERY			
DIRECTOR	10a. STATE 10b. COUNTY	RANGE	16	ORLANI		TION			10d. INSIDE CITY LIMITS? 1 YES 2 NO	D		
FUNERAL	10e. STREET AND NUMBER 6563 CHANTREY STRE	ET			10	ZIP CODE			10g. CIT		VHAT COUNTRY?	
BY FUN	1 1 Nover Married 2 Married	WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OF	ES 2/ NO	13	If yes, sp	ENDENT OF HISPAN ecity Cuben, Mexica 2 X XNO Specify	n, Puerto Ri		or No	Spec	E — American Indian, k, Whita, atc. hy: HITE	
COMPLETED			(Give k	DENT'S USUAL kind of work done NOT use retired.	during me			KIND OF BUS	SINESS/INC	DUSTRY		
Ž	17. FATHER'S NAME (First, Middle, List)	N/A	I N	I/A		18. MOTHER'S NA		N/A	Cumanal			
BE CO		EER				SUSAN	ME (FIIST, MI		AKOF]	LER		
TO B	19a. INFORMANT'S NAME (Type/Print) MR. ROBERT S. GREET	,				and Number or Rural						
	20a. METHOD OF DISPOSITION					ST. ORL	ANDU,				Ctate	
1 Burlat 2 Cremation 3 KRamovel from State 4 Donation 5 Other (Specify) James E. Lindsay Funeral Home Harrison City Page 1												
-	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITMATShall'S Funeral											ne
	· S. P. M.	risha	U					L7. 9t shingt			, N. W.,	
	23. PART I/ Enter the diseases, or com			. Do not ente	r the me	da of dying, suc					Approximate	
	shock, or heart failure. List			RY FAILURE							Onset and I	
	disease or condition resulting in death)	Pulha	4	Paulin	80							
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Metas DUE TO (OR'A Abdus	AS A CONSEQUE	Nerr INCE OF):	ly las	Jonny	ret	racks	s)			
PHYSICIAN: MEDICAL	PART II. Other significant conditions of	ontributing to deat	h but not resu	ulting in the	undertyir	g cause given in	Part i.	24a. WAS AN PERFOI 1 TYES	RMED?	241	D. WERE AUTOPSY FINE AMAILABLE PRIOR TO COMPLETION OF CAI OF DEATH? 1 YES 2 NO	USE
ICIAN		OSPITAL:	-539528	ОТН	ER:	LACE OF DEATH (C		54.5m-13				
1 YES 2 NO 1 No 1 Note of Inpettent 2 ER/Outpettent 3 DOA 4 Norsing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED												_
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Yea		INJURY M	W	YES 2 NO						
	3 Suicide 6 Could not be determined	26a. PLACE OF INJU building, atc. (3	URY — At home, Specify)	, farm, street, fo	ectory, offi	Da .		ATION (Street or Town, State		or or Rural	Route Number,	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN (MEDICAL EXAMINER: O	-									s) and manner as sta	ted.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO CO	U MU	AP	LAN		29c. LICENSE NU	MBER		29d. DA	0/7	(Month, Day, Year)	

DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

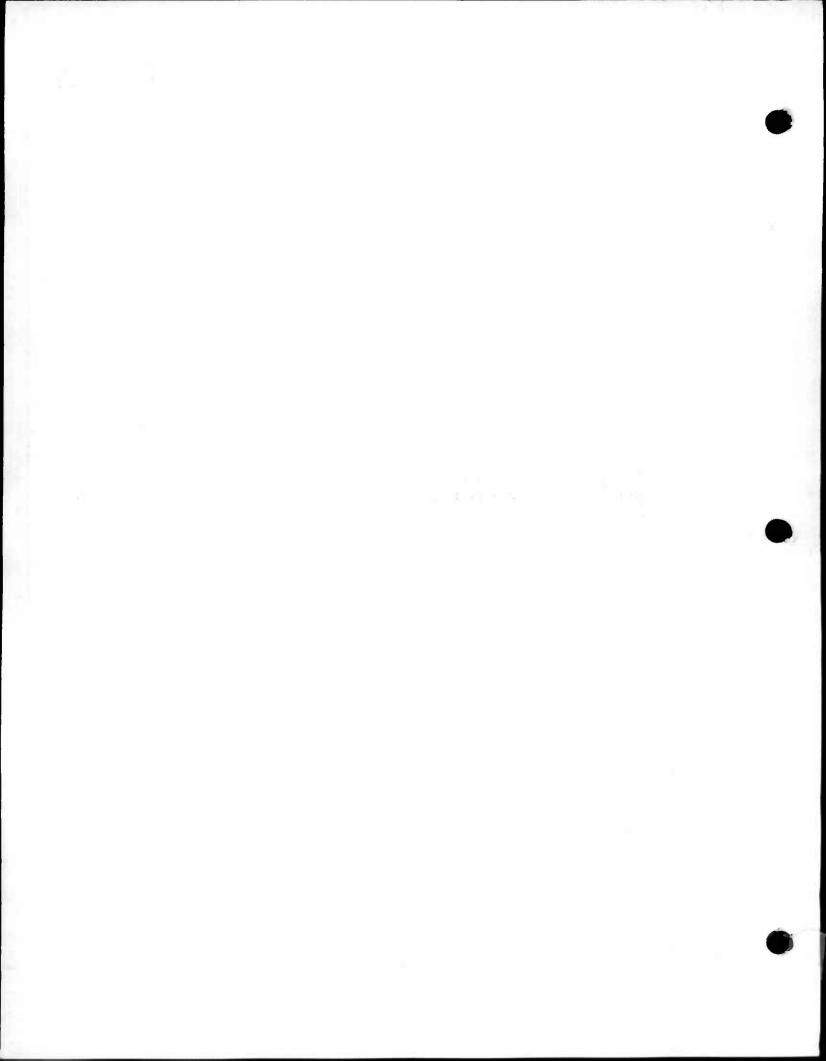
9000 ROCKVILLE PIKE, BETHESDA, MD 20892

DHMH-16 Rev 1/89



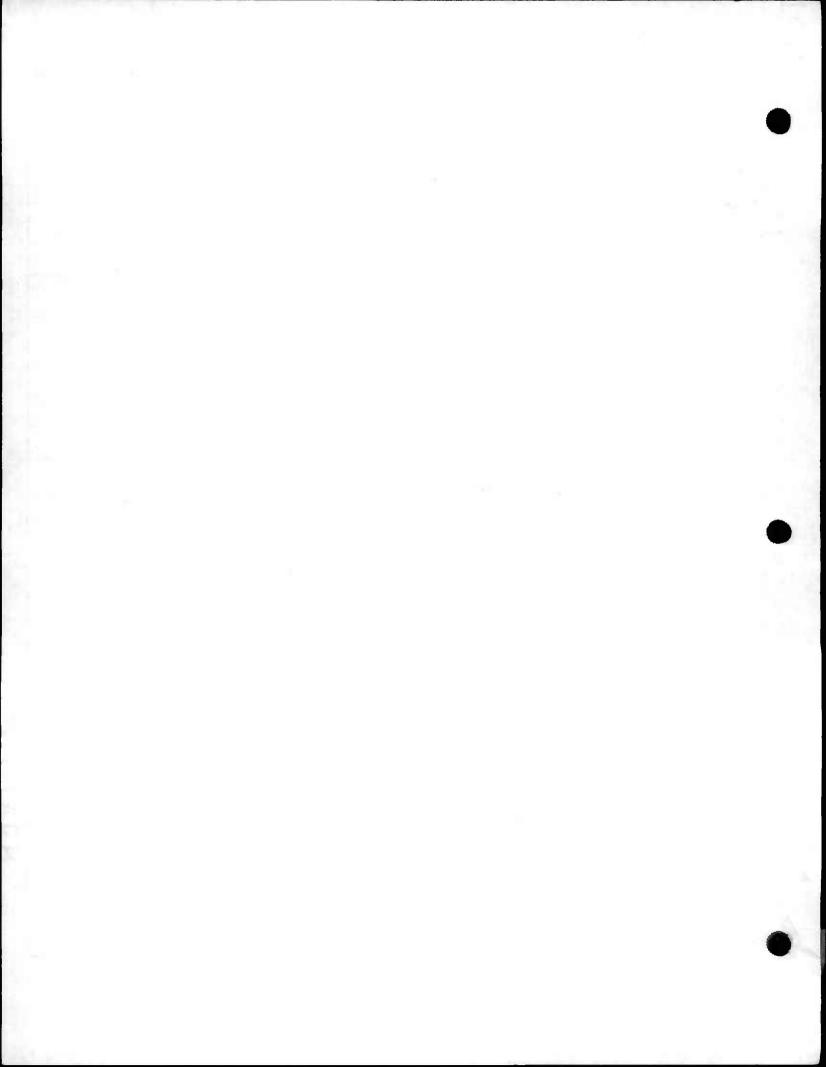
		REGISTRAR		STATE OF		CERTI	FICAT	T OF H E OF	EALTH DEAT	AND N		YGIEN REG. NO.	C	28	8904
		1. DECEDENT'S NAME (First, May V. Ga		n MAY	VIRG	IE GALI	AHAN				2. DATE OF MONTH OCTOb	er 6	, 199	YEAR	TIME OF DEATH
6	1	4. SOCIAL SECURITY NUMBER 578-10-3726		5. SEX 1 M ZX F	6. AGE (In	yrs. last birthda	MONTHS	A 1 YEAR DAYS	IF UNDER	AARM	7. DATE OF ((Month, De	BIRTN by, Year)		B. BIRTHPLA	ACE (State or Foreign
Q F		9a. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. CIT	Y, TOWN C	OR LOCATION			1,,,		Y OF DEAT	
U.	OTO.	Manor Care	Nursi	ng Home			La	rgo					Princ	e Geo	rge's
The Research	DIRECT	10e. STATE	10b. COUNT				CITY, TOWN							10	DI. INSIDE CITY LIMITS?
permit.		Maryland 100. STREET AND NUMBER	Princ	e George	e's	Mt	. Ra:	-	. ZIP CODE						XXYES 2 NO
- SS	I &	4202 29th S	treet					1101	. ZIP CODI	2071	2				T COUNTRY?
YLAND 21215-0020 by the hospital or attending physician. be detached for use as the burial-transit at once.	BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo	Married	12. WAS DECEDER FORCES? IF YES, GIVE Y	1 YES	2 X NO	13	II yes, sp		F NISPAN	IC ORIGIN? (S		or No- 1		American Indian, white, etc.
21219 al or atten for use as	COMPLETED		EDENT'S EDU highest grade			16e. DECEOEN' (Give kind life. Do NO	of work done use retired.	during mo	ON ist of working	ng	16b. KIP	OF BUS	SINESS/INOU	STRY	
ND hospit	MPI	12th				Seamst	ress							ment	Store
MARYLAND retained by the hospit 5 should be detached notitled at once.	BE CO	2002	rnwe1	1							aly Do				
MAR be retained be retained be notitled	10	Margaret G.									ve, Wa				 602
TORE, e 6 may be ector, page must be		Margaret G. Green 3007 Lambeth Hill Drive, Waldorf, Md. 20 Method of Continue Williams of Continue Williams of Continue Continu											ty or Town,	State	
BALTIMORE, I ter death. Page 6 may be the funeral director, page yal.	In gibratura de Gheray Bervice (Iconses) 22. NAME AND ADDRESS OF FACILITY Francis Gasch's Funer														
	\vdash	- Jan	10	1 h	ma	ما									Md. 20781
24 Hours / filled in tion, or re		23. PART I. Inter the di hock, or he IMMEDIATE CAUSE (Fin disease or condition resulting in death)	eart fallure.	List only one car	use on ea	the death. Dich line.	,					or reapl	retory arre	at,	Approximate Interval Between Onset and Death
P.O. BOX 6871 th certificate be executed ending physician and con Hygiene prior to burial. or other traumatic e	ERTIFICATION	Sequentially list conditi if any, leading to imme- cause. Enter UNDERLY! CAUSE (Disease or inju- that initiated events resulting in death) LAS	diate NG ry	b. ae oue to	O (OR AS A CO) (OR AS A CO)	CONSEQUENCE PSTS CONSEQUENCE CONSEQUENCE	OF):	in particular in the second	,						
AL RECORDS, I law requires that the deal has been signed by the ath Dopt. of Health and Menta 23 shows any injury,	MEDICAL C	PART II. Other significa	nt condition	s contributing to	death bu	t not resultin	g in the u	nderlying	Cause (given in I		, WAS AN PERFOR	MED?	CO OF	ERE AUTOPSY FINDINGS WILABLE PRIOR TO DMPLETION DF CAUSE F DEATH? YES 2 NO
L law law bept 23															
VITAL AN: The law tificate has e State Dep	SICIAN:	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 XNO	MEDICAL	HOSPITAL:			OTHE	R:			ck only one)				
1. 5 pt	PHYS	27. MANNER OF DEATN		1 ☐ Inpatient 2 ☐ 28a. DATE Of (Month, I		28b. 1	IME OF	28c. INJ		sidenca	8 Other (Sp 28d, OESCRI		NJURY OCCU	RED	
ONG DING After death	D BY	2 Accident 3 Suicide 8	Pending investigation Could not be	28e. PLACE (OF INJURY -	— At home, ferr	M n, atreet, fac		7ES 2 [] NO	28f. LOCATIO	ON (Street a	and Number or	Rural Rout	e Number,
DIVISION OR ATTENDING DIRECTOR: After hours after death item 28 is ma	LETE		determined												
로 국 전 본	COMPL	(Check only		CIAN: To the best of a											nd manner as stated.
TO THE HOSPI TO THE FUNER be fled within	TO BE	29b. SIGNATURE AND TITLE	84-1	Luy	up	N			D	SE NUM	558		29d. DATE S	SIGNED (MO	onth, Day, Year)
	-	Dr. Aryanga	et, M.	D. 3308	Perr Perr	y Stre	et, M	It. R	aini	er, l	Maryla	nd	20712		
		31. DATE FILED (Month, Day,	Year)	32. REGISTRA	AR'S SIGNAT	TURE	30.7								

DHMN-16 Rev 1/89



	REGISTRAR			CENTIF	ICATE	UF	DEATH	REG. N	0.		
,	1. DECEOENT'S NAME (First, Middle, Lust) AGNES IRE	ONE GA	LLAGHE	R				2. DATE OF DEATH MONTH October 5		/EAR	5:25 AM
- 1	4. SOCIAL SECURITY NUMBER	5, SEX	6. AGE (In yrs.		IF UNDER	VEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH			CE (State or Foreign
	193-05-1724	1 🗆 M 2 🙀 F	78	YRS.	MONTHS	DAYS	HOURS MIN.	(Month, Day, Year) 09/28/13	c	Country)	on, PA
	9e. FACILITY NAME (If not institution, give	CILITY NAME (If not institution, give street end number)							9c. COUNT	Y OF DEAT	N
	Washington Advent	ist Nurs	ing Hor	me	Ta	akon	na Park	Montgomery			nery
	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	v		10c CIT	ry, TOWN O	B L OCAT	ION		10	d. INSIDE CITY	
<u> </u>		gomery		100.01	Tako						LIMITS?
. 11-	10e. STREET AND NUMBER	50mc1y			Takoi		ZIP CODE		10g. CITIZE		T COUNTRY?
FUNERAL	7525 Carroll Ave	2116					20912		11	S.A.	
Ĕ It	11. MARITAL STATUS	12. WAS DECEDE	NT EVER IN U.S.	ARMED	13. V	WAS DEC		NIC ORIGIN? (Specify		4. RACE -	American Indian,
	1 Never Merried 2 Merried 3 X Widowed 4 Divorced		1 YES 2 WAR OR DATES		1	yes, sp	ecify Cuben, Mexico 2 2 NO Speci	en, Puerto Rican, atc.) fy:		Specify:	White
	15. DECEDENT'S EDU (Specify only highest grad		16e.	DECEDENT'S	USUAL OC	CUPATIO	ON ast of working	16b. KIND OF	BUSINESS/INDU	STRY	
i It	Elementary/Secondary (0-12)	College (1-4 or 5	+)	life. Do NOT u	ise retired.)	and the		1			
Él	12th		- B	eautio	cian			Queens	Chapel	Bear	uty Shop
COMPLEIED	17. FATHER'S NAME (First, Middle, Last)						16. MOTNER'S N	AME (First, Middle, Maid	len Sumeme)		
u II	Harry Conrad						Anna	Karnes			
2	19e. INFORMANT'S NAME (Type/Print)			19b. MAILING	G ADDRESS	(Street a	and Number or Rural	Route Number, City or 1	lown, State, Zip C	Code)	
-	Anna Marie Kiner	ney		6831	Nash	vil.	Le Road,	Lanham, l			0706
	20e. METHOD OF DISPOSITION 1X☐ Burlai 2 ☐ Cremetion 3 ☐ Rea	moval from State		ACE AND OAT			•		LOCATION — CI		
	4 Donation 6 D Other (Specify)	1		Lincol	In Cer	mete			rentwoo	d, M	aryland
	21. SIGNATURE OF FUNERAL SERVICE L	genspe)	()				ND ADDRESS OF F		uneral	Home	. PA
ł	Francis Gasch's Sons Funeral Home, P. 4739 Baltimore Ave., Hyattsville, MD										
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,									Approximate	
	hock, or heart failure	. List only one ca	use on each	line.			1	0			Interval Betwo
	iMMEDIATE CAUSE (Final disease or condition	REC	DIDA	TOR	W-	F	ALLIUR	EIN	0 (0	DEL	
- 1	resulting in death)	DUE TO	O (OR AS A CO	NSEQUENCE (OF):	-	1111001	10	0- 0	NE	
,		CA	RDI	AC	A	RE	RHYTH	MIA			
2	Sequentially list conditions, if any, leading to immediate	DUE TO	O (OR AS A CO	NSEQUENCE (OF):						
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury	. CE	REB	Ko:	Va	SC	ULIAR	4 ACC	IDE	NI	
	that initiated events	OUE T	O (OR AS A CO	NSEOUENCE (OF):	- 1	A FATT	40	(Passi	BLY)
	resulting in death) LAST	d.	NN	6	20	-11	NENI	1/			
- 11	PART ii. Other significent condition	ona contributing t	to death but r	not resulting	in the un	dariyin	ig cause given in	Part I. 24a. WAS	AN AUTOPSY	24b. W	ERE AUTOPSY FINDI
EDICAL	ATHERO	COLFD	MIC	- (ARD	in	MACCO	LAD PER	FORMED?		MILABLE PRIOR TO OMPLETION OF CAUS
	111010	SCAUS	0111			10-	BICE	ACA 1U YE	2 XXX		DEATH?
Σ									/	1 '	A
SICIAN:	25. WAS CASE REFERRED TO MEDICAL					26. P	LACE OF DEATH (C	theck only one)			
<u> </u>	EXAMINER?	HOSPITAL:	☐ EB/Outpetle	od 2 □ DOA	OTHE!	R:	STATE STATE	6 Other (Specify)			
	27. MANNER OF DEATH	26e, DATE O	OF INJURY	26b, TI	ME OF	28c. IN	JURY AT	28d. DESCRIBE NO	W INJURY OCC	URED	
	1 Netural 6 Pending	1	Day, Year)	- "	YRULN		YES 2 NO				
À	Accident Investigation 3 Suicide & Could not be	26e. PLACE	OF INJURY -	At home, farm	, street, fact	tory, offi	ce	28f. LOCATION (Str	set and Number o	or Rural Rou	rte Number,
	3 Suicide 6 Could not b 4 Nomicide determined	bulldin	g, etc. (Specify)					City or Town, S	tato)		
	290. CERTIFIER OF THE OFFICE PARTY P	COLCUMNIC TO AND DOCUM				· 4-4					
COMPL	(Check only one) 2 MEDICAL EXAMI										nd manner ee state
8)	tion, in my t						
BE	296. SIGNATURE AND TITLE OF CERTIF	A Da la	an K	(00	ans.	•	29c. LICENSE N	UMBER			fonth, Day, Year)
2	2 70000		Was care		9120		11-54	200	00	ct. 0	5, 1991
	J.S. Rao, M.D. 7						1. 201	20770			
		ZUZ Hano	TIOY ULT								
	31. DATE FILED (Month, Day, Year)		RAR'S SIGNATU		, Gre	enb	elt, Md.	20770			

OHMH-16 Rev 1/89



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0722

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			AL HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)					THE PARTY	VEAR	3. TIME OF DEATH
	Virginia	Gray			10 01	199 ^Y	9:51 PM _M
4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE	MO		HOURS MIN. 7. DAT	TE OF BIRTH Orth, Day, Year) 7-18	Cour	THPLACE (State or Foreign
577-34-9390 9e. FACILITY NAME (If not institution, give st		13	L CITY TOWN OR	LOCATION OF DEATH		V 1.	rginia
Leland Memorial H			Riverdal				George's
RESIDENCE OF DECEDENT							
			OWN OR LOCATIO	N			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
Maryland Princ 100. STREET AND NUMBER	e George's	Gree	nbelt	IP CODE	Li	10a. CITIZEN OF	1 (∑) YES 2 ☐ NO WHAT COUNTRY?
7730 Hanover P			20	770			d States
11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	N U.S. ARMED	If yes, speci	IDENT OF HISPANIC ORI Ify Cuben, Mexicen, Puer		No— 14. RAI Bla	CE — American Indian, ick, White, etc.
3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	DATES	1 TYES 2	NO Specify:		вĨ	ack
15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	18e. DECEDENT'S USI (Give kind of work	c done during most	of working	86. KIND OF BUSIN	ESS/INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use re					
17. FATHER'S NAME (First, Middle, Last)		Homemak		18. MOTHER'S NAME (Firs	Own Hom		
John L. Hill				Ella Nel		rriativa)	
190. INFORMANT'S NAME (Type/Print)		19b. MAILING AD		Number or Rural Route N		State, Zip Code)	
Dorothy Wilkes		7730 H	Hanover	Parkway	, T2, G	reenb	elt, Md 207
METHOD OF DISPOSITION Burlel 2 - Cremation 3 - Remains	ovel from State 201	PLACE OF DISPOSITION	ON (Name of come	tery, cremetory or		TION — City or	
4 Donation 5 Other (Specify)		010 21110		ADDRESS OF FACILITY	Bren	twood	, Md
JIT.		00853		incoln F	uneral	Home.	Inc.
no many i feature the discourse	3			ladensbu	rg Rd.	Bren	twood, Md 2
23. PART I. Enter the diseases, or cahock, or heart failure.	3	d tha daath. Do not		ladensbu	rg Rd.	Bren	Approximate Interval Between
	complications that cause	d tha daath. Do not		ladensbu	rg Rd.	Bren	twood, Md 2
ahock, or heart failure. IMMEDIATE CAUSE (Final	complications that cause List only one cause on a	d tha daath. Do not		ladensbu	rg Rd.	Bren	Approximate Interval Between
ahock, Dr heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	complications that cause List only one cause on a	d the death. Do not each line.		ladensbu	rg Rd.	Bren	Approximate Interval Between
ahock, Dr heart failure. IMMEDIATE CAUSE (Final disease or condition reaulting in deeth) Sequentially list conditions, if any, leading to immediate	complications that cause List only one cause on a	d the death. Do not each line.		ladensbu	rg Rd.	Bren	Approximate Interval Between
ahock, Dr heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury	complications that cause List only one cause on a DUE TO (OR AS A	d the death. Do not each line.		ladensbu	rg Rd.	Bren	Approximate Interval Between
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ahock, Dr heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated evants	DUE TO (OR AS A	d the death. Do not each line. A CONSEQUENCE OF:	anter the mode	Bladensbu e of dying, auch as c	rg Rd.,	Bren: tory arreat,	Approximate Interval Between Onset and Death The Were Autopsy Findings AMILABLE PRIOR TO
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TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal. urs after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146 TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 13146,

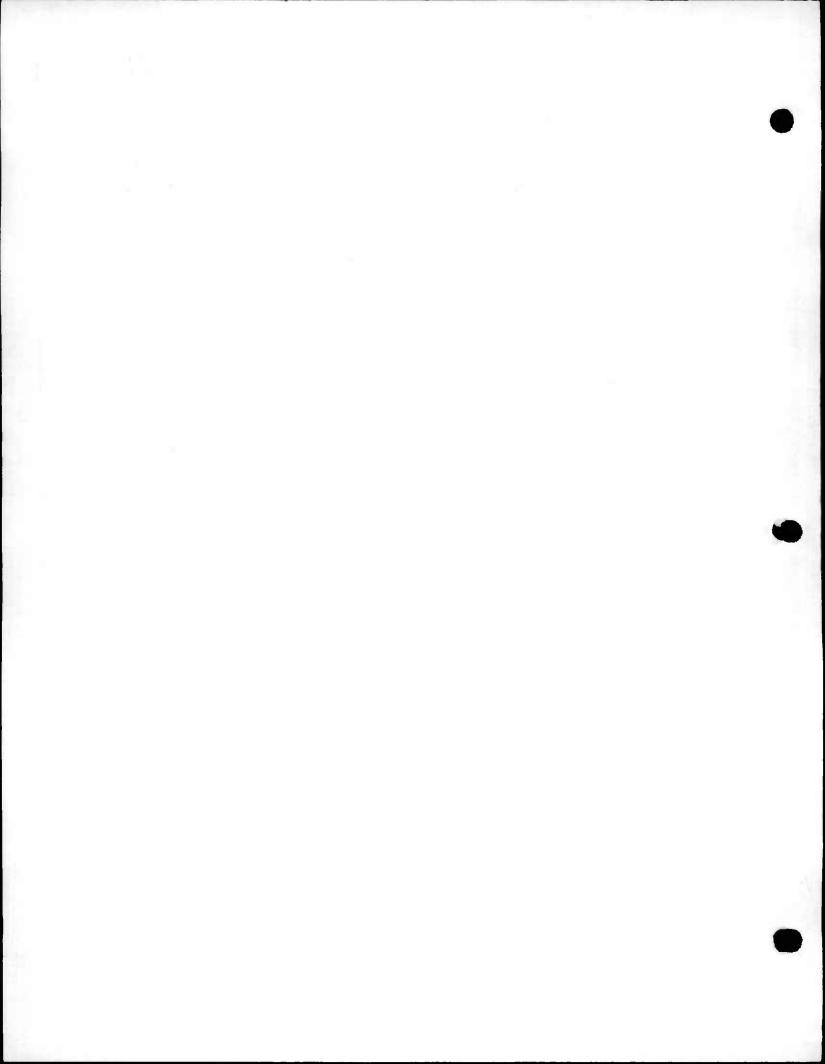
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, OCT 0 8 91

Julia Davidson-Randole

DHMH-16 Rev 1/89

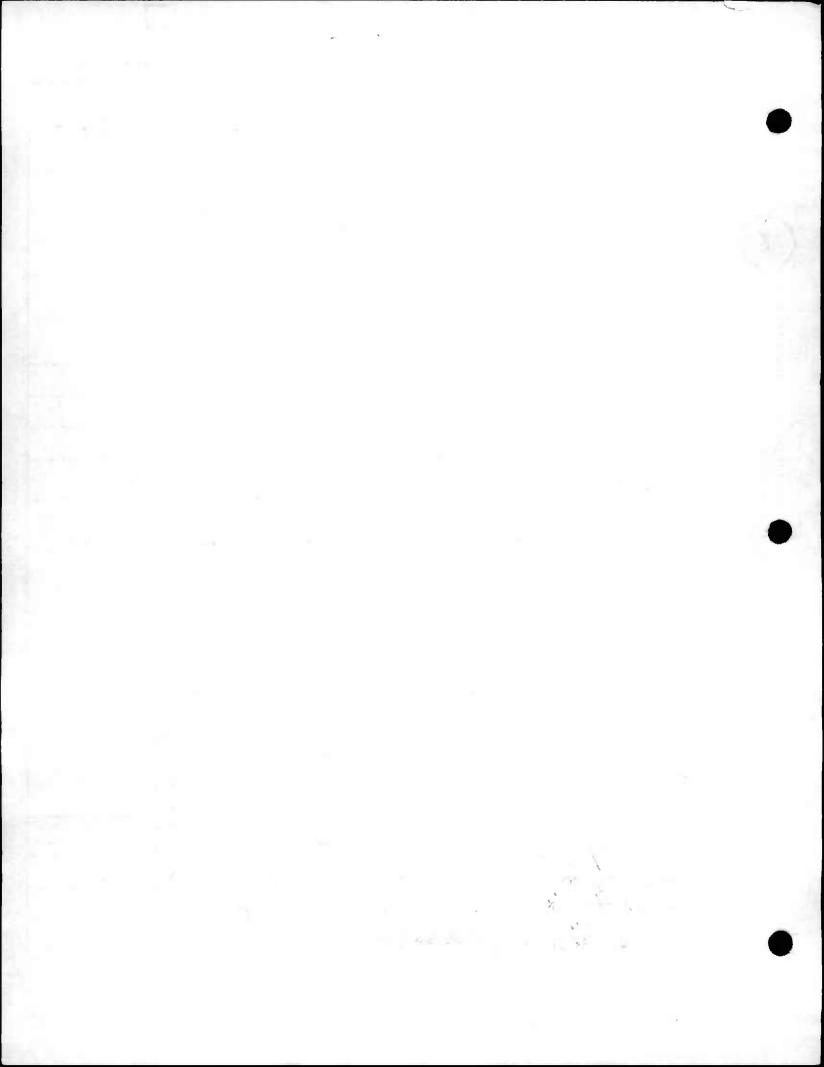


TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death, Page 6 may be retained by the host TO THE FINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
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	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN		TMENT OF HI		MENTAL HYGIEN REG. NO.	E	28907
(70 A 4 M 197	OM 2 12 F 8	GOS s. last birthday) G YRS.	FUNDER 1 YEAR MONTHS DAYS 11 9	IF UNDER 24 HRS. HOURIN MIN.	2. DATE OF DEATH MONTH 7. DATE OF BRITH (Month, Dil., War)	05 n	THPLACE (State or Foreign Intry) APLYLAND
DIRECTOR	CARPOLL LUTHY	ERN VILL		WES	STMI	vsten	CA	2 NO LL
	4	arroll	10c. CITY	WOOC				10d, INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 7726 Morgan Road		_	101.	21797			S.A.
B∡	11. MARITAL STATUS 12. 1 Never Merried 2 Married 3 3 Widowed 4 Divorced	. WAS DECEDENT EVER IN U.: FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO		city Cuban, Mexicar	IC ORIGIN? (Specify Yea n, Puerto Rican, atc.)	BI	ACE — American Indian, ack, White, atc. pecify: White
COMPLETED		ON 18 ppleted) ollege (1-4 or 5+) NOn@	(Give kind of w life. Do NOT us	usual occupatio rork done during mos e retired.) Sewife	N It of working	18b. KIND OF BUS	BINESS/INDUSTRY	
BE CO	17. FATHER'S NAME (First, Middle, Leet) John H. Day					ME (First, Middle, Maiden Ce Frankli		
TO B	19a. INFORMANT'S NAME (Type/Print) Ralph G. Hoffman					noute Number, City or Town		
	20e. METHOD OF DISPOSITION 123 Burlel 2 Cremetion 3 Removal 4 Donation 5 Other (Specify)			apel Ceme			cation — city of bine, M	Town, State Jaryland
	21. SIGNATURE OF FUNERAL SERVICE LICENS	Samuel		Burr Winf		ral Home ryland 21	.784	
CERTIFICATION	23. PART I. Enter the diseases, or come ahock, or heart fellure. List IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO	DISEQUENCE OF	7 6 P.Y	FAIL			Approximate interval Batween Onset and Death 12 Hows
PHYSICIAN: MEDICAL CE	PART II. Other eignificant conditions of	ontributing to death but	not resulting i	in the underlying	cause given in	Part i. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAI		OSPITAL:	int 3 DOA	OTHER:	ACE OF DEATH (Che	a Cher (Specify)		
ву РНУ	27. MANNER OP DEATH 1 Natural 5 Pending 2 Accident investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	URY WO	JRY AT RK? ES 2 NO	28d. DESCRIBE HOW I	NJURY OCCURED	
	3 Suicide a Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm, a	street, factory, office		28f. LOCATION (Street (City or Town, State)	and Number or Rur	rai Route Number,
COMPLETED	anal .	N: To the beat of my knowledge on the beals of examination ar						se(a) and menner as stated.
TO BE	29b. SIGNATURE AND TUTLE OF CERTIFIER	Vellie.	2 A	1.D.	29c. LICENSE NUN	496	29d, DATE SIGN	IED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO CO	VELCIVE	2 M	D. 91	WEST	SHING!	Ent	GARYLAN,
	OCT 1 5 '91	32. REGISTBAR'S SIGNATU	dson-Aan	dell				

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b	2		ਲ
TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the ho	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detact		IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
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ath. P.	uneral		amine
r de	ne fi	e e	ex
rs afte	th for th	гетом	dical
NOU	pe pe	0	E
in 24	aly fall	ration,	, the
Multh M	omplete	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	event
ecut	o pur	Duria	atic
8 9	clan a	or to	Taum.
ficate	physic	ne pri	er tr
certi	guipi	Hygie	r ot
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		CERTIFICATI	E OF DEATH	MENTAL HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)	Virgi MARES YO	GRAY		2. DATE OF DEATH DAY	QYEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 212 66 4884	1 1 M 2 M 5	yrs. last birthday) IF UNDER MONTHS	1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	2. DATE OF BIRTH (Month, Day, Year) 6/1/130		
PHYSICIANS MEN	MORIAL HOSPITA		, town or location of C PLATA		LARLES	ATH
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	TY	10c. CITY, TOWN	OR LOCATION		1	10d. INSIDE CITY
Maryland Char	les	Malco:	1m/ Brandy		g. CITIZEN OF W	YES 2 NO
Route 1 Box 1	T		20613		USA	
11, MARITAL STATUS 1 Never Married 2 Married T Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATA	5 1 NO	WAS DECENDENT OF NISPA If yes, specify Cuban, Mark 1 YES ZYNO Spec		Black, Specify	- American Indian, Whita, atc. : : Black
15. DECEDENT'S ED (Specify only highest grace Elementary/Secondary (0-12)		6a. DECEDENT'S USUAL O (Give kind of work done life. Do NOT use retired.)	during most of working	16b. KIND OF BUSINE		
12th		Homemal		Domest		
17. FATHER'S NAME (First, Middle, Last) James A. Sav	OV			AME (First, Middle, Melden Surr Eva Green		
19a. INFORMANT'S NAME (Type/Print)	O V	19b. MAILING ADDRES		I Poute Number, City or Town, St		
Louise Savov		Route 1	Box 14 Br	andvwine.	Marvla	nd 2061
20a. METHOD OF DISPOSITION	20h I	PLACE AND DATE OF DISE metary, crematory or other	POSITION (Name		ION — City or Tow	
Y Buriat 2 Cremation 3 Red 4 Donation 5 Other (Specify)		d. Veterai	as Cem. 10	10/9 Che	1tenha	m. MD.
21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE O A	22.	Adame Fun	racility leral Home,	D A	
- Slayd	M. Eslep			ld., Aquasc		20608
IMMEDIATE CAUSE (Final disease or condition reaulting in death)	a. The TO (OR AS A C	CONSEQUENCE OF):	udo vascul	ir disease		dears
Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS A C			172		
PART II. Other significant condition	one contributing to death but	t not resulting in the u	nderlying cause given i	n Part I. 24a. WAS AN AUT	TOPSY 24b.	WERE AUTOPSY FIND
Confestivel	Sheart for	luce		PERFORME 1 TYES 2	NO	AVAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C	Check only one)		
EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Output	Hent 3 DOA 4 Nu	R: rsing Home 5 Residence	8 Other (Specify)		
27. MANNER OF DEATH Netural 5 Pending Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	28d, DESCRIBE NOW INJU	RY OCCURED	
3 Suicide 8 Could not be datarmined	• 28a. PLACE OF INJURY building, atc. (Specify	- At home, farm, street, fac y)	ctory, office	28f. LOCATION (Street and City or Town, State)	Number or Rural Ro	oute Number,
cool -	SICIAN: To the best of my knowled					and manner as stat
29b. SIGNATURE AND TITAE OF CENTIFI	IER	1 1.6	29c, LICENSE N	UMBER 29	d. DATE SIGNED	(Month, Day, Year)
Hun Hokn	O Chas to Do	ny ME	191	510	101	MI
30. NAME AND ADDRESS OF PERSON W	O CLIGIS CO DENT VNO COMPLETED CAUSE OF DEAT BOX 1647 (IN (ITEM 27) (Type, paint) Na Jant	Mt 206	04		M



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

2

31. DATE FILED (MONTO, Day, Year)

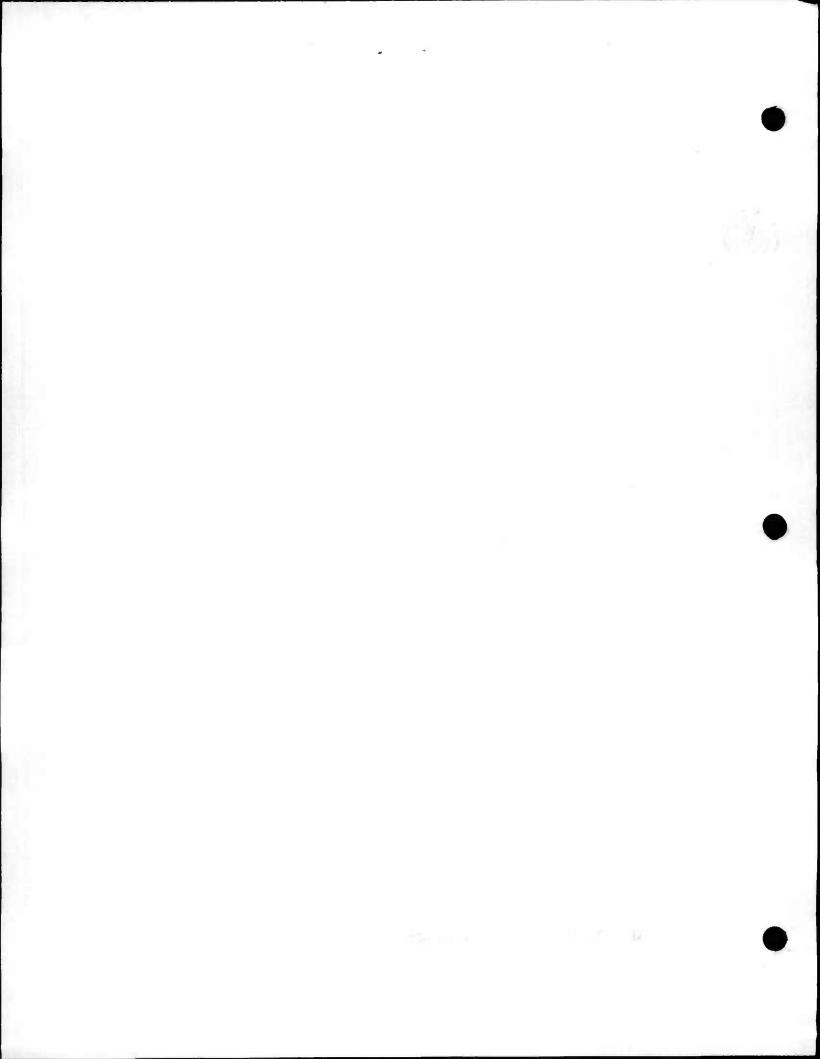
91-5856-01/											9	28909
FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND	/ DEPAR	TMENT	OF HE	ALTH DEAT	AND I	MENTAL	HYGIEN REG. NO.		J	20303
DECEDENT'S NAME (First, Middle, Lest) WANDA								MONTH	F DEATH DA		YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	last birthday)				24 HRS.				-	1:07 P N PLACE (State or Foreign
220 84 1840	1 - M 2 X X	24	YRS.	MONTHS	DAYS		MIN.	(Month,	Day, Year)		Country	y)
9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY,	TOWN OR	LOCATI	ON OF DE	L 6/	23/	9c. COU	Mar	yland
PHYSICIANS MEMON	RIAL HOSPI	TAL E.R	₹.	LA	- PT./	АТА						
RESIDENCE OF DECEDENT										C1.		5
1000000						-						10d. INSIDE CITY
	res		B	ryan								LIMITS?
	0									10g. CIT	IZEN OF W	HAT COUNTRY?
	12 WAS DECEDEN	T EVED IN ILE	PMED	100						L;		
1 Never Married 2 Married	FORCES? 1	YES 2 X	Xio	13. W	yes, spec	Ify Cuba	n, Maxica	iiC ORIGIN? n, Puarto Ric	(Specify Yea an, etc.)	or No-	14. RACE Black	- American Indian, White, atc.
3 Wildowed 4 Divorced	W TES, ONE V	MIN ON DATES		,	YES 3	MANO	Specify	y:			Specif	» BLack
15. DECEDENT'S EDU (Specify only highest grad	JCATION completed)	18a. C	ECEDENT'S	USUAL OC	CUPATION		_	16b. F	IND OF BUS	INESS/INC	DUSTRY	рцаск
Elementary/Secondary (0-12)		+) #				OF WORKIN	rg					
			Hom	emak	er				Dome	sti	С	
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									_			
			_									. 00617
	g			-		_	Bry					
X Burial 2 Cremation 3 Ram	noval from State	cemetery, c	rematory or of	her place!				1				
	CENSIEE	ISt M	ary'	s Ch	Cer	n 10	0/12	2/'91	Bry	anto	own,	Mary1and
·~+0	0 4	X. A.	-)						Home	. P	. A .	
Chayo	CIN.	CALL	P		Anna	asco	o Ro	1 /	กแลร	CO	MD	20608
23. PART I. Enter the diseases, or ahock, or heart failure.	complications tha List only one cau	t caused the dise on each lin	feath. Do n na.	ot antar t	tha moda	of dyi	ng, such	h as cardla	c or reapi	ratory arr	ast.	
IMMEDIATE CAUSE (Final												Approximata
disease or condition .	F 0-	of the seal.										Approximata interval Between Onset and Death
disease or condition reaulting in death)	. As	THMA									•	intarval Between
disease or condition reaulting in death)	DUE TO	THMA (OR AS A CONSI	EOUENCE OF) :							•	intarval Between
Sequantially list conditions,	b											intarval Between
Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b	OR AS A CONSE										intarval Between
Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	bDUE TO		EOUENCE OF):								intarval Between
Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	bDUE TO	(DR AS A CONSE	EOUENCE OF):								intarval Between
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	(OR AS A CONSE	EOUENCE OF	j:	larhina d			Davi La				interval Between Onset and Daath
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO d	(OR AS A CONSE	EOUENCE OF	j:	derlying (cause g	Ilvan in I	Part i. 2	4a, WAS AN , PERFORI		24b.	intarval Between Onset and Daath Daa
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO d	(OR AS A CONSE	EOUENCE OF	j:	derlying (cause g	livan in I			MED?	24b.	interval Between Onset and Daath
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO d	(OR AS A CONSE	EOUENCE OF	j:	derlying o	cause g	livan in l		PERFOR	MED?	24b.	interval Between Onset and Daath Daath WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other aignificant condition PREGN 25. WAS CASE REFERRED TO MEDICAL	DUE TO d	(OR AS A CONSE	EOUENCE OF	j:				_ '	PERFOR	MED?	24b.	interval Between Onset and Daath Daa
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST	DUE TO C. DUE TO d. Tale contributing to HOSPITAL:	(OR AS A CONSE	EOUENCE OF	n the und	26. PLAC	CE OF DE	EATH (Che	ock only one)	PERFORI	MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other aignificant condition PREGN 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO DUE TO d. HOSPITAL: Ty Inpatient 2 288. DATE OF	(OR AS A CONSE	EOUENCE OF resulting I	OTHER:	26. PLAC : ng Home 26c. INJUR	CE OF DE	EATH (Che	ock only one)	PERFORI	MED? NO HYSI(24b.	interval Between Onset and Daath Daa
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other aignificant condition PRECA 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	DUE TO C. DUE TO d. HOSPITAL: TY Impallant 2	(OR AS A CONSE	EOUENCE OF	OTHER:	26. PLAC : ng Home 28c. INJUR WORK	CE OF DE	EATH (Che	ock only one)	PERFORI	MED? NO HYSI(24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other aignificant condition PREGN 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1———————————————————————————————————	DUE TO C. DUE TO d. HOSPITAL: TY Inpatient 2 28e. DATE OF (Month, D.) 28e. PLACE OF	(OR AS A CONSE (OR AS A CONSE death but not ER/Outpetient: INJURY By, Year) FINJURY — At h	resulting I	OTHER:	26. PLAC : ng Home 28c. INJUR WORK 1 YES	CE OF DE	EATH (Che	8 Other (:	PERFORI YES 2 Specify) P INBE HOW IN	HYSI(24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other aignificant condition PRECA 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	DUE TO C. DUE TO d. HOSPITAL: TY Inpatient 2 28e. DATE OF (Month, D.) 28e. PLACE OF	(OR AS A CONSE (OR AS A CONSE death but not ER/Outpetient: INJURY sy, 'bear')	resulting I	OTHER:	26. PLAC : ng Home 28c. INJUR WORK 1 YES	CE OF DE	EATH (Che	8 Other (:	PERFORI YES 2	HYSI(24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other aignificant condition PREGN 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 296. CERTIFIER (Check only) 1 CERTIFYING PHYSIC	DUE TO C. DUE TO d. HOSPITAL: TY Inpatient 2 28e. DATE OF (Month, D.) 28e. PLACE OF building,	(OR AS A CONSE (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE (DEATH OF THE CONSE (OR AS A	resulting I 3 DOA 28b. TIME	OTHER: OTHER: OTHER: OTHER: A □ Nursin OF M M M Arreet, factor	26. PLAC : ng Home 28c. INJUR WORK 1 YES	CE OF DE	EATH (Che	8 Other (: 28d. DESCE	PERFORI YES 2 Specify) DIBE HOW IN ON (Street as fown, State)	HYSI(24b. CIANC	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other aignificant condition PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined	DUE TO C. DUE TO d. HOSPITAL: TV Inpellent 2 28e. DATE OF (Month, D. 28e. PLACE O building,	(OR AS A CONSE (OR AS A CONSE death but not death but not ER/Outpetient: INJURY By, Year) F INJURY — At hetc. (Specify) my knowledge, d	resulting I 3 DOA 28b. TIME INJ	OTHER: OTHER:	26. PLAC: ing Home 28c. INJUR WORK 1 YEs	CE OF DE 5 Reit 77 AT 77 S 2 AT od place,	EATH (Che aldenca :	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	PERFORIT YES 2 YES 2 ON (Street at Town, State)	HYSI(24b. CIANCURED or Rural Ro	were autopsy findings MAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO MEMORIAT.
	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last) WANDA 4. SOCIAL SECURITY NUMBER 220 84 1840 9a. FACILITY NAME (If not institution, give PHYSICIANS MEMO) RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT Maryland Char 10a. STREET AND NUMBER Route 1 Box 10 11. MARITAL STATUS 1 Never Married 2X Married 3 Wildowed 4 Divorced 15. DECEDENT'S ED (Specify only highest grade) Elementary/Secondary (0-12) 12th 17. FATHER'S NAME (First, Middle, Last) Joseph Thomas 19a. INFORMANT'S NAME (Type/Print) David Goldrin 20a. METHOD OF DISPOSITION XIX Burlal 2 Cremetion 3 Ram 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL BERNICE U	1. DECEDENT'S NAME (First, Middle, Last) WANDA 4. SOCIAL SECURITY NUMBER 220 84 1840 9a. FACILITY NAME (If not institution, give street and number) PHYSICIANS MEMORIA, HOSPI RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Maryland Charles 10a. STREET AND NUMBER ROUTE 1 BOX 108 11. MARITAL STATUS 1 Never Married 2X Married 3 Wildowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 th 17. FATHER'S NAME (First, Middle, Last) JOSEPH Thomas 19a. INFORMANT'S NAME (Type/Print) David Goldring 20a. METHOD OF DISPOSITION XIX Burlal 2 Cremation 3 Ramoval from Stata 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL BERVICE UCENTIES 23. PART I. Enter the disease, or complications the ahock, or heart failure. List only one cau	1. DECEDENT'S NAME (First, Middle, Last) WANDA 4. SOCIAL SECURITY NUMBER 2 2 0 8 4 18 4 0 1 M 2 M 2 2 4 9a. FACILITY NAME (If not institution, give street and number) PHYSICIANS MEMORIA, HOSPITAL E.F. RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Maryland Charles 10a. STATE 10b. COUNTY Maryland Charles 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 th 17. FATHER'S NAME (First, Middle, Last) Joseph Thomas 19a. INFORMANT'S NAME (Type/Print) David Goldring 20a. METHOD OF DISPOSITION XY Burlai 2 Cremation 3 Ramoval from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL BERVICE LICENSEE 23. PART I. Enter the disease, or complications that caused the gahock, or heart failure. List only one cause on each life	1. DECEDENT'S NAME (First, Middle, Last) WANDA 4. SOCIAL SECURITY NUMBER 2 0 84 1840 9a. FACILITY NAME (If not institution, give street and number) PHYSICIANS MEMORIA, HOSPITAL E.R. RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10a. STATE 10b. COUNTY 10a. STATE 10b. COUNTY 10a. STATE 10b. COUNTY 10a. STATE 10b. COUNTY 11 MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 th 17. FATHER'S NAME (First, Middle, Last) Joseph Thomas 19a. INFORMANT'S NAME (Type/Print) David Goldring 20a. METHOD OF DISPOSITION XIX Burlai 2 Cremation 3 Ramoval from State 4 Donation 5 Other (Specify) 23. PART I. Enter the disease, or complications that caused the disease are caused the disease are caused the disease are caused the disease are caused the disease are caused the disease are caused the disease are caused	1. DECEDENT'S NAME (First, Middle, Lest) WANDA 4. SOCIAL SECURITY NUMBER 2 2 0 8 4 18 4 0 9a. FACILITY NAME (II not institution, give street and number) PHYSICIANS MEMORIAL HOSPITAL E.R. 10a. STATE 10b. COUNTY Maryland Charles 10a. STREET AND NUMBER ROUTE 1 Box 108 11. MARITAL STATUS 1 Never Married 2X X Married FYES, OIVE WAR OR DATES 1 Wildowed 4 Divorced FYES, OIVE WAR OR DATES 1 DECEDENT'S EDUCATION FYES, OIVE WAR OR DATES 1 Specify only highest grade completed) Elementary/Secondary (0-12) 1 2 th To mas 19a. INFORMANT'S NAME (First, Middle, Lest) Joseph Thomas 19a. INFORMANT'S NAME (First, Middle, Lest) David Goldring 20b. PLACE AND DATE OF DISPOSITION XC Burley Cremation 5 Other (Specify) St. Mary's Ch. 22. Nary's Ch. 23. PART I. Enter the disease, or complications that caused the first Do not enter. 22. Nary's Ch. 23. PART I. Enter the disease, or complications that caused the first Do not enter. 22. Nary's Ch. 23. PART I. Enter the disease, or complications that caused the first Do not enter. 22. Nary's Ch. 23. PART I. Enter the disease, or complications that caused the first Do not enter. 22. Nary's Ch. 23. PART I. Enter the disease, or complications that caused the first Do not enter. 22. Nary's Ch. 23. PART I. Enter the disease, or complications that caused the first Do not enter. 22. Nary's Ch. 23. PART I. Enter the disease or complications that caused the first Do not enter. 22. Nary is Ch. 23. PART I. Enter the disease or complications that caused the first Do not enter. 22. Nary is Ch. 24. Part II is the caused the first Do not enter. 24	1. DECEDENT'S NAME (First, Middle, Lest) WANDA MARIE GOLDRI 4. SOCIAL SECURITY NUMBER 220 84 1840 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OF PHYSICIANS MEMORIAL HOSPITAL E.R. RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Maryland Charles 10c. CITY, TOWN OF LOCATION (Specify only highest grade completed) 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16. IN FATHER'S NAME (First, Middle, Lest) Joseph Thomas 19c. Maryland Coldring 20b. Marind and Decedent ever in u.s. Anned file to Nort use retired) 17. FATHER'S NAME (First, Middle, Lest) Joseph Thomas 19a. INFORMANT'S NAME (Type/Print) David Goldring 20b. METHOD OF DISPOSITION XIX Burdal 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 21. Maryl's Ch. Cell 22. NAME AND Adamated A	1. DECEDENT'S NAME (First, Middle, Lest) WANDA MARIE GOLDRING 4. SOCIAL SECURITY NUMBER 2. 2. 0 8.4 18.40 1. M. 2. M. X. 2. 4 YRS. 9. CITY, TOWN OR LOCATION PHYSICIANS MEMORIAL HOSPITAL E.R. RESIDENCE OF DECEDENT 100. COUNTY 100. STATE 100. COUNTY 100. STATE 100. COUNTY 100. STREET AND NUMBER ROW 1 9 100. CITY, TOWN OR LOCATION Mary 1 and Charles 10. CITY, TOWN OR LOCATION Bry antown 10. 2. M. A. PLATA RESIDENCE OF DECEDENT 100. COUNTY 100. STREET AND NUMBER ROUTE 1 BOX 108 11. MARNITAL STATUS 1 Never Married 2X X Married 1 FORCES? 1 YES 2 X NO 1 Never Married 2X X Married 1 S. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 1 1. Elementary/Secondary (0-12) 1 2. College (1-4 or 5+) 1 10. MAILING ADDRESS (Street and Number Report of Completed) 1 Never Married S. DECEDENT STATE S. M. M. M. M. M. M. M. M. M. M. M. M. M.	1. DECEDENT'S NAME (First, Middle, Lest) WANDA MARIE GOLDRING 4. SOCIAL SECURITY NUMBER 2 0 84 1840 1	1. DECEDENT'S NAME (First, Middin, Last) WANDA MARIE GOLDRING 1. DECEDENT'S NAME (First, Middin, Last) WANDA MARIE GOLDRING 1. DECEDENT'S NAME (First, Middin, Last) WANDA MARIE GOLDRING 1. DECEDENT'S NAME (First, Middin, Last) PHYSICIANS MEMORIA, HOSPITAL E.R. PHYSICIANS MEMORIA, HOSPITAL E.R. I.A. PLATA RESIDENCE OF DECEDENY 106. STATE 106. CITY, TOWN OR LOCATION OF DEATH MARY 1 and Charles 107. DATE OF DECEDENY 108. STATE 108. STATE 109. STATE 10	1. DECEDENT'S NAME (First, Middle, Last) WANDA MARIE COLDRING 1. DECEDENT'S NAME (First, Middle, Last) WANDA MARIE COLDRING 2. DATE OF DEATH MON	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last) WANDA MARIE GOLDRING 2. DATE OF DEATH REGIS. NO. 1. DECEDENT'S NAME (First, Middle, Last) WANDA MARIE GOLDRING 2. DATE OF DEATH 1. MONTH 1. DO 06 4. SOCIAL SECURITY NUMBER 2. DATE OF BIRTH (MONTH) 1. DO 06 4. SOCIAL SECURITY NUMBER 2. DATE OF DEATH 2. DATE OF DEATH 2. DATE OF DEATH 2. DATE OF DEATH 3. DATE OF DEATH 3. DATE OF DEATH 3. DATE OF DEATH 4. MONTH DAY 4. DATE OF DEATH 4. MONTH DAY 5. DATE OF BIRTH (MONTH DAY 5. DATE OF BIRTH (MONTH DAY 5. DATE OF BIRTH MONTH DAY 6. DATE	TATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR 1. DECEDENT'S NAME (First, Micidia, Last) WANDA MARIE GOLDRING 2. DATE OF DEATH MONTH DAW MONTH DAW 1. 0 06 91 4. SOCIAL SECURITY NUMBER 2. 0 ASE (In yrs. last birthday) 9. FACILITY NUMBER 2. 0 ASE (In yrs. last birthday) 9. FACILITY NAME (If not institution, give street and number) 9. FACILITY NAME (If not institution, give street and number) 9. FACILITY NAME (If not institution, give street and number) 9. FACILITY NAME (If not institution, give street and number) 9. FACILITY NAME (If not institution, give street and number) 9. FACILITY NAME (If not institution, give street and number) 9. FACILITY NAME (If not institution, give street and number) 9. FACILITY NOWN OR LOCATION OF DEATH 10. COUNTY 10. STATE 10. COUNTY 10. STATE 10. COUNTY 10. CITY, TOWN OR LOCATION 10. ZIP CODE 20617 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES 1 1 YES, GIVE WAR OR DATES 11. MARITAL STATUS 12. WAS DECEDENT SUJAL OCCUPATION 13. WAS DECEDENT'S USUAL OCCUPATION 14. RACE 15. BECEDENT'S EDUCATION 15. DECEDENT'S EDUCATION 16. DO NOT use rainfall 16. DO NOT use rainfall 17. FATHER'S NAME (First, Micidia, Maiclean, Specify) 18. MOTHER'S NAME (First, Micidia, Maiclean, Succ) 19. MOTHER'S NAME (First, Micidia, Maiclean, Succ) 19. MOTHER'S NAME (First, Micidia, Maiclean, Succ) 19. MOTHER'S NAME (First, Micidia, Maiclean, Succ) 19. MOTHER'S NAME (First, Micidia, Maiclean, Succ) 19. MOTHER'S NAME (First, Micidia, Maiclean, Succ) 19. MOTHER'S NAME (First, Micidia, Maiclean, Succ) 19. MOTHER'S NAME (First, Micidia, Maiclean, Succ) 19. MOTHER'S NAME (First, Micidia, Maiclean, Maic

DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

Sulia Deviden Pordett.

111 PENN STREET BALTIMORE, MARYLAND 21201



TO BE COMPLETED BY FUNERAL DIRECTOR

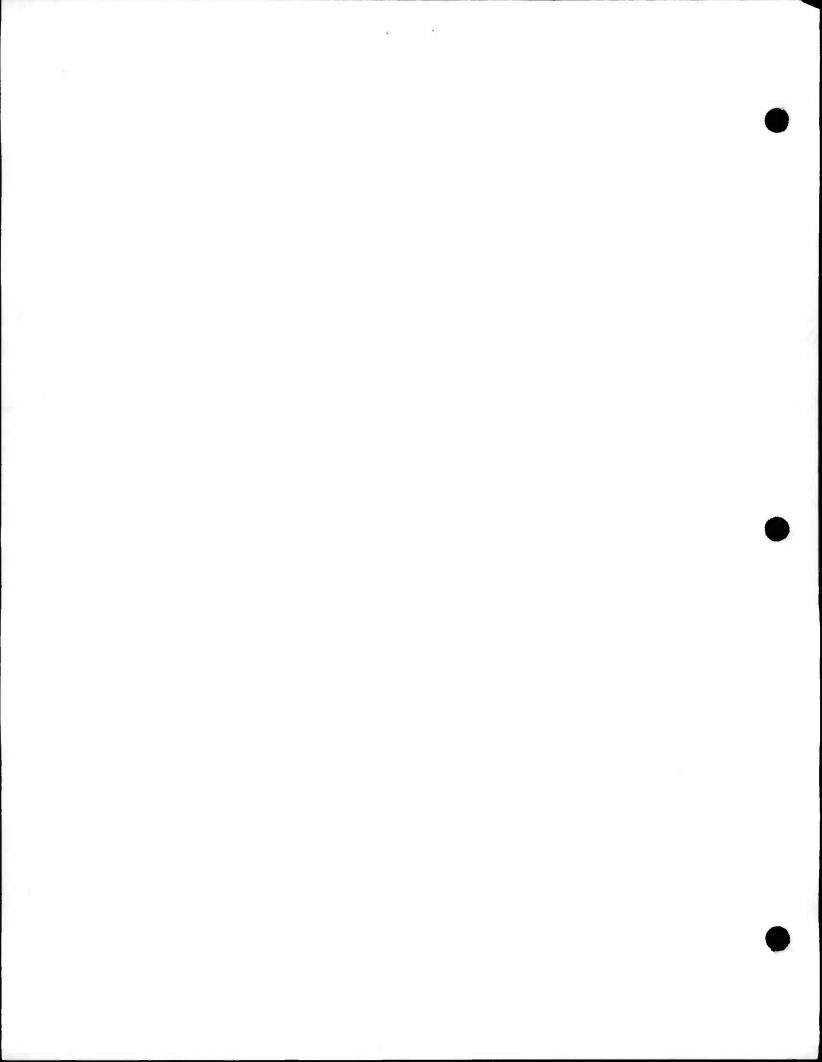
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22 mounts after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

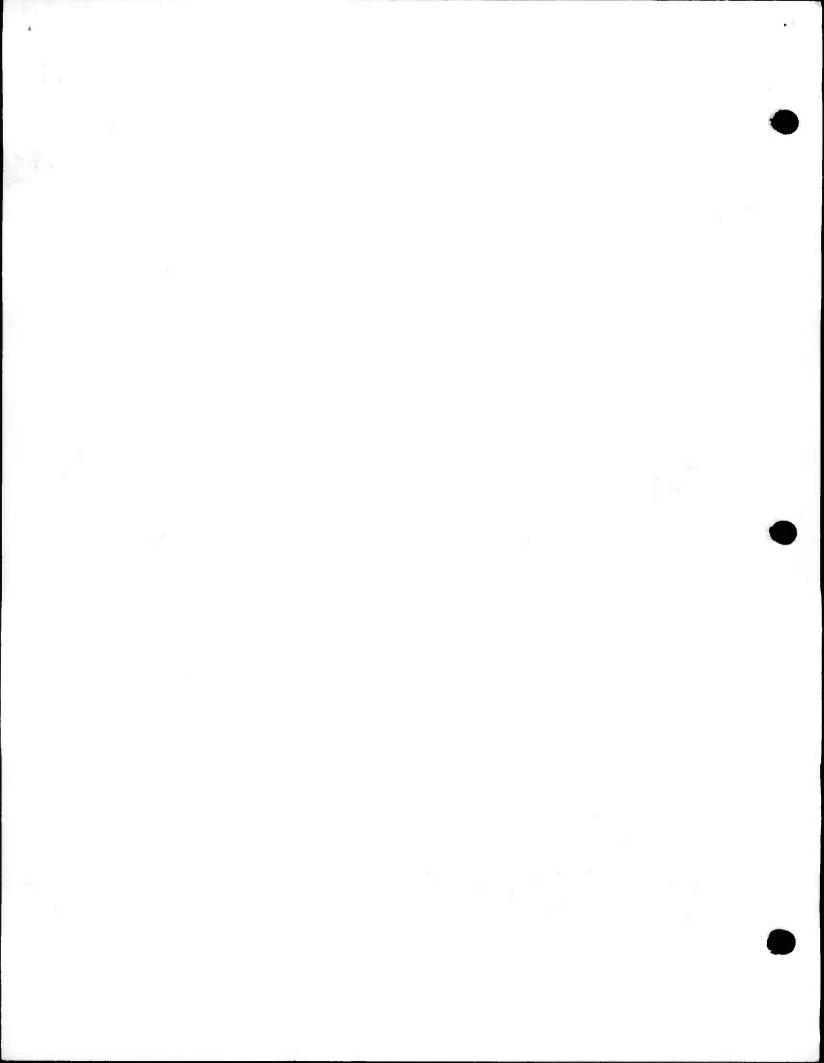
1 - FOR STATE REGISTRAR	8	STATE OF N				HEALTH AND	MENTA	L HYGIENE		
1. OECEDENT'S NAME (First,	Middle, Last)	•						OF DEATH		3. TIME OF DEATH
Mavis	M. Grev						Octo	ber 12		EAR M
4. SOCIAL SECURITY NUMB		SEX	6. AGE (In yrs.	last birthday)	IF UNDER 1 YEA	A IF UNDER 24 HRS.	7. DATE	OF BIRTH	6.	BIRTHPLACE (State or Foreign
229-18-9	197	□ M 2 🔀 F	70	YRS.	MONTHS DAY	S HOURS MIN.		h, Day, Year) . 9,19		Country) North Carolina
9a. FACILITY NAME (If not in:		and number)			9b. CITY, TOW	/N OR LOCATION OF D	_	1	9c. COUNTY	
39 Robin	Hood Ro	had			На	vre de Gr	300		Harfo	ord
RESIDENCE OF DEC	EDENT						ace_		naric	
10a. STATE	10b. COUNTY	_		10c. CITY	, TOWN OR LO	CATION				10d. INSIDE CITY LIMITS?
Maryland	Har	ford		Ha	<u>vre de</u>	Grace				1 YES 2 NO
10e. STREET AND NUMBER	_					10f. ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?
39 Robin						21078				5.A.
11. MARITAL STATUS 1 Never Marriad 2	COMPANY NOT THE RESERVE OF THE PERSON NAMED IN COLUMN TO THE PERSO	FORCES? 1	EVER IN U.S.	ARMED NO		DECENDENT OF HISPA , specify Cuban, Maxic			or No 14.	RACE — American Indian, Black, White, etc.
3XXWidowed 4 Divo		IF YES, GIVE W	AR OR DATES		1 🗆 '	YES 2 X NO Spec	lfy:		,	Specify:
15. OFC	EDENT'S EDUCATION	ON	160	DECEOENT'S (I OCCUP	ATION	165	. KIND OF BUSI		White
(Specify only	highest grade com	pleted)	-		ork done during	most of working	lor	. KIND OF BUSI	NESS/INDOS	ini
Elamentary/Secondary (0 UNK	-12) C	ollega (1-4 or 5 d	,	Homer	maker			Tn 1	Home	
17. FATHER'S NAME (First, Mi	iddle Leat)	OIVI		Homa	laker	18. MOTHER'S N	AME /First			
Willis V								uuru, melueri 3	-ciriarita)	
19a. INFORMANT'S NAME (%				195 MAILING	Annece /Ch	Susan Bel and Number or Rura		thos Othe on Tourn	Otata Zin Co	ode)
Mr. Alfr										2.5
20e. METHOD OF DISPOSITI		÷r.	20h BLA			arke St.,				or Town, State
ty Buriel 2 ☐ Cremetio	n 3 Removel	from State	othe	r place)						
4 Donation 5 Other		SEE	ALILI	igton i		al Cemete:		Ari	ingtor	n, Virginia
	1 1	1 . 4				ring-Carg		eral H	ome, I	P.A.
Bust	ex A.C	My	طعا	u		rdeen, Ma				
23. PART I. Enter the di	iseeeaa, or com eert fellure. Liat	plications the	t caused the	daeth. Do n	ot enter the	mode of dying, au	ch aa can	diac or respir	atory arrest	
IMMEDIATE CAUSE (Fin disease or condition reaulting in death)		ME	AST	MC	- 1	nAz 161	VAN	4 n	LEZ,	ANO MA
W1	-	DUE TO	(OR AS A CON	SEQUENCE OF	7):			~	3	1EARS
Sequentielly liet conditi		DUE TO	OR AS A CON	SEQUENCE OF	٦٠				/	
If any, leading to immed ceuse. Enter UNDERLYI										j
CAUSE (Disease or inju that initiated events	ry C	DUE TO	(OR AS A CON	SEOUENCE OF	7):					
resulting in deeth) LAS	т									
	d									
PART II. Other eignifica	nt conditione c	ontributing to				A .		24a. WAS AN A		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
>//	MUH	1	001	UNAN	Y	ANTEN	2	1 TES 2	NO	COMPLETION OF CAUSE DF DEATH?
		,			n.	sease.	U	,	\	1 TYES 2 NO
				-						
25. WAS CASE REFERRED TO						8. PLACE OF DEATH (C	heck only o	ne)		
EXAMINER?	1 E	OSPITAL:	ER/Outpatien	3 DOA	OTHER:	Home 5 Realdance	6 🗆 Othe	er (Specify)		
27. MANNER OF DEATH		28a. DATE OF		28b. TIME	E OF 28c.	. INJURY AT		SCRIBE HOW IN	JURY OCCUP	RED
	Pending	(Month, E	ay, Year)	INJ	URY 1	WORK?				
2 Calable	Investigation	26a. PLACE C	F INJURY - A	1 home, ferm, s	treat, factory,	office	26f. LO	CATION (Street a	nd Number or	Rural Route Number,
	Could not be determined	building,	atc. (Specify)				City	or Town, State)		
29a. CERTIFIER	PIEVINA BUVOIS	N. To about 1		4.4			1			
(Check only			_	Value of the same		data and place, and du				
	// /		Y Y	- managano	en my opinic			a anu piaca, and		cause(a) and manner se stated.
296. SIGNATURE AND TITLE	OF CERTIFIER	1/10		V	7.0	29c. LICENSE N	UMBER	T	29d. DATE S	IGNED (Month, Day, Year)
10	1 0			0. '	1				-/-	117/7/
30. NAME AND ADDRESS OF		OMPLETEO CAU	SE OF DEATH (ITEM 27) (Type,	Print)				/	
31. DATE PLED (Month, Days	91	32. AEGISTR	AY donatur	Pandelle						



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	Filled	9
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M p	omple cre	ever
aecute	and ca	atic
pe ea	or to	AUT
cate	physic in pri	er tr
certif	ding	F
eath	attendate H	y, 0
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that	ed by	any
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ne lav	has	n 23
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TEN	TOR:	28
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Zendors after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be obtained to send activities to be the send of the following the send of the	IMPORTANT If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
ITAL	PAL C	7/
10SP	UNE	ANT
Ή	THE P	ORI
2	2	2

	FOR	STATE OF MARYLA	AND / DEDAD	TMENT OF	HEAITH AND M	IENTAL HVCIEN	9	1 28911
	1 - STATE REGISTRAR	SIAIL OF MANIL		ICATE OF		REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	15/12ab	Se H	Gret	Fith	2. DATE OF DEATH	W 91 Y	EAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	-//	BIRTHPLACE (State or Foreign
	578-07-5667	1 M 2 F	74 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) March 8.19		Country) ashington. D.C.
	9e. FACILITY NAME (If not institution, give str	eet and number)		9b. CITY, TOWN	OR LOCATION OF DEA		9c. COUNTY	
10 P	4008 23rd Parkway	,		Temp1	e Hills		Princ	e Georges
DIRECTOR	10e. STATE 10b. COUNTY			Y, TOWN OR LOC				10d. INSIDE CITY LIMITS?
	Maryland Prince	Georges	Tem	ple Hil	OI. ZIP CODE		OTT-TE	1 TYES 2X NO
FUNERAL								
9	4008 23rd Parkway				20748		U.S.	
BY FU	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DO	2 VNO	If yes,	SCENDENT OF HISPANI specify Cuben, Mexican S 2 X NO Specify:		or No- 14.	. RACE — American Indian, Black, White, etc. Specify: White
8	15. DECEDENT'S EDUC	ATION	16a. DECEDENT'S	USUAL OCCUPA	TION	18b. KIND OF BU	SINESS/INDUS	TRY
E	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	work done during i se retired.)	nost of working			
교	12		clerk			retail		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM	ME (First, Middle, Maiden	Surname)	
BE C	Charles Cook				Bessie	Williams		
	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Stree	and Number or Rural R	laute Number, City or Tow	n, State, Zip Co	ide)
2	Ronald J. Griffit	.h	336 S:	ilver R	idge Dr. S	Sterling,	VA. 22	170
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Remo	wel from State	other place)	•	emetery, crematory or	ery 10/9/9		y or Town, State
	4 Oonetion 5 Other (Specify)		ishingto		AND ADDRESS OF FAC	NI ITY		
	Drya /	Leiba	u					uitland Rd. nd, MD. 20746
	23. PART I. Entar the diseases, or c	omplications that cause List only one cause on e	d tha dasth. Do	not antar tha n	noda of dyling, such	ss cardiac or resp	Iratory srres	t, Approximsta
	IMMEDIATE CAUSE (Finsi disease or condition	A		to na	1,2/111	uler de	1111	Interval Batwean Onset and Dasth
	reaulting in death)	N /	A CONSEQUENCE O		activace	30000		
Z	Sequentially list conditions,	o						
CERTIFICATION	if any, leading to immediata cause. Enter UNDERLYING	OUE TO (OR AS A	A CONSEQUENCE O	P):				
일	CAUSE (Disesse or Injury	DUE TO (OR AS (A CONSEQUENCE O	ner:				
	that initiated aventa resulting in dasth) LAST	502 10 (611 767	N CONSCIONE C	, ,.				į
岁		l.						
	PART II. Other significant condition	s contributing to death b	out not resulting	in the underly	ing causa givan in i	Part I, 24a. WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
<u> </u>						1 _ YES :	_	COMPLETION OF CAUSE OF DEATH?
밀								1 YES 2 NO
2			·-					
A	25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DEATH (Che	eck only one)		
Sic	EXAMINENT?	HOSPITAL: 1 Inpatient 2 In ER/Out	patient 3 🗆 DOA	OTHER:	ome 5 Residence	8 Other (Specify)		
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TII	WE OF 28c.	NJURY AT	28d. DESCRIBE HOW	INJURY OCCUI	RED
	1 Natural 5 Pending	(Month, Day, Year)	l IN		WORK? YES 2 NO			
ВУ	2 Accident investigation 3 Suicide S Could not be	28e. PLACE OF INJURY	Y — Al home, farm,	street, factory, of	fice	281. LOCATION (Street	and Number or	Rural Route Number,
COMPLETED	4 Homicide determined	building, etc. (Spe	runy)			City or Town, State	7	
ZE	290. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my know	viedge, death occur	red at the time. d	ate and place, and due	to the cause(a) and ma	nner se stated	
)ME	(Crieck Orlly		_			, .		cause(a) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERMINE		1		TO LICENSE NUM	ABER .	29d, DATE S	BIGNED (Month, Day, Year)
BE	(Henry 4)	Hounes	(MM)		4212	30	10	-5-91
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAMER OF A	EATH (ITEM 27) (5m	o Colott	2			

31. DATE FILED (Month, Day, 32. REGISTRAR'S SIGNATURE
Julia Davidson-Randall 91



TO BE COMPLETED BY FUNERAL DIRECTOR

		CENII	FICATE	OF DEATH		REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)		-	ITOATE	OI DEAIN	2. DATE O			3. TIME OF DEATH
ELWOOD	WEA	VER GOS	S,JR GI	ROSS in	HONTH	14 ^{DA}	199	YEAR 10:00 a.
4. SOCIAL SECURITY NUMBER	5. SEX 6. AC	E (in yrs. last birthda)) IF UNDER t Y	EAR IF UNDER 24 HRS.		BIRTH		B. BIRTHPLACE (State or Foreign
165-32-4338	1 XM 2 - F	49 YRS.	MONTHS 0	AYS HOURS MIN.	8-18-	Day, Year)		Country)
Se. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TO	OWN OR LOCATION OF		42		ancaster, PA
CARROLL CO. GE	NERAL HOSP	ITAL	WEST	TMINSTER .			CARE	
10a. STATE 10b. COUNT	TY	16c, C	TTY, TOWN OR	LOCATION				tod. INSIDE CITY
	aster	42	0 Mano	r St., Lar	ncaster	PA PA	1760	LIMITOS
100. STREET AND NUMBER 420 Manor St.				17603			USA	EN OF WHAT COUNTRY?
11. MARITAL STATUS 1 X Never Merried 2 Merried	12. WAS DECEDENT EVER FORCES? 1 YE	S 2 NO	If y	S DECENDENT OF HISP es, specify Cuben, Mexi	can, Puerto Ric	(Specify Yea		4. RACE — American Indian, Black, White, atc.
3 Wildowed 4 Divorced	IF YES, GIVE WAR OF			YES 2 X NO Spe	cfly:			Specify: White
15. DECEDENT'S EDI (Specify only highest grad	JCATION e completed)	16a. DECEDENT (Give kind o	of work done duri	JPATION ng most of working	16b, K	IND OF BUS	INESS/INDU	STRY
Elementary/Secondary (0-12)	College (1-4 or 5 +)		use retired.)					
9th		Carpe	nter			nstru		1
17. FATHER'S NAME (First, Middle, Last) Elwood W. Goss	. Sr			18. MOTHER'S I	E. Par		Sumame)	
19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	NG ADDRESS (S	treet and Number or Run			State Zin C	Corde)
Helen E. Goss				St., Lanca				
20a. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Ram 4 Donetion 5 Other (Specify)	noval Irom State	emetery, crematory or	other placel	N (Name of	10-15			ty or Town, State
21. SIGNATURE OF FUNERAL SERVICE LE	CENSEE			ME AND ADDRESS OF		JF 71 1	ancas	ster, ra
phn B	Homes	082		ed F. Grof			onaoo	ter, PA 17603
23. PART I. Enter the diseases, or	complications that cause	ed the death. Do		mode of dying, au	ich aa cardia	c or raspir	atory arres	it, Approximate
IMMEDIATE CAUSE (Final	List only one cause on	aach lina.						interval Between Onset and Death
disease or condition resulting in death)	. AKTERUOS	CLEROTIC	CAK	DIOUARCH	LAR	DICK	100	Onset and Death
resulting in daath)		A CONSEQUENCE		p 10 (p1 3 - 0 1		1136	1125	
Sequantially list conditions,	b							
if any, laading to immediata cause. Entar UNDERLYING	DUE TO (OR AS	A CONSEQUENCE	OF):					
CAUSE (Diseasa or injury								I
	DUE TO (OR AS	A CONSEQUENCE	OF):					
that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE	OF):					
that initiated events resulting in death) LAST	d							
that initiated events	d			riying causa given i	n Part I. 2	4a. WAS AN A		24b. WERE AUTOPSY FINDINGS
that initiated events resulting in death) LAST	d			rlying causa given i		PERFORM	AED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
that initiated events resulting in death) LAST	d			riying causa given i			AED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?
that initiated events resulting in death) LAST	d			riying causa given i		PERFORM	AED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL	d	but not resulting	j in the under	rlying causa given i	1	PERFORM	AED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?
PART II. Other significant condition	d	but not resulting	g in the under	28. PLACE OF DEATH (C	Theck only one)	YVES 2	AED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?
PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? YES 2 NO 27. MANNER OF DEATH	d	but not resulting	oTHER:		Sheck only one)	YVES 2	MED? □ NO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: V ER/OL 26a. DATE OF INJUR (Month, Day, Year,	but not resulting	OTHER: 4 Nursing ME OF USURY M 1	26. PLACE OF DEATH (C Home 5 Residence D. INJURY AT WORK? YES 2 NO	Sheck only one)	PERFORI YYES 2	MED? □ NO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Naturel 5 Pending	d	but not resulting utpetient 3 DOA Y 26b. Ti	OTHER: 4 Nursing ME OF USURY M 1	26. PLACE OF DEATH (C Home 5 Residence D. INJURY AT WORK? YES 2 NO	theck only one) 6 Other (3 28d. DESCF	PERFORM VYES 2 Specify) RIBE HOW IN.	MED? NO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Naturel 5 Panding Investigation 3 Suicida 6 Could not be determined 4 Homicide Certifying Phys	HOSPITAL: 1 Inputient ER/O 28a. DATE OF INJUR (Month, Day, Year, building, etc. (S)	utpetient 3 DOA Y 26b. Ti	OTHER: 4 - Nursing ME OF NJURY M 1 , street, fectory,	26. PLACE OF DEATH (C. Home 5 Residence c. INJURY AT WORK? YES 2 NO office	28d. DESCR	Specify) NBE HOW IN. ON (Street an Jown, State)	MED? NO JURY OCCU	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED
that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicida 6 Could not be determined 29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS MEDICAL EXAMINITY	HOSPITAL: I inpatient Solution in the second in the secon	utpetient 3 DOA Y 26b. Ti RY — At home, larm, eacily)	OTHER: 4 Nursing ME OF NURSING MI 1, streat, factory,	28. PLACE OF DEATH (C. Home 5 Residence c. INJURY AT WORK? YES 2 NO office	28d. DESCR	PERFORM VES 2 Specify) RIBE HOW IN ON (Street an Jown, State)	MED? NO JURY OCCU	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED
that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicida 6 Could not be determined 29a. CERTIFIER (Check only)	HOSPITAL: I inpatient Solution in the second in the secon	utpetient 3 DOA Y 26b. Ti RY — At home, larm, eacily)	OTHER: 4 Nursing ME OF NURSING MI 1, streat, factory,	28. PLACE OF DEATH (C Home 5 Residence D. INJURY AT WORK? YES 2 NO office deta and place, and do on, death occurred at th	28d. DESCR 28d. DESCR 28d. LOCATI City or	PERFORM VES 2 Specify) RIBE HOW IN ON (Street an Jown, State)	JURY OCCU JURY OCCU Med Number of Mer as stated due to the 29d, DATE 8	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? 1 YES 2 NO RED Rural Route Number, cause(e) and menner as steted.
that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Naturel 5 Pending Investigation 3 Suicida 6 Could not be determined 29a. CERTIFIER (Check only one) 29 MEDICAL EXAMINE 10. SIGNATURE AND TITLE OF CERTIFIE	HOSPITAL: HOSPITAL: 1 Inpatient 2 ER/Or 28a. DATE OF INJUR 28a. PLACE OF INJUR 28a. PLACE OF INJUR CICIAN: To lihe best of my kno	but not resulting utpetient 3 DOA Y 26b. Till RY — At home, larm, ecity) owledge, death occur ion end/or investigat	OTHER: 4 - Nursing ME OF NJURY M 1 , street, fectory,	28. PLACE OF DEATH (C Home 5 Residence D. INJURY AT WORK? YES 2 NO office deta and placa, and do on, death occurred at the	28d. DESCR 28d. DESCR 28d. LOCATI City or	PERFORM VES 2 Specify) RIBE HOW IN ON (Street an Jown, State)	JURY OCCU JURY OCCU Med Number of Mer as stated due to the 29d, DATE 8	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? 1 YES 2 NO RED Rural Route Number,
that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Succident Investigation 3 Succident 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINITION OF CERTIFIER (Check only one) 30. NAME AND ADDRESS OF PERSON WH	HOSPITAL: HOSPITAL: 1 Inpatient 2 ER/Or 28a. DATE OF INJUR 28a. PLACE OF INJUR 28a. PLACE OF INJUR CICIAN: To lihe best of my kno	atpatient 3 DOA Y 28b. Ti IP RY — At home, larm, secily) Wiedge, death occur ion end/or investigat	OTHER: 4 Nursing ME OF 13 Nursing ME OF 14 Nursing ME OF 15 Nursing ME OF 16 Nursing ME OF 18 Nursing ME OF	28. PLACE OF DEATH (C Home 5 Residence D. INJURY AT WORK? YES 2 NO office deta and place, and do on, death occurred at th	Check only one) 6 □ Other (3 28d. DESCF 28f. LOCATI City or 18 to the cause the time, data en	Specify) ON (Street and Jown, State) On and manned place, and	JURY OCCU If Number or as stated due to the c 29d. DATE 5	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number, cause(e) and menner as steted. BIGNED (Month, Day, Year) 1 9 1
that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Succident Investigation 3 Succident 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINITION OF CERTIFIER (Check only one) 30. NAME AND ADDRESS OF PERSON WH	HOSPITAL: Inpatient Serior Sea. DATE OF INJUR (Month, Day, Year 28e. PLACE OF INJUR 28e. PLACE OF INJUR CIAN: To the best of my knoth BR: On the best of exeminates O COMPLETED CAUSE OF I	put not resulting stpetient 3 DOA 26b. Ti file RY — At home, larm, swiledge, death occur ion end/or investigat EATH (ITEM 27) (Typ 1 1 1	OTHER: OTHER: 4 - Nursing ME OF NJURY M 1 , streat, factory, rred at the time, clon, in my opini	26. PLACE OF DEATH (C. Home 5 Residence Work? TwoRK? VES 2 NO office deta and place, and doon, death occured at the O · C · M	Check only one) 6 □ Other (3 28d. DESCF 28f. LOCATI City or 18 to the cause the time, data en	Specify) ON (Street and Jown, State) On and manned place, and	JURY OCCU If Number or as stated due to the c 29d. DATE 5	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? 1 YES 2 NO RED Rural Route Number, cause(e) and menner as steted.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020

asp

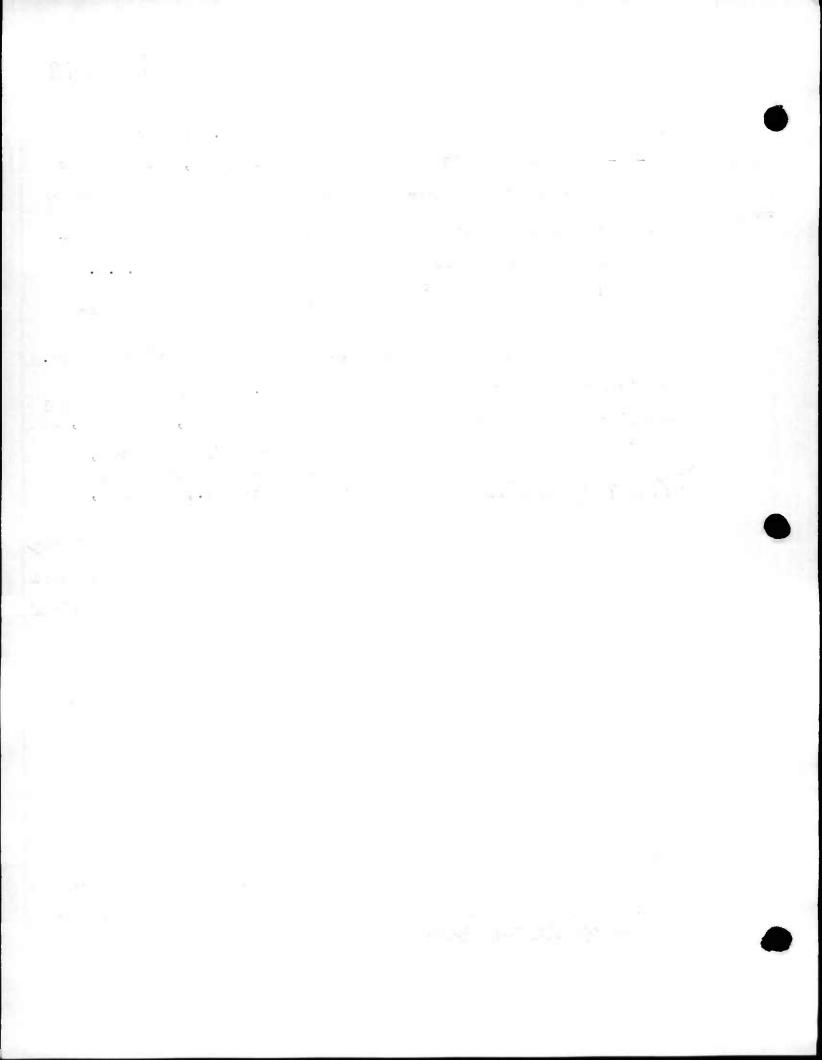
DHMH-t6 Rev 1/89

R 17 11 A

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

		REGISTHAN		CERTIF	ICATE (DE DEATH	REG. NO		
		1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	AY YEAR	3. TIME OF DEATN
-		JESSE MOWB					Oct. 7,	1991	M
1	1	4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	MONTHS DA		7. DATE OF BIRTN (Month, Day, Year)	a, BIR	THPLACE (State or Foreign
1. 1	1)	189-16-5522		38 YRS.	and the	TOOKS MIN.	July 10,		olorado
	1	9s. FACILITY NAME (If not institution, give a	treet and number)		9b. CITY, TO	WN OR LOCATION OF D	DEATH	9c. COUNTY OF	
li. 2	15	Anne Arundel	Medical C	enter		Annapoli	S	Anne	Arundel
The state of the s	2	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT							
Se contraction	C				TY, TOWN OR L				10d. INSIDE CITY LIMITS?
ii.	٥	Maryland An	ne Arundel		Annaj				1 YES 2 NO
<u>\$</u>	FUNERAL					10f. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
physician, burial-transit	N.	1315 River Cr				2140	9 00	U.S	5.A.
ng physic	5	1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED	13. WAS	DECENDENT OF HISPA I, specify Cuben, Mexic	NIC ORIGIN? (Specify Ye	s or No- 14, RA	CE American Indian, ck, White, etc.
the part	BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES		YES 2 NO Speci		Spe	nolfy:
as as	ED I	15. DECEOENT'S EDU	CATION	44 DECEDENTIA	1				Vhite
or aff	ETE	(Specify only highest grade	completed)	18a. DECEDENT'S (Give kind of life. Do NOT u	work done durin	g most of working	166. KIND OF BU	SINESS/INOUSTRY	
pital o	1	Elementary/Secondary (0-12)	College (1-4 or 5+)						
the hospital or detached for u	COMPL	17. FATNER'S NAME (First, Middle, Last)	44	Exe	cutiv				ion Corp.
by the			77 77				AME (First, Middle, Meiden		
	H	Archie Irving 19a. INFORMANT'S NAME (Type/Print)	Hadley				. Mowbra		
retained 5 should notified	2						Route Number, City or Tow		21401
ay be page 5	1	Caroline Youn	g Hadley	1315	Rive	r Cresce	ent Drive	, Annaj	oolis, MD
6 may be ector, page must be		20e. METNOO OF DISPOSITION 1 □ Burlel 2 ☒ Cremetion 3 □ Rem	oval from State	b. PLACE AND DATE metery, crematory or c	ther places			CATION — City or	Section 1
- 9 6 -	0.04	4 Donation 8 Other (Specify)	A // M	etropol	itan	Cremator	y 10/8 A	lexandi	ria, VA
		21. BIONATURE OF FUNERIAL SERVICE LIC	enge //	_	22. NAM	E AND ADDRESS OF E	ACILITY		
death. tunera		mala 1	Tata/		1 ay	Cl - rune	ral Chap	el 214	101
ins after on by the removal.		23. PART i. Enter the diseases, or o	complications that cause	d the death Do	147	Glouces	ter St.,	Annapol	
24 nours after filled in by the ion, or removal the medical		anock, or near range.	Lis only one cause on	each line.	4	mode of dying, add	on as cardiac or reap	ratory arrest,	Approximata intervai Between
24 n filled tion,		iMMEDIATE CAUSE (Final disease or condition	PULL	1-0		. 4			Onset and Death
ed within 24 in completely fille if, cremation, event, the		resulting in death)	. right very	ricular	r la	Cure			1+ Tear
P 0 5			S DUE TO (OR AS	A CONSEQUENCE O	f): /	1.1	-		
e be executed sician and con rifor to burial, traumatic ev	8	Sequentially list conditions,	DUE TO COW AS	emono		horoso	0		2 years
ysician prior to traun	CATION	if any, leading to immediate cause. Enter UNDERLYING	A MILE	A CONSEQUENCE O	•): (\		1.		
e phy		CAUSE (Disease or injury	a Multiple	A CONSEQUENCE O	man	, erubo	Ci		3 years
nding Hygier or oth	ERTIFI	that initiated eventa resulting in death) LAST	DOE TO (ON AS	A GONSEOUENCE O	+): /				0
T 00	Ü		d						
the d the d Me		PART ii. Other aignificant condition	s contributing to death t	out not resulting	In the under	ying cause given in	Part I. 24a. WAS AN		b. WERE AUTOPSY FINDINGS
= 0 = -	DICAL	Diabota h	ellitus	- Ada	Of or	usat	PERFOR	MEO?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
sign Sign Heal	밀	Asice tit	illation	71600			1 🗍 YES 2	NHO !	OF DEATN?
law requast been bept. of 23 sho	2	Cardiac Po	1	(. 10	1 1 5000	$\overline{}$	1	1 TYES 2 NO
	SICIAN:	25. WAS CASE REFERRED TO MEDICAL	comacer.	- Jene		HOW			
V: The icate ha	S	EXAMINER?	HOSPITAL:	1	OTHER:	B. PLACE OF DEATH (C)			
PHYSICIAN: this certifica with the Str rked, or its	НУ	27. MANNER OF GEATN	Inpatient 2 ER/Out			Home 5 - Residence			
He sit is	0	Natural 5 Pending	(Month, Day, Year)	28b. TIM	JURY	INJURY AT WORK?	28d. DEŞCRIBE HOW I	NJURY OCCURED	
	В	2 Accident Investigation				YES 2 NO			
2 6 5 -	8	3 Suicide 8 Could not be 4 Nomicide determined	28a. PLACE OF INJURY building, etc. (Spe	<pre>/ — At home, farm, : cify)</pre>	street, factory, o	office	28f. LOCATION (Street : City or Town, State)	and Number or Rural	Route Number,
A ATTE PECTOI Ins after	<u> </u>								
	굽	29a. CERTIFIER Check only	CIAN: To the best of my know	rledge, death occurr	ed at the time,	data and place, and due	to the cause(a) end mar	nner as stated.	
HOSPITAL FUNERAL Within 72 TANT: If	COM		R: On the bacle of examination						(a) and manner as stated.
TO THE HOSPI TO THE FUNER DE filed within		SHOHATURE AND TITLE OF CURTIFIER				29c. LICENSE NU			D (Month, Day, Year)
THE Flied	BE	Ille tillo	1/101	~		11/6	53	AND WATE SIGNE	(Month, Day, Year)
P P 2 E	유	30, NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) /5	Post	10110	10	/0	8-91
		Pate F VAD	Karri	1800	1	2	. 1.	/a ^	
	- 1	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SICA	ATURE	Tront	or- Hr	Maplin	MA	2/40/
		OCT 09 1991	132. BEGISTRAR'S SIGN	ndell			•		
	- 1								

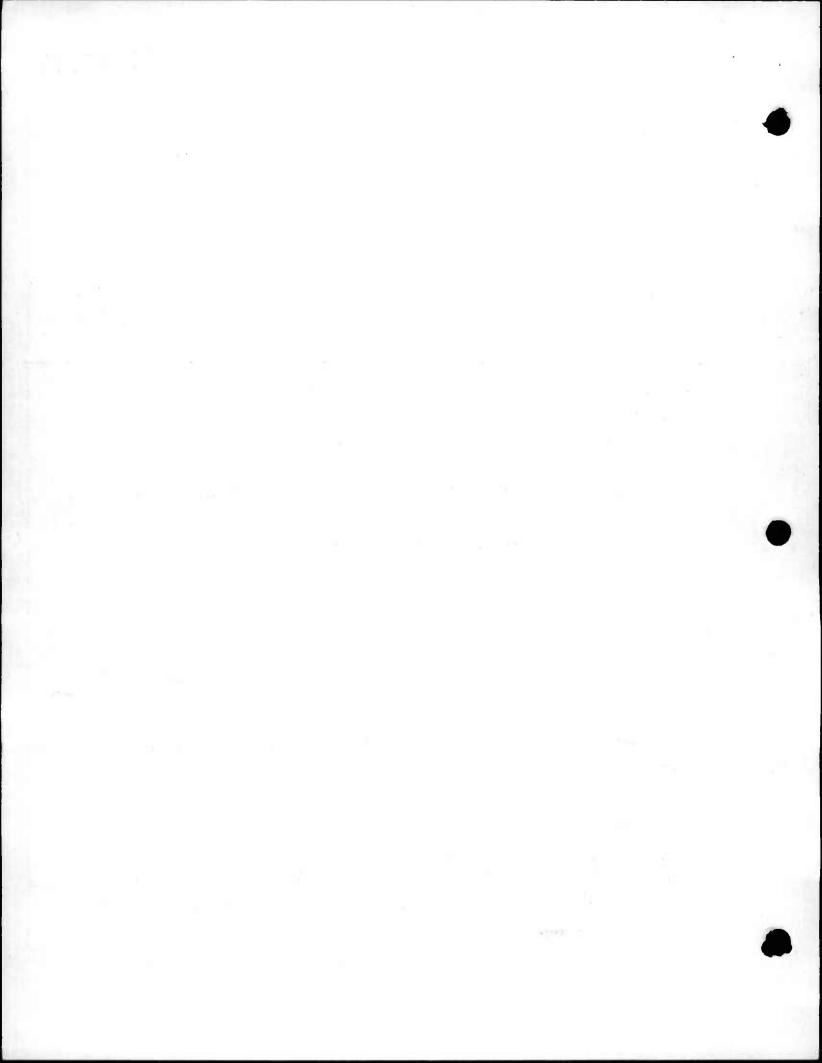


IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

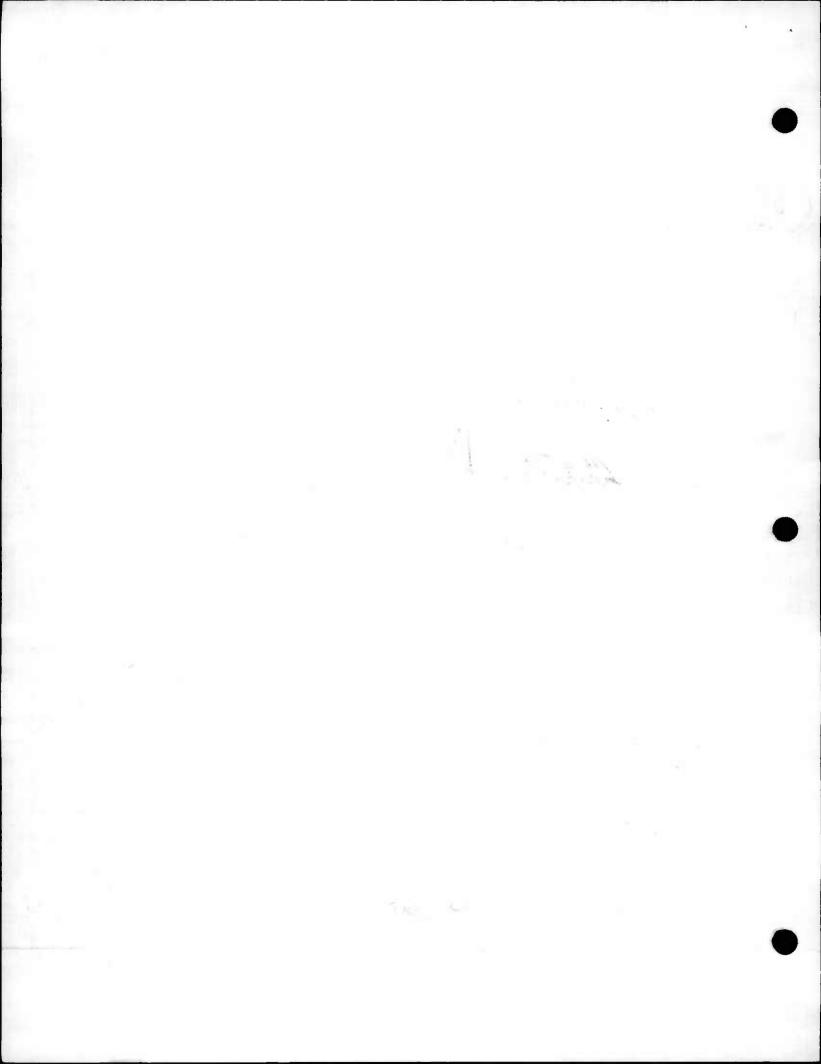
1 - STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
1. DECEDENT'S NAME (First, Middle, Lest) James Finch Hoey					2. DATE OF OE, MONTH Oct 5,]			H DAY YEAR 3.		3. TIME OF CEATN 6:20 a M	
I. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday)			IF UNDER		IF UNDER 24 HRS.	DER 24 HRS. 2. DATE OF BIRTH			a. BIRTH	PLACE (State or Foreign	
212-18-1062	1 M 2 □ F 80	YRS.	MONTHS	DAY®	HOURS MIN.	Feb	8 19	11	W.Va	2.	
9a. FACILITY NAME (If not institution, give street and number)				CITY, TOWN OR LOCATION OF DEATH			9c. COUNTY OF DEATH			ATH	
11					Oakland				Garrett		
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c CIT	Y TOWN O	P I OCATI	ON					404 IMAIDS OFT	
									10d. INSIDE CITY LIMITS?		
Md. Garrett oakland 11. 100. STREET AND NUMBER 100. CITIZEN OF WHAT										1 YES 2 NO	
7th & Alder St	10										
					21550 WAS DECENDENT OF HISPANIC ORIGIN? (Specify Ye				USA es or No— 14, RACE — American Indian.		
Never Married 2 Married Never Married 2 Married FORCES? 1 YES 2 NO				If yes, specify Cubsn, Mexican, Puerto Rican, 1 ☐ YES 2 🖾 NO Specify:				Black, White, aic. Specify. White			
15. OECEDENT'S EDUCA (Specify only highest grade co	TION	16a. DECEDENT'S (Give kind of	USUAL OC	CUPATIO	N t of weekles	16b.	KIND OF BUS	INESS/INDU	JSTRY		
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	se ratirad.)	unny mos	t or working						
UNK Veterans i				m. Hospital			Mail	Mail Room			
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAME (First, M			Middle, Maiden Surname)				
Albert Pearce Hoe	Albert Pearce Hoev					Blanche Finch					
19a, INFORMANT'S NAME (Type/Print)	(Street ar	and Number or Rural Route Number, City or Town, State, Zip Code)									
Betty Jo Brown		Rtl Bo	x 74	40	Oakland,	, Md	21550				
20s. METNOD OF DISPOSITION 1 Devial 2 Cremetion 3 Removal from State 20b. PLACE OF DISPOSITION Kalpage				N (Name of cemetery, cremetary or Cemetery			20c. LOCATION — City or Town, Stata Elk Garden W.Va				
21. SIGNATURE OF FUNERAL SERVICE LICE					D ADDRESS OF FA						
· Warre A.	Bludoca	K			A. Burd x 523 Ki			d. 2	21538	3	
23. PART I. Enter the diseases, or co- shock, or heart fellure. Li	mplicationa that cause	d tha death. Do	not antar	the mod	le of dyling, aud	h as cerd	liac or reepi	ratory arre	eat,	Approximata	
IMMEDIATE CAUSE (Finel	Candio C DUE TO (OR/AS		neg a	Me	st					Interval Between Onset and Deeth	
Sequentially list conditions, b.			,								
If any, landing to immediate consequence of:											
CAUSE (Disease or Injury C. DUE TO (OR AS A CONSEQUENCE OF):											
resulting in death) LAST											
DATE II ON THE I											
PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying ceuse given in Pa							Part I. 24a. WAS AN AUTOPSY 24b PERFORMED?			WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO	
								1 TYES 2 WO		OF DEATH?	
										1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL. EXAMINER?	HOSPITAL:		OTHE		ACE OF DEATH (C	reck only on	e)				
	Inpatient 2 ER/Out	patient 3 DOA	4 D Nurs		5 🗆 Residence	6 🗆 Othe	r (Specify)				
27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF	28c. INJU		28d. DES	CRIBE NOW II	NJURY OCC	URED		
1 Natural 5 Pending 2 Accident Investigation					YES 2 NO						
3 Suicide 6 Could not be 4 Nomicide detarmined	28e. PLACE OF INJURY — Al home, farm, street, fectory, offs building, etc. (Specify)				26f. LOCATION (Street City or Town, State			it and Number or Rural Route Number, le)			
29a. CERTIFIER (Check only	AN: To the best of my know	riedge, death occurr	ed at the th	me, deta	and place, and due	to the cau	ree(a) and man	ner as state	d.		
one) 2 MEDICAL EXAMINER:) and manner as stated.	
296. SIGNATURE AND TITLE OF CERTIFIER	SIGNATURE AND TITLE OF CERTIFIER					29c. LICENSE NUMBER			29d. DATE SIGNED (Month, Day, Year)		
Small K trichter m				130035			10/5/91				
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	R+J R	Print)	191	GAN	tin.	ND (מות	7.1		
31. OATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN		2/1/	13	0/1/	(-///	0 /	'P "	706		
OCT 1 0 199			0								



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STATE	0F	MARYLANI) /	DEPARTMENT	OF	HEALTH	AND	MENTAL	HYGIENE
			CI	ERTIFICATE	0	F DEAT	TH		REG. NO.

FOR 1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPARTM			MENTAL HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Mid	Walter Raymo	ond Hood			2. DATE OF DEATH DAY OCTOBER 11	, 1991	3. TIME OF DEATH 10:11 A. M
4. SOCIAL SECURITY NUMBER 216-03-8476	1 🔣 M 2 🗌 F		F UNDER 1 YEAR ONTHS DAYS 6 4	F UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) Apr. 7, 1903	Ma	ryland
96. FACILITY NAME (If not institute frederick Me	morial Hospital	9		ederics	ATN	FIEC	erick
	Carroll	10c. CITY, 1	Mt. 2				10d. INSIDE CITY LIMITS? 1 1 Yes 2 No
303 Carroll	Ave.		101.	ZIP CODE 2.1.771			WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Mei 3 Widowed 4 Divorced	I IF YES, OIVE WAR OF	S 2 NO	If yes, spec		IIC ORIGIN? (Specify Yaa or n, Puerto Rican, etc.)	Bla	CE — American Indian, ck, White, etc.
(Specify only high Elementary/Secondary (0-12)	NT'S EDUCATION heet grade completed) College (1-4 or 5+) NONG	16e. DECEDENT'S US (Give kind of wor life. Do NOT use in Singet Mo	k done during mos. retired.)	of working	16b. KIND OF BUSIN	IESS/INDUSTRY	
John William	n Hood	-		Nellie	Me (First, Middle, Melden Su May Elgin		
Drucilla M	. Hood		croll Av		noute Number, City or Town, Airy, Mar		21771
20s. METNOD OF DISPOSITION 1 Burial 2 Cremation 4 Donation 6 Other (Sp.		Pine Grove	ion (Neme of cemes to Camata	etery, crematory or		Airy, I	Town, State Maryland
21. SIGNATURE OF FUNITIAL	ALCENCENT TOTALL	-	Burr		eral Home	1784	
Sequentielly list condition if eny, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. DUE TO (OR A	S A CONSEQUENCE OF): S A CONSEQUENCE OF):		Arr	est.		
PART II. Other algolificant	conditions contributing to deat	h but not resulting in	the underlying	ceuse given in	Part I. 24a. WAS AN AN PERFORM 1 YES 2	ED?	4b. WERE AUTOPSY PINOING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (Ch	eck only one)		
1 VES 2 MO 27. MANNER OF DEATN 1 Netural 6 Per	1 Julipetient 2 ER/C	RY 26b. TIME (OF 28c. INJU	RY AT	6 Other (Specify) 28d. DESCRIBE HOW INJ	JURY OCCURED	
3 Suicide 6 Co		JRY — At home, farm, stre Specify)	eet, fectory, office	9	28f. LOCATION (Street and City or Town, State)	d Number or Ruri	al Route Number,
onel only	INO PNYSICIAN: To the best of my ki						e(e) and manner ee stated.
29b. SIGNATURE TITLE OF	М	Ь		29c. LICENSE NUI	267	D 10/	ED (Month, Day, Year)
30. NAME AND ADDRESS OF PLANUEL 31. DATE FILED (Month, Day, Yea	A. CASIA	MO MI	>- 91	5 TOLL	HOUSE AV	e Fre	derick, r
OCT 1	5 '91 Suna	Wandson-Mana	tall				



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	tate Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	sem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
š	52	-

'91

31. DATE FILED (Month, Day,

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)

AND REW NEW ARRESTED MY

32. REGISTRAR'S SIGNATURE Pandall

	FOR 1 - STATE	STATE OF MARYLAND		T OF HEALTH AND E OF DEATH		_	28916
TOR	4. SOCIAL SECURITY NUMBER 212-01-4030 99. FACILITY NAME (If not institution, give street	4RTHA HA 5. SEX 6. AGE (In yrs. 1 1 M 2 10 F 78	RECINO Sest birthdey) YRS. Sest birthdey) F UNDE WONTHS	S R1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN. Y, TOWN OR LOCATION OF D	REG. NO 2. DATE OF DEATH MONTH 7. DATE OF BIRTH (Month, Day, Year) 01 - 16 - EATH MONTH	3-9	3. TIME OF DEATH 1 25 P M BIRTHPLACE (State or Foreign County) SORTH Carolina OF DEATH RECRE
AL DIRECTOR	100. STATE 10b. COUNTY Maryland Ha 100. STREET AND NUMBER 1011 Conowingo Ro	rford	Bel Air			10g. CITIZEI	10d. INSIDE CITY LIMITS? 1 ☐ YES 2 ☑ NO N OF WHAT COUNTRY?
BY FUNERAL		12. WAS DECEDENT EVER IN U.S. / FORCES? 1 1 YES 2 1/ IF YES, GIVE WAR OR DATES	ARMED 13.	WAS OECENOENT OF HISPA If yee, specify Cuban, Mexic 1 YES 2 NO Specifi	NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	US n or No — 14	SA RACE — American Indian, Black, White, etc. Specify White
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12) 12	ompleted)	DECEDENT'S USUAL. (Give kind of work done life. Do NOT use retired.) HOUSE	during most of working wife		ome	TRY
BE	17. FATHER'S NAME (First, Middle, Last) Tyre York Joine 190. INFORMANT'S NAME (Type/Print)		top MAILING ACCORD	Minnie		Smoot	
5	Evelyn L. Dowell	20b. PLAC	1018 Deen	_			Hill, Md. 21050
	1 Suriel 2 Cremetion 3 Remov 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE!	Bel	22 F	Man Gardens NAME AND AGGRESS OF FI TOWARD K. McC 317 Cokesbur	omas III I	Tunera.	
	23. PART I. Enter the diseases, or co shock, or heart fellure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	et only one ceuse on each li	death. Do not enterne.		ch aa cerdlec or resp		
CERTIFICATION	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A CORS	rection sequence on	tisocher	prema	رف	
PHYSICIAN: MEDICAL C	PART II. Other significant conditions	contributing to death but no	t reaulting in the u	inderiying cause given ir		RMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN		HOSPITAL:	3 DOA A DA	26. PLACE OF DEATH (C			
ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW	INJURY OCCU	RED
ED	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — At building, etc. (Specify)	home, ferm, street, fe	ctory, office	281. LOCATION (Street City or Town, State	and Number or)	Rural Route Number,
COMPLET	anal	IAN: To the best of my knowledge, : On the besie of examination end/					
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER SO NAME AND ADDRESS OF PERSON WHO	waterols	m	29c. LICENSE NU	MBER		SIGNED (Month, Dey, Year)

57.

OT NIMANY

Congetino Heart Failus Aspiratran den chopremmus, Seigne disorler CVA

TO BE COMPLETED BY FUNERAL DIF

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR 1 - STATE REGISTRAR		STATE OF N	ARYLAN	D / DEPAR					MENTAL HYGIEN	E 9		28917
1. DECEOENT'S NAME (First KEITI		HAWKIN	S I	AKA I	Howa	rd			2. DATE OF DEATH DO 1		YEAR 91	3. TIME OF DEATH
4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In y	rs. last birthday)	IF UNDER	1 YEAR	IF UNDE	R 24 HRS.	7. DATE OF BIRTH	:		4:06 PLACE (State or Foreign
577-94-89	25	1 🕅 M 2 🗆 F	16	YRS.	MONTHS	DAYS	HOURS	MIN.	July 3	197	Country	ash., D.(
9a. FACILITY NAME (If not in	nstitution, give s	street and number)			9b. CITY,	TOWN	OR LOCATI	ON OF D		_	INTY OF DE	
4500 WHEEL		ILL ROAI)				HILL					GEORGES
10a. STATE	10b. COUNT	Υ		10c. CIT	Y, TOWN O	R LOCAT	TION					10d. INSIDE CITY
				Wa	ashi	nat	on.	D.C				LIMITS?
10e. STREET AND NUMBER						-	ZIP COD			10n CIT		HAT COUNTRY?
1715 Mont	ana A	venue.	N.E.				200	1 Ω				
11. MARITAL STATUS		12. WAS DECEDEN		S. ABMED	13. 1	MAS DEC		-	HC ORIGIN? (Specify Yes	or No	U.S	
1 Never Married 2		FORCES? 1 IF YES, GIVE W	YES 2	ANO	1	yes, sp	ecify Cube	m, Mexica	n, Puarto Rican, etc.)	or No-		American Indian, White, alc.
3 Widowed 4 Dive	beard	11 1E3, GIVE W	AN ON DATES	•	'	☐ YES	2 P NO	Specify	/ :		Bla	ck
15. DEC	EDENT'S EDU	CATION	164	. DECEDENT'S	USUAL OC	CUPATIO	ON		16b. KIND OF BUS	SINESS/INC		CK
Elementary/Secondary (6		College (1-4 or 5 +	,	(Give kind of life. Do NOT u	work done o se retired.)	furing mo	st of worki	ng				
8th				Stud	dent							
17. FATHER'S NAME (First, M	liddle, Last)				-		18. MOT	HER'S NA	ME (First, Middle, Maiden	Sumame)		
George	Hawki	ns, Sr.							ma Howar	,		
19a. INFORMANT'S NAME (7				19b. MAILING	ADDRESS	(Stroot a	nd Numbe		Route Number, City or Tow		- 0-4-1	
Norma How	ard											D 0
20a. METHOD OF OISPOSIT.	ION	oval Imm State	20b. PL/	ACE AND DATE	OF DISPOSI	TION/Na	me of		OATE 20c. LO			
4 Donation 5 Other	(Specify)		, Hai	r mony	Mem Mem	. P	ark	10	/12/91	Land	dove	r. Md.
21. SIGNATURE OF FUNERA	SERVICE LIC	ENSEE //	Les of		22. 1	NAME AN	O AODRE	SS OF FA	CILITY			
		Ables							ers Funer Avenue,			D.C.
23. PART I. Enter the d	Iseases, or o	complications that List only one cau	caused the	a death. Do r	not enter	the mo	de of dy	ing, suci	as cardiac or respi	ratory ar	reat,	Approximata
IMMEDIATE CAUSE (Fir	nal											Interval Between Onset and Death
disease or condition resulting in death)	→	MULTI	PIE	GILL	SHOTT	- U	MOU	NP	3			
resulting in death,		OUE TO	OR AS A COL	NSEQUENCE O	F):			,				-
Sequentially list conditi		OUE TO	OR AS A COL	NSEQUENCE OF	F):							
cause. Enter UNDERLY	NG											
CAUSE (Disease or injuthat initiated events	ry	DUE TO	OR AS A COR	NSEQUENCE OF	F):							
resulting in death) LAS	т .											
4		J										+
PART II. Other algnifica	nt condition	a contributing to	death but n	ot resulting	In the und	derlying	cause o	given in				WERE AUTOPSY FINDINGS
									PERFOR			AVAILABLE PRIDR TO COMPLETION OF CAUSE
									_ \			OF DEATH?
									_ / /		- '	YES 2 NO
25. WAS CASE REFERRED TO	D MEOICAL					26 PI	ACE OF O	EATH /Che	ock only one)			
EXAMINER?		HOSPITAL: 1 Inputient 2	EB/Output	2 000	OTHER	:				I D.O.		
27. MANNER OF DEATH		280. DATE OF		26b. TIM		ing Home 28c, INJI		sidenca	6 (XOther (Specify) O			
1 Natural 5	Pending	10-03-	1991		URY	WO	RK?	1.00	SUBJECT S			
2 Accident	investigation			A barra d			ES 2	NO				
	Could not be determined	28e. PLACE OF building, o	Mc. (Specify)	ON RO		ry, offica			26f. LOCATION (Street a City or Town, State)			
29a. CERTIFIER 1 CERT	IFYING PHYEN	CIAN: To the heat of	my beautiful	diet -	4 44 44	= 0						L ROAD
(Check only one) 2 MEDI	CAL EXAMINE	R: On the beats of ax	emination and	i, seath occurs for investigation	no at the tin nt, in my op	ne, date linion, de	end place, eth occur	end dua ed at the	to the cause(a) end man	ner aa stat I dua to th	led. In cause(s)	end manner as stated
29N SIGNATURE AND TITLE			1	1		1		NSE NUM				
Men	1	Della	AM	1				. M .				Month, Day, Year) - 1991
30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	DF OEATH	(ITEM 27) (Type,	Print)							
MAKIOF G	OLLE	JR. V	CIN	111 P	ENN	STF	REET	BA	LTIMORE N	1ARY	LAND	21201

46,	
5	
BOX	
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RECORDS,	
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be detacl	at once.
5 should	notified
ay be	t be
e 6 m	MUS
THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the complete after death. Page 6 may be retained by the hos	the field within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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execute	to buria
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law has b	S pept
A: The	State
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ING PHY	he filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
TEND TEND	ster o
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RAL	72 h
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	a property waste of	hatelete de la con-												
	1. DECEDENT'S NAME (First,		77 1							2. DATE OF MONTH	DA		YEAR	3. TIME OF DEATH
	Joseph F									Octob		, 1991		4:30 A M
	4. SOCIAL SECURITY NUMB	71	6. SEX	6. AGE (In yra. lest		IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF (Month, E	Day, Year)		Country	
	577-26-0449		1 XM 2 □ F	83	YRS.						ber :			lassachusett
	9e. FACILITY NAME (If not in:	stitution, give s	treet and number)			9b. CITY	, TOWN	OR LOCATI	ON OF DE				NTY OF DI	
S S	5911 Raybu	rn Dr.				Can	in Si	pring	2S			Prin	ce G	eorges
DIRECTOR									,-				<u> </u>	
띪	10e. STATE	10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	TION						10d. INSIDE CITY LIMITS?
0	Maryland	Princ	e George	es	Can	np Sp	rin	gs						1 TYES 2 NO
AL	10e. STREET AND NUMBER						10	, ZIP COD	E			10g. CITI	ZEN OF W	VHAT COUNTRY?
ER	5911 Raybu	rn Dr.						2074	48			II.	S.A.	
FUNERAL	11. MARITAL STATUS		12. WAS DECEDEN	NT EVER IN U.S. AR	MED			ENDENT (OF HISPAN	IIC ORIGIN?			14. RACE	- American Indian,
7	1 Never Merried 2		IF YES, GIVE	I T YES 2 □ N WAR OR DATES	U				n, Mexical Specify	n, Puerto Ric /:	en, elc.)		Speci	
BY	3 ₩Idowed 4 □ Divo	rced		- 1931				2/				l		white
	15. DEC (Specify onl)	EDENT'S EDU	CATION	16e. DE	ve kind of	USUAL O	CCUPATIO	ON ost of workl	na	16b. K	IND OF BUS	SINESS/IND	USTRY	
Hi	Elementary/Secondery (0	1	College (1-4 or 6	Uto	Do NOT u	se retired.)	_unrely III.	OI OF WORK						
ם	12			e	engir	neer				U.	S. Go	overn	ment	
COMPLETED	17. FATHER'S NAME (First, M.	iddle, Last)						18. MOT	HER'S NA	ME (First, Mid	idie, Maiden	Sumame)		
C	John Hoo	ban						I	lary	Bren	ner			
BE	19a. INFORMANT'S NAME (7)	iype/Print)		191	. MAILING	AODRES	S (Street	and Numbe	r or Rural F	Route Number		n, State, Zic	Code)	
2	Joan Townse	nd		1						Spri				.8
	20e. METHOD OF DISPOSIT	ION		20b. PLACE	OF DISPO				^	pri		CATION -		
	1 Buriel 2 ☐ Cremation 4 ☐ Donetion 6 ☐ Other	Specify	oval from Stata	other pla	RCO)			111	700	. 10/1				
	21. SIGNATURE OF FUNERA			- Maryla	uu_V	erer	NAME A	LEME	SS OF FA	CILITY	W/91	cher	Lenn	ant MD.
	R	8	5								43	308 S	uitl	and Rd.
	Dru	an A	Jell.	ach										MD. 20746
	23. PART I, Enter the d	leesses, or	complicatione th	et ceueed the de	eth. Do	not ente	the mo	de of dy	ing, auc	h ea cerdie	c or resp	Iretory an	rest,	Approximate
	IMMEDIATE CAUSE (Fir		List only one ce	GAS ON SECU IIUS										Interval Between Onset and Death
	diseese or condition		Such	don CA	rd .	in.	De.	241) .					
	resulting in death)		b. Adu	O (OR AS A CONSE	DUENCE C	OF):								
z	L		. Ardy	us scene	xi	Car	der	Asc	wen	~ 12	eses	re		
CERTIFICATION	Sequentially list condit if eny, leeding to imme		DUE TO	O (OR AS A CONSEC	DUENCE C	OF):					,			
3	cause. Enter UNDERLY	ING	G.											
Ĕ	CAUSE (Disease or Injuthet Initiated events		DUE TO	OR AS A CONSE	DUENCE C	OF):								
E	resulting in death) LAS	т [d											
핑														
MEDICAL	PART II. Other aignifice				resulting	in the u	nderiyir	g ceuse	given in	Part I. 2	PERFOI		24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
50	Tarkens	no	Disin	w							1 TYES	NO NO		COMPLETION OF CAUSE OF DEATH?
MEI														1 YES 2 NO
IAI	25. WAS CASE REFERRED T	O MEDICAL					26. P	LACE OF	DEATH (Ch	neck only one)				
PHYSICIAN:	EXAMINER?		HOSPITAL:	☐ ER/Oulpatient 3	DOA	OTHE 4 Nu		ne 5 00	lesidence	6 🗆 Other	(Specify)			
H	27. MANNER OF DEATH		26e. DATE O	F INJURY	28b. Til	ME OF	28c. IN	JURY AT			RIBE HOW	INJURY OC	CURED	
		Pending	(Month,	Day, Year)	IN	JURY M	W	YES 2	NO					
BY	2 Accident 3 Suicide	Investigation	28e. PLACE	OF INJURY — AI ho	me, farm.	atreet, fac				26f, LOCAT	TION (Street	end Numbe	r or Rural	Route Number,
9	4 Homicide	Could not be determined	bullding	, etc. (Specify)			,, 4,11				Town, State			
COMPLETED	29a, CERTIFIER													
APL	(Check only		SICIAN: To the beat of											
Ö	2 MED	ICAL EXAMIN	ER: On the basie of	examination end/or	investigati	lon, in my	opinion,	death occi	ired at Ihe	ilme, date e	nd plece, e	nd due lo t	he ceuse(s) end manner ee stated.
ш	29b. SIGNATURE AND TITLE	OF CERTIFIE	R					29c. LIC	ENSE NUI	MBER		29d. DAT	TE SIGNED	(Month, Day, Year)
B	Leves Wit	us.	n					D	171	62		1	0/9	191
2	30. NAME AND ADDRESS O			USE OF DEATH (ITE	M 27) (Typ	e, Print)	-						/ /	//
	Linda Whi	tbu M	0 955%	CRAN HO	4.4	Un	ner	mare	thero.	MA	200	77		
	31. DATE FILED (Month, Day,		32. REGISTE	AR'S SIGNATURE		,				12		C. Same		
	OCT 1	1 91	gul	his Davidson	-Rand	lell								

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		1.00
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A CONTRACTOR OF THE CONTRACTOR		

30. NAME AND ADDRESS OF PER

31. DATE FILED (Month, Cay, Year)

OCT 0 9 1991

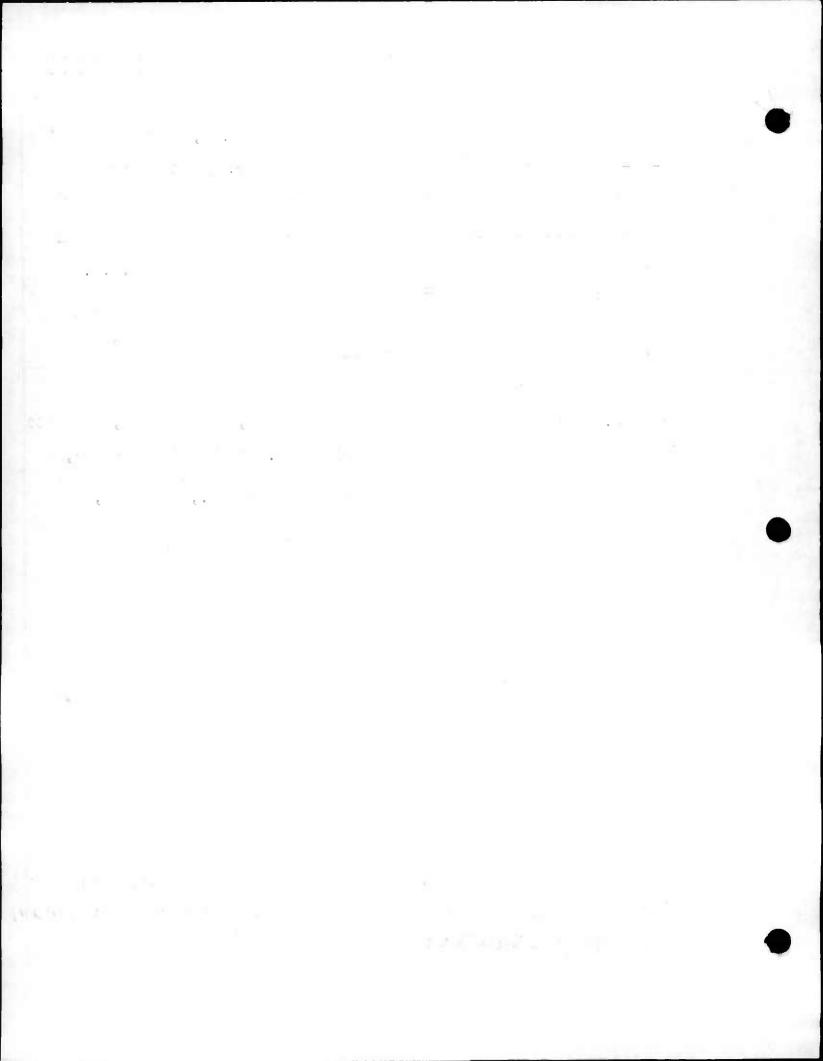
	1. DECEDENT'S NAME (First, Middle, La.	st)					2. D/	ATE OF DEATH	DAY	YEAR	3. TIME OF DEAT
1	ROBERT 4. SOCIAL SECURITY NUMBER	LOUIS 5. SEX	8. AGE (In yrs. Is	RVING			00		199		3:00
2)	212-07-5287	1 1 M 2 F	74		F UNDER t YEAR		(M	TE OF BIRTH lonth, Day, Year)		6. BIRTI	HPLACE (State or Fi
1	9e. FACILITY NAME (If not institution, give				96 CITY TOW	/N OR LOCATION OF	A DI	r.4.19		Ma JNTY OF D	ryland
75	Anne Arundel	Medical	Cente			apolis	J.C.III				Arunde]
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 100. COU		CHIC						44.11	ine .	ar under
T E			. 7		TOWN OR LO						10d. INSIDE CITY LIMITS?
ادِّا	Maryland Ani	ne Arunde	<u> </u>	1 0	rown	sville 10f. ZIP CODE			40- 017	175N OF	1 🗌 YES 2 💢
FUNERAL	1121 Gumbot	tom Road				21032	2		log. Cit		S . A .
N S	11. MARITAL STATUS	12. WAS DECEDENT			13. WAS (DECENDENT OF HISP		GIN? (Specify Ye	a or No-	_	E — American Indi
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 (No	If yes,	specify Cuben, Maxi YES 2 X NO Spec	can, Puai	to Rican, atc.)		Blac Spec	k, Whita, atc.
		DUCATION									White
ETED	15. DECEDENT'S E (Specify only highest gri	ade completed)		ECEDENT'S US Give kind of wor b. Do NOT use i	rk done durina	ATION most of working		166. KIND OF BU	Wnsv		
17	1.2	College (1-4 or 5+)		Engi	George.			Stat			_
Once.	17. FATHER'S NAME (First, Middle, Last)			-115L	11001	18, MOTHER'S N	IAME (Fin	st, Middle, Malder	-	ohr	Cal
711	Albert Earl	Irving				Edna	a Re	gina	Robi	nso	n
TO BE	19a. INFORMANT'S NAME (Type/Print)		- 15	9b. MAILING AI	DDRESS (Street	et and Number or Run					
E E	Betty J. Irvi	ing		1121	Gumb	ottom Ro	ad,	Crow	nsvi	lle	, MD 21
	20a. METHOD OF DISPOSITION 1 DCBuriat 2 Cremation 3 Re	ampval from State		AND DATE OF		(Name of	D	ATE 20c. LC	CATION -	City or To	own, State
	4 Donation 5 Other Specify)		Dold	The same	- p.000)		in a	/7 h :	V 2 7 7		
E	at elements or equelly exemply	1	Darto	WIH M		ial Cem.)/11 :	MITI	ers	ville,M
miner m	21. SIGNATURE OF FINEMAL SERVICE	UCENSEE	DALTO	WIH M	22. NAME	AND ADDRESS OF	FACILITY			ers	
examiner must	21. SIGNATURE OF FUNEAU SERVICE	· Taylo	n		Tay]	Lor Fund	FACILITY eral	Chap	el	nol.	21401
	21. SIGNATURE OF FINEHAL SERVICE	- Tayle	caused the d	eeth Do not	Tay]	Lor Fund	FACILITY eral	Chap	el	nol.	21401 is MD
шевіся	21. SIGNATURE OF FENERAL SERVICE 23. PART I. Enfer the diseases, or shock, or heert fellur IMMEDIATE CAUSE (Final	or complications that e. Liet only one ceus	caused the d	eeth. Do not e.	Tay]	AND ADDRESS OF I Lor Fun (Glouces mode of dying, au	eral	Chap St	el Anna Iratory er	nol.	21401 is,MD
ше шевіса	21. SIGNATURE OF FINEHAL SERVICE 23. PART I Enter the diseases, of shock, or heart fellur	or complications that e. Liet only one ceus	caused the d	eeth. Do not e.	Tay]	AND ADDRESS OF I Lor Fun (Glouces mode of dying, au	eral	Chap St	el Anna Iratory er	nol.	21401 is.MD Approximation of the control of the c
event, the medical	21. SIGNATURE OF FENERAL SERVICE 23. PART I. Enfer the diseases, o shock, or heart fellur immediate CAUSE (Final disease or condition	or complications that e. Liet only one ceus	caused the d	eeth. Do not e.	Tay]	Lor Fund	eral	Chap St	el Anna Iratory er	nol.	21401 is.MD Approximation of the control of the c
מאפוור, נוופ ווופפונפו	23. PART I./Enfer the diseases, of shock, or heert feilur immediate Cause (Final disease or condition resulting in death) Sequentially list conditions,	a. DUE TO (0	caused the deep on each lin	eeth. Do not e. MU) C	Tay]	AND ADDRESS OF I Lor Fun (Glouces mode of dying, au	eral	Chap St	el Anna Iratory er	nol.	21401 is.MD Approximation of the control of the c
CATION	23. PART I. Enfer the diseases, of shock, or heert fellur immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING	a. DUE TO (0	caused the d	eeth. Do not e. MU) C	Tay]	AND ADDRESS OF I Lor Fun (Glouces mode of dying, au	eral	Chap St	el Anna Iratory er	nol.	21401 is.MD Approximation of the control of the c
CATION	23. PART I. Enfor the diseases, of shock, or heert fellur IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leeding to immediate	a. DUE TO (c.	caused the deep on each lin	eeth. Do not e. OUENCE OF):	Tay]	AND ADDRESS OF I Lor Fun (Glouces mode of dying, au	eral	Chap St	el Anna Iratory er	nol.	21401 is.MD Approximation of the control of the c
or uner traumatic event, the medical	23. PART I. Enfer the diseases, of shock, or heart fellur immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	a. DUE TO (c.	caused the die on each lin	eeth. Do not e. OUENCE OF):	Tay]	AND ADDRESS OF I Lor Fun (Glouces mode of dying, au	eral	Chap St	el Anna Iratory er	nol.	21401 is.MD Approximation of the control of the c
CERTIFICATION	21. SIGNATURE OF PINIPAL SERVICE 23. PART I. Enfor the diseases, of shock, or heert feltur immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that intitleted events resulting in death) LAST	a. DUE TO (0	caused the die on each lin	eeth. Do not e. OUENEE OF): OUENCE OF):	22. NAME Tay] 147 I enter the s	and address of the form of the	eral ster	Chap St., ardlec or resp	el Anna Iratory er	pol:	21401 is MD Approximinterval Boonset and
CERTIFICATION	23. PART I./Enfer the diseases, of shock, or heert feilur immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. DUE TO (0	caused the die on each lin	eeth. Do not e. OUENEE OF): OUENCE OF):	22. NAME Tay] 147 I enter the s	and address of the form of the	eral ster	Chap St. ardlec or resp MCMO	Anna ilratory er	pol:	21401 Approximinterval Boonset and
any injury, or other traumant event, the medical	21. SIGNATURE OF PINIPAL SERVICE 23. PART I. Enfor the diseases, of shock, or heert feltur immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that intitleted events resulting in death) LAST	a. DUE TO (0	caused the die on each lin	eeth. Do not e. OUENEE OF): OUENCE OF):	22. NAME Tay] 147 I enter the s	and address of the form of the	eral ster	Chap St. ardiec or resp	Anna ilratory er	pol:	21401 Approximinterval Bionset and Onset and WERE AUTOPSY FIT AVAILABLE PRIOR COMPLETION OF CODE DEATH?
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MEDICAL CERTIFICATION	21. SIGNATURE OF PINENAL SERVICE 23. PART I. Enfer the diseases, of shock, or heert fellur immediate cause or conditions, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST PART II. Other significent conditions.	a. DUE TO (0	caused the die on each lin	eeth. Do not e. OUENEE OF): OUENCE OF):	22. NAME Tay 1 47 tenter the r	AND ADDRESS OF I	Part I.	Chap St. ardiec or resp MCMO	Anna ilratory er	pol:	21401 Approximinterval Bionset and Onset and WERE AUTOPSY FIT AVAILABLE PRIOR COMPLETION OF CODE DEATH?
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IS MARKEL, OF REM. 23 SHOWS any Injury, OF URINET CAUMAIN: EVENT, THE MEDICAL D BY PHYSICIAN: MEDICAL CERTIFICATION	21. SIGNATURE OF PINENAL SERVICE 22. PART I. Enfer the diseases, of shock, or heert fellur immediate Cause (Finel disease or conditions, if smy, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST PART II. Other eignificent conditions in yes cause. Examiner? 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNED OF DEATH 1 Netural 5 Pending Investigation in yestigation in Suicide 6 Could not be	DUE TO (C. DUE TO	caused the die on each lin CR AS A CONSE OR AS A CONSE DR AS A CONSE Jeath but not ER/Outpetlent: NJURY , 'ber' INJURY At hi	COUENCE OF): COUEN	22. NAME Tay 147 I enter the r the underly the underly 26. Nursing H Nursing H 27 M 1	IND ADDRESS OF ILOU FUNCES TO THE COLOR STATE OF DEATH COMMUNITY AT WORK?	Part I.	Chap St., ardlec or resp MCMO 24a. WAS AN PERFOI 1 YES :	Anna Iratory er Anna Iratory er Autropsy RMED? Autropsy RMED? Anno Injury oc	pol; reet,	21401 Approximinterval Bi Onset and WERE AUTOPSY FIT AWAILABLE PRIOR COMPLETION OF CO
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DEATH (ITEM 27) (Type, Print)

DOM ANCAS MID

32. REGISTRAR'S SIGNATURE

DHMH-16 Rev 1/89

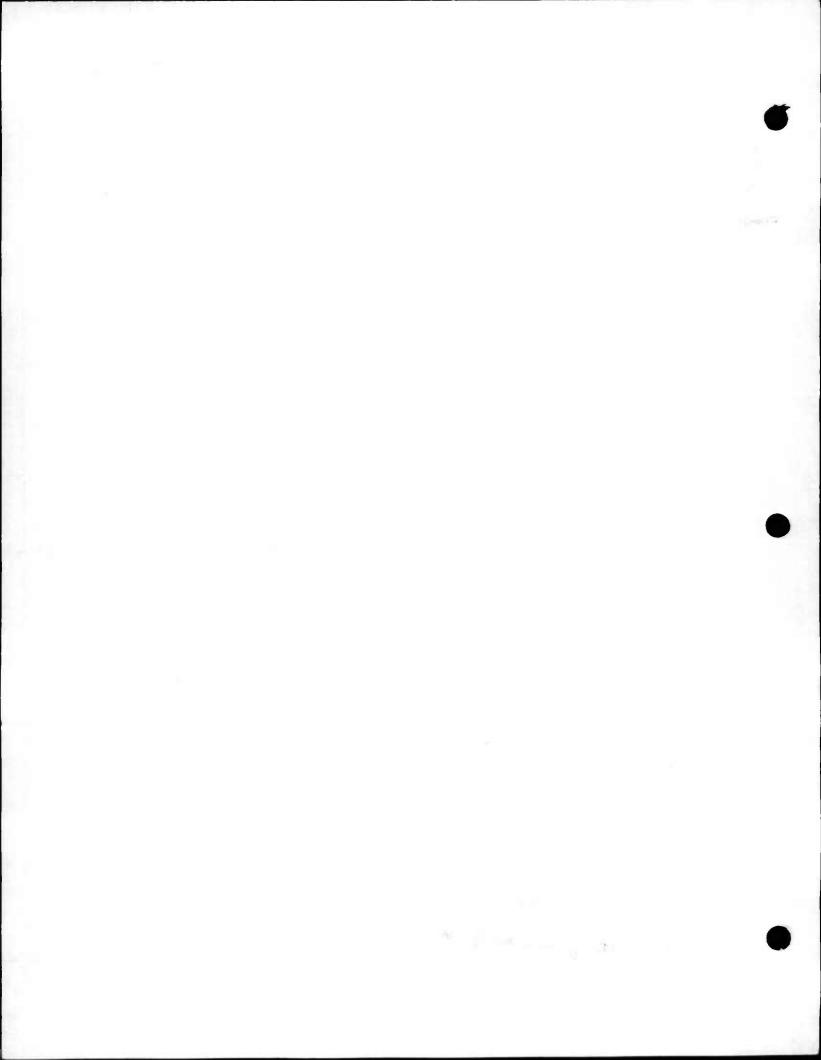


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		FOR 1 - STATE	STATE OF MA	ARYLAND / DEPA			MENTAL HYGIE	91	28920			
	_	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Lest)		CERTIF	ICATE OF	DEATH	REG. NO).				
9		FRANCIS	M		JOHNSON	<u> </u>	2. DATE OF DEATH	<u>05</u>	3. TIME OF DEATH 09:00 AM			
(P	1	4. SOCIAL SECURITY NUMBER 213-26-9505	1 🖹 M 2 🗆 F	6. AGE (In yrs. last birthday) 6.2 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 1. 19 1.9		Country) MARYLAND			
5	FOR	9n. FACILITY NAME (If not institution, give s NORTH ARUNDEL		ASSOCIATION		OR LOCATION OF C		9c. COUNT	A.A. COUNTY			
	EGT	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	Y	10c. Ci	TY, TOWN OR LOCA	ATION			and manage area.			
permit.	L DIR	MARYLAND ANNI	E ARUNDE		ODENTO	N			10d. INSIDE CITY LIMITS? 1 YES 2 NO			
. ist	FUNERAL	1322 HALLOCK D				21113			U.S.A.			
or attending physician r use as the bunal-tra	BY FU	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT, FORCES? 1.X IF YES, GIVE WA 1.951	EVER IN U.S. ARMED XYES 2 NO R OR DATES - 1953	W yes, s	CENDENT OF HISP/ pecify Cuben, Mexic S 2XXNO Spec	ANIC ORIGIN? (Specify Yesen, Puerto Rican, etc.)	n or No— 1	4. RACE — American Indian, Black, Whita, etc. Specify:			
e as	ED	15. DECEDENT'S EDU	CATION		USUAL OCCUPAT	ION	16b, KIND OF BU	ISINESS (INO.)	BLACK			
spital led fo	COMPLET	(Specify only highest grade	College (1-4 or 5 +)	(Give kind of life. Do NOT L	work done during in ise retired.)	ost of working	BALTI		GASY& ELECTI			
detach once.	Š	17. FATHER'S NAME (First, Middle, Last)		# 10014			IAME (First, Middle, Maider	n Surname)				
	BE (WILLIAM R. JO	HNSON				E YOUNG					
5 should notified	5	19a. INFORMANT'S NAME (Type/Print)	0.0.17				Route Number, City or To					
e ge		VIVIAN L. JOHNS	SON				ODENTON,	MD.	21113			
e 6 may ector, p		1X XBuriel 2 ☐ Cremation 3 ☐ Rem	oval from State	20b. PLACE AND DATE			- 11 11 -		ly or Town, Stata			
Page I direc		4 ☐ Donetion 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	INAKIDAND		ND ADDRESS OF F			VILLE, MD.			
ter death. Page 6 may the funeral director, pa oval.		Larry	H. Ree.	se	REES	E & SON	NS MORTUA	RY, P				
in by rem		23. PART I. Enter the diseases, proshock, pr heart feilure.	complications that o	ceueed the deeth. Do	not enter the m	ode of dying, su	ch ea cardlec or reap	olratory arres				
		IMMEDIATE CAUSE (Final							Interval Between Onset and Death			
within 24 npletely fille cremation, vent, the	Ų.	disease or condition resulting in death)	a. acu	OR AS A CONSEQUENCE	pirator	7 1	lailue		7-860			
8 2 3			DUE TO (O	PR AS A CONSEQUENCE	(F):	0						
and and part	CERTIFICATION	Sequentially list conditions,	b	AMULIANO PARAS A CONSEQUENCE O	n:							
physician ne prior ti	CAT	If any, leading to immediate ceuse. Enter UNDERLYING			- /-							
death certificate attending physicental Hygiene pri	Ē	CAUSE (Disease or Injury that initiated evente	DUE TO (O	R AS A CONSEQUENCE O	F):							
death certification attending intal Hygien	E	resulting in deeth) LAST	d									
e 4 2 4	2	PART II. Other algorificant condition	s contributing to de	eeth but not resulting	in the underlyin	o cause given in	Part I 245 Mac 45	AUTOBEV				
	MEDICA	Bronchogenic (Le vis	P _ O	PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE			
requires that een signed b of Health ar shows any	9	will rill	han		2	Co pu	1 YES	5 DENO	OF DEATH?			
been been of she		with fu	fineres	7	and	racen	rece		1 YES 2 NO			
he law e has t te Dept m 23	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. P	LACE OF DEATH (C	heck only one)					
CIAN: The prtificate h he State or item	Sic	1 TES 2 NO	HOSPITAL:	ER/Outpetient 3 🗆 DOA	OTHER:	ne 5 🗆 Residenca	6 Other (Specify)					
is cer ith th	РНҮ	27. MANNER OF DEATH	26a. DATE OF IN (Month, Day,		E OF 28c. IN	JURY AT ORK?	28d. DESCRIBE HOW	INJURY OCCUI	RED			
Ifer this eath with	BY	1 Natural 5 Pending 2 Accident Investigation			4.	YES 2 NO						
TTTENDI CTOR: A after d	TED	3 Suicide 6 Could not be determined Clay or Town, State) 28e. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)										
DIRE hours	PLE	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated.										
SPITAL VERAL Nin 72	OMP	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated.										
TO THE HOSP! TO THE FUNER DE filed within	3	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU			IGNED (Month, Day, Year)			
MP 등 H	0 18	not file	Hung	M.D		-	000		Ct. 5, 1991			
	¥ I	30 NAME AND ADDRESS OF PERSON WHO	COMMETER SHIPE	05.05.05.05.05.05					0.2,1711			

, M.D. 18357 CHERRY LANE LAUREL, MARYLAND

32. REGISTRAR'S SIGNATURE
Davidson-Rondell



BALTIMORE, MARYLAND 21215-0020

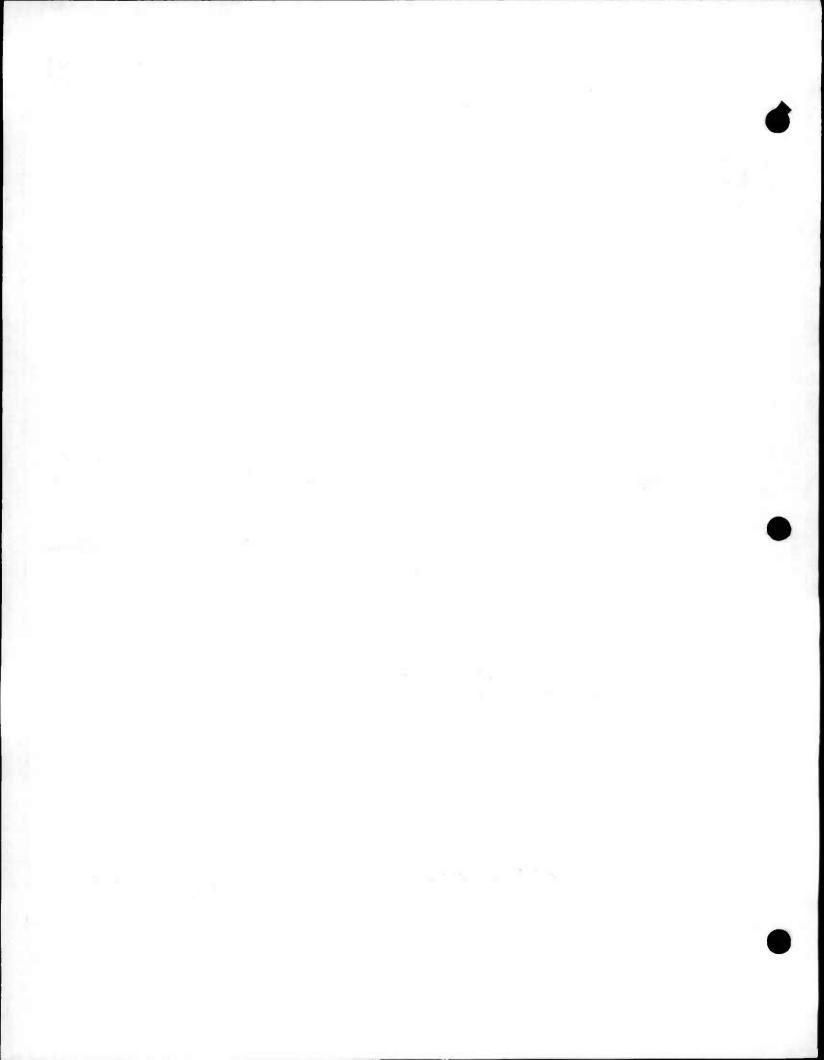
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages in the within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

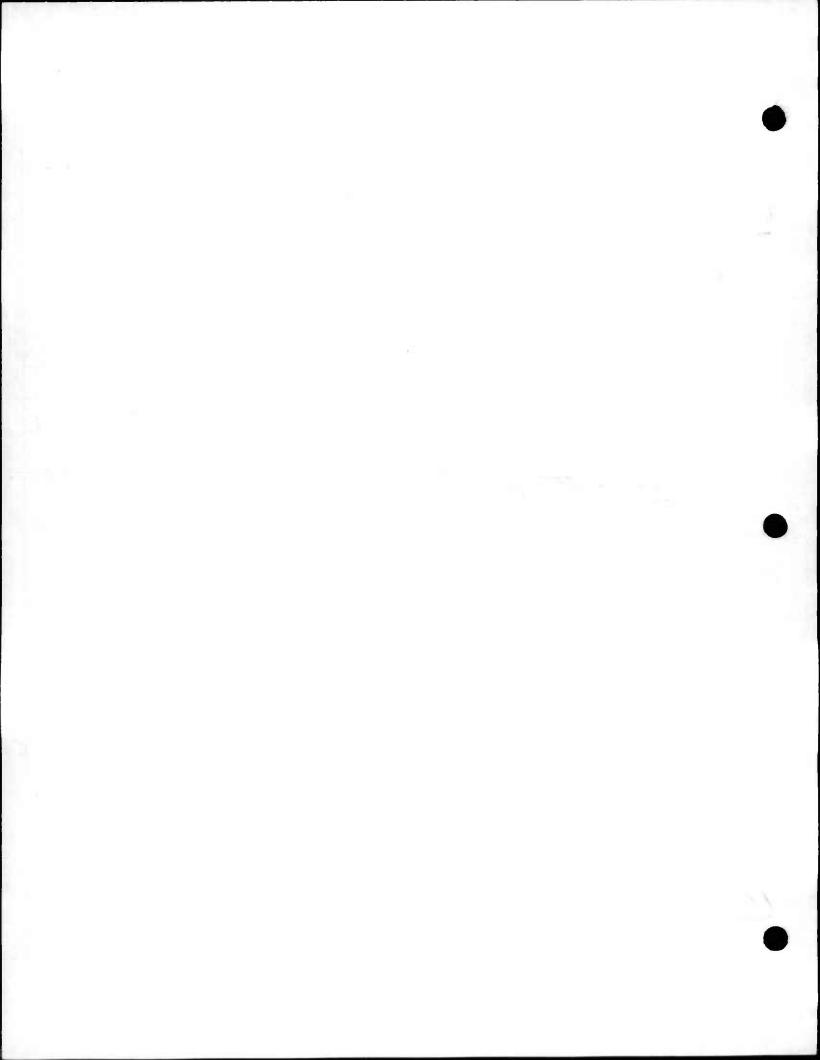
-	ı	6	U	-

Maren.	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART CERTIFIC	MENT OF H	EALTH AND	MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATN		3. TIME OF DEATH
	Hilda	С.		eson		October	7, 19	
	The state of the s			F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. B	SIRTHPLACE (State or Foreign country)
	200-30-4363	1 M 2 💢 F	/4 YRS.			November 2		
	9a. FACILITY NAME (If not institution, give street				OR LOCATION OF DE	EATH	9c. COUNTY	
5	Calvert Memoria	al Hospita	<u>a l</u>	Prince	Frede	rick	Calv	ert
REC	10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY
ā	Maryland Calver	rt	Hunt:	ingtown				LIMITS?
3AL	10e. STREET AND NUMBER				ZIP CODE		100	OF WHAT COUNTRY?
FUNERAL DIRECTOR	2740 Lowery Rd.				20637		U.S	5.A.
FU	11. MARITAL STATUS 1 1 Never Married 2 X Married	12. WAS DECEDENT EVER II FORCES? 1 YES	2 X NO	13. WAS DEC	ENDENT OF HISPAI	NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	or No- 14, I	RACE — American Indian, Black, White, etc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	1 TYES	2 X NO Specif	y:		Specify: White
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co.	TION	16a. DECEDENT'S U	SUAL OCCUPATION	ON	16b. KIND OF BUS	I SINESS/INDUST	
E I		College (1-4 or 5+)	life. Do NOT use	rk done during mo retired.)	st of working			
MP	9		Home make	er		Own Hor	ne	
	17. FATNER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden	Sumame)	
BE	George Hughes				Vergie			
2	19a. INFORMANT'S NAME (Type/Print)					Floute Number, City or Town)
	James W. Jameson	Lan	.PLACE AND DATE OF			ngtown, MD		
	1 N Buriel 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	al from State cem	etery crematory or other	r plecel			CATION — City of	
	21 SIGNATURE OF FUNERAL SERVICE LICE	ISEE	ISHINGTON	22. NAME AN	D ADDRESS OF FA	ery10/10/9		
	S	17-10-	1				4308 Su	itland Rd.
	23 PART I Enter the discuss or our	1 Tecoa	in	Robert	- E. WIII	neim, inc.	suitlan	id, MD. 20746
	23. PART I. Enter the dispasse, or con shock, or hairt fallure. Lis	st only one cause on a	ach iina.	antar tha mo	da of dying, suc	h aa cardiac or reapi	ratory srreat,	Approximata Intarval Batween
	IMMEDIATE CAUSE (Final disease or condition	1 41		- /.	1 . P	4		Onset and Death
	resulting in death) a	DUE TO (OR AS A	CONSEQUENCE OF:	avocas	1 wter	Mon		30min.
z		DUE TO (OR AS A DUE TO (OR AS A	u virte	m de	ADDOR			i
2	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF	J	1000			
CA	CAUSE (Disesse or Injury							
E	that initiated eventa resulting in daath) LAST	DUE TO (OR AS A	CONSEQUENCE OF):					
CERTIFICATION	d							
CAL	PART II. Other algnificant conditions of	contributing to dasth b	ut not resulting in	the undarlying	cause given in	Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS
	chronic activ	e hesatits.	¿. pos	+ Mile	4 midd	PERFOR		AVAILABLE PRIOR TO COMPLETION DF CAUSE
ME	cerebral out	ery stroke	with a	lensp	(0/2×		O.N.	DF DEATN?
ä	homiparen	. 0					i	
PHYSICIAN: MED	25. WAS CASE REFERMED TO MEDICAL EXAMINER?	HOSPITAL:	- 12	28. PL	ACE OF DEATH (Chi	eck only one)		
IXS	t YES 2 NO 1	☐ Inpetient 2 ☐ ER/Outp	atlent 3 DOA 4	☐ Nursing Nome		8 Other (Specify)		
	1 Netural 5 Pending	(Month, Day, Year)	28b, TIME (Y WO	RK?	28d. DESCRIBE NOW IP	JURY OCCURE	D
B	2 Accident Investigation 3 Suicide 8 Could get be	28e. PLACE OF INJURY	At home feet atu		ES 2 NO			
	8 Could not be 4 Nomicide determined	building, etc. (Spec	ify)	rac, ractory, office	·	281. LOCATION (Street a City or Town, State)	nd Number of Ru	ral Route Number,
COMPLETED	29a. CERTIFIER 1 CERTIFYING PAYERCIA	N. To the best of an in-						
MP	(Check only one) 2 MEDICAL EXAMINER: (N: To the best of my knowl On the basis of examination	eage, destri occurred	in my pointon de	and place, end due	to the cause(a) end man	ner ea stated.	
	29b. SIGNATURE AND TITLE OF DESCRIPTION		17	, , , , , , ,				
H	una	X	4		29c. LICENSE NUN	E) >	29d. DATE SIG	NED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF DE	ATN (ITEM 27) (Type, Pr	int)	1139	742	- / /	1711
)	Dr. Jonathan Fe				derick,	Marylan	d	
	31. DATE FILED (Month Oct 191	32. REGISTRARYS SIGNA	Savidson-Ran	delle				



DNMN-18 Rav 1/89

	1. DECEDENT'S NAME (First,	Middle, Last)				ICATE O			REG. NO.		3. TIME OF E	EATN
	BELINDA		М.			KING		10	TN DA	1995	AR 6:22	p
	4. SOCIAL SECURITY NUMBER	ER	5. SEX	6. AGE (In yr	rs. lest birthday)	IF UNDER 1 YEAR		7. DAT	E OF BIRTN rith, Day, Year)	0, E	BIRTNPLACE (State (r Foreign
1	578-72-121 9a. FACILITY NAME (If not Inst		1 🗆 M 2 🔜 F	39	YRS.			01	-15-52		lash. D	.С.
Ė	1172 KENNEB	EC STI					OR LOCATION OF D	DEATN		9c. COUNTY	of oeatn CE GEORG	ES
REC		10b. COUNTY	ce Georg	705		TY, TOWN OR LOC					10d. INSIDE	YTK
N O	10e. STREET AND NUMBER		- Georg	<u></u>		Oxon H	1 L L			10a CITIZEN	1 XYES 2	
FUNERAL	1172 Kenn	ebec	Street	#T1			20744			USA		T, f
BY FUI	11. MARITAL STATUS 1 Naver Married 2 N 3 Widowed 4 Divorce	Married	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	T EVER IN U.S	NO	If yea, s	ECENOENT OF NISPA specify Cuban, Maxic S 2 NO Spec	an, Puarle	IN? (Specify Yea Rican, etc.)	or No- 14.	RACE — American Black, White, alc. Specify: Blac	
ED	15. DECE (Specify only	OENT'S EDUC	CATION completed)	164	a. DECEDENT'S	USUAL OCCUPAT	TION	16	b. KIND OF BUS	I BINESS/INDUSTI		- K
PLET	Elementary/Secondary (0-1		College (1-4 or 5+)	me. Do NOT u	person			Auto			
COMPL	17. FATNER'S NAME (First, Mid					_	16. MOTNER'S N	AME (First	Middle, Maiden	Sumame)		
BE (Samuel E.		ng				Regin	a S	wann			
5	19a. INFORMANT'S NAME (Type Harvey F.		ch. Jr				field A					13
	20a. METNOD OF DISPOSITIO	ON .		20b. PLA	ACE AND DATE	OF DISPOSITION //	Vame of		TE 20c. LOC			ıa
1	4 Donation 5 Other (S	Specify)		Mt.	v. crondon or	et Cem	etery	10	-9 Was			
	The CH	24	PAREE /	1			ANO AODRESS OF F		Eric D). Str	icklan	3 C
	IMMEDIATE CAUSE (Fina	di cianure.	cist only one cau	se on each	iine.	not entar the m		F'O	x Turn	i, Cli	Approximately Approximately Onset	ID
ERTIFICATION	ariock, or mad	ons, late	a. GUNS LA. DUE TO (OR AS A COM	iine.	(2) (F):	ode of dying, su	F'O	x Turn	i, Cli	Approximatery	ID
: MEDICAL CE	iMMEDIATE CAUSE (Fina disease or condition resulting in death) Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or Injury that initiated events	ons, late	DUE TO (OR AS A CONTOR AS	OUND NSEQUENCE O	not entar the m	HETOD	r F'O	x Turn	autopsy MED?	Approximatery	Imate Between De and De Finding From To Francisco
: MEDICAL CE	iMMEDIATE CAUSE (Fina disease or condition resulting in death) Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant cause. See the significant cause. See the significant cause. See the significant cause. See the significant cause. See the significant cause cau	ons, late	DUE TO (OR AS A CONTOR AS	OUND NSEQUENCE O	not entar the m (2) (2) (5): F): In the underlying	HETOD	FO Part I.	X Turn rdiac or respir	autopsy MED?	Approvinterva Onset	Imate I Betweend December of Finding Of TO OF CAUSE
SICIAN: MEDICAL CE	IMMEDIATE CAUSE (Fina disease or condition resulting in death) Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injurthat inklated events resulting in death) LAST PART II. Other significant	ons, late	DUE TO (DUE TO (OUE TO (d. a contributing to (HOSPITAL: 1 Inpetient 2	OR AS A COP OR AS A COP OR AS A COP death but n	NSEQUENCE O	not entar the m (2) (2) (F): F): In the underlying 26. F OTHER: 4 □ Nursing Ho	THETO DATE OF DEATH (C)	Part I.	24a. WAS AN / PERFORM 11 PES 2	AUTOPSY MED?	Approvinterva Onset	Imate I Betweend December of Finding Of TO OF CAUSE
PHYSICIAN: MEDICAL CE	IMMEDIATE CAUSE (Fina disease or condition resulting in death) Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant in the condition of t	ons, late IG y at condition: MEOICAL	DUE TO (DUE TO	OR AS A COM	NSEQUENCE O	Pi: Cother:	PLACE OF DEATN (C)	Part i.	24a. WAS AN A PERFORE 1 PES 2 or (Specify) SCRIBE NOW IN	AUTOPSY MED?	Approvinterva Onset	Imate I Betweend December of Finding Of TO OF CAUSE
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To the s	CHANG.	2	,ci 9.
BALTIMORE, MARYLAND 21203-3146	THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages fleed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
3146,	cuted wil	d comple urial, cre	lic ever
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	e be exer	sician an	trauma
O. B(certificat	ding phy: lygiene p	other
S, P.	e death	Wental H	lury, or
SORC	that the	th and N	any In
ECC	requires	een sign	shows
TAL	The law	ate has b	iem 23
FVI	SICIAN:	certifica	d, or it
ONO	ING PHY	After this leath wit	marke
/ISIC	ATTEND	s after d	1 28 is
d	TAL OR	2AL DIR	If Item
	HOSPI	FUNER WITHIN	HTANT
	THE	to THE	MPO

	FOR STATE REGISTRAR	STATE OF MARYL			HEALTH AND F DEATH		YGIENE REG. NO.		ting (3 2 2 0
	1. OECEDENT'S NAME (First, Middle, La KELLY, KRISS	st)				2. DATE OF MONTH	DEATH DAY	YEA 91	_	12:05 P M
	4. SOCIAL SECURITY NUMBER 577-88-6472	6. SEX 6. AGE	(In yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS		7. DATE OF	BIRTH By, Year)	, Co	nuntry)	E (State or Foreign
ВО	90. FACILITY NAME (If not institution, git HOLY CROSS	tosp ITM			OR LOCATION OF E			9c. COUNTY O		GOMERY
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COU		10c. CITY	, TOWN OR LOC	ATION			10d. INSIDE CITY LIMITS?		
	D.C.		W	ASHING						YES 2 NO
FUNERAL	4129 NEWHA	MPSHIRE MIF	N.W.	- 1	20011			10g. CITIZEN (TAHW TC	COUNTRY?
N I	11. MARITAL STATUS	12. WAS DECEDENT EVER II FORCES? 1 YES	N U.S. ARMED		ECENDENT OF HISP/			or No.— 14. F	RACE - A	American Indian,
B	1 Hever Merried 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	1 🗀 YI	ES 2 NO Spec		m, etc.;	1	Specify:	BLACK
TEC	15. DECEDENT'S I (Specify only highest g	rade completed)	18e, DECEDENT'S (Give kind of w life, Do NOT use	rork done during	TION most of working	16b. KI	ND OF BUSI	NESS/INDUSTR	ry	
COMPLETED	Elementary/Secondary (0-12) 12th	College (1-4 or 5+)		keepin	g	I	.c. 6	Governm	ent	
	17. FATHER'S NAME (First, Middle, Lest)				16. MOTHER'S N	AME (First, Mide Le Eliz			lor	
B	Kriss Kelly, 190. INFORMANT'S NAME (Type/Print)	Jr.	19b. MAILING	AODRESS (Street	t and Number or Rura					
2	Kriss Kelly, Jr	•	3901 S	uitlan	d Rd. Sui	itland,	MD.	20746	,	
	20a. METHOD OF DISPOSITION 1 Buriat 2 Cremation 3 F 4 Donation 5 Other (Specify)	ternoval from State	b. PLACE OF OISPOS other place) Han	,	cometery, cremetory or emorial I			ation – city of		
	21. SIGNATURE OF FUVERAL SERVICE	LICENSEE	_		AND ADDRESS OF F	ACILITY				s, Inc.
	· Jue	10 /6	- 37	716	Kennedy					-
	23. PART I Enter the diseeses, ahock, or heart fello	or complications that cause ire. List only one cause on o		ot enter the r	node of dying, su	ich aa cardia	c or reapir	atory arrest,		Approximata interval Between
	iMMEDIATE CAUSE (Final disease or condition reaulting in death)	DUE TO (OR AS	llar Li	ımph	oma					Onset and Death
_	Totaling in disting	DUE TO (OR AS	A CONSEQUENCE OF	-) :	•					
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE OF	F):						
IIFIC	CAUSE (Diseese or Injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF	ን:						
CER	reaulting in deeth) LAST	d								
CAL	PART II. Other eignificant condi		but not resulting i	in the underly	ing cause given i	i	4a. WAS AN	MED?	AWA	RE AUTOPSY FINDINGS MILABLE PRIOR TO MPLETION OF CAUSE
	Dubetes Me	11 tus				— ¹	YES 2	th No	OF	DEATH?
N.										
PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSFITAL:		OTHER:	PLACE OF DEATH (
HYS	1 TYES 2 THO 27. MANNES OF DEATH	1 Denpatient 2 ER/Out 26e. DATE OF INJURY	28b. TIM	E OF 28c.	ome 5 Residenc			JURY OCCURE	D	
ВУ Р	1 Natural 5 Pending 2 Accident Investigat			M 1	WORK? YES 2 NO					
G	3 Suicide 6 Could no 4 Homicide determine		street, factory, o	Mice	28f. LOCAT City or	ION (Street e Town, State)	nd Number or R	ural Floute	Number,	
COMPLET	one)	HYSICIAN: To the bast of my known MINER: On the basis of axamination							use(e) en	nd manner ee stated.
8	and la	Une 10			D 29c. LICENSE N	UMBER		29d. OATE SIG	3NEO (MO	onth, Day, Year)
10	30. NAME AND ODDRESS OF PERSON	1	EATH (ITEM 27) (Typo	/	NE WAS	HDC 7	2,00c) =),		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	NATURE	-						
	100m 019 91	Julia Davids	on-Mandelle							

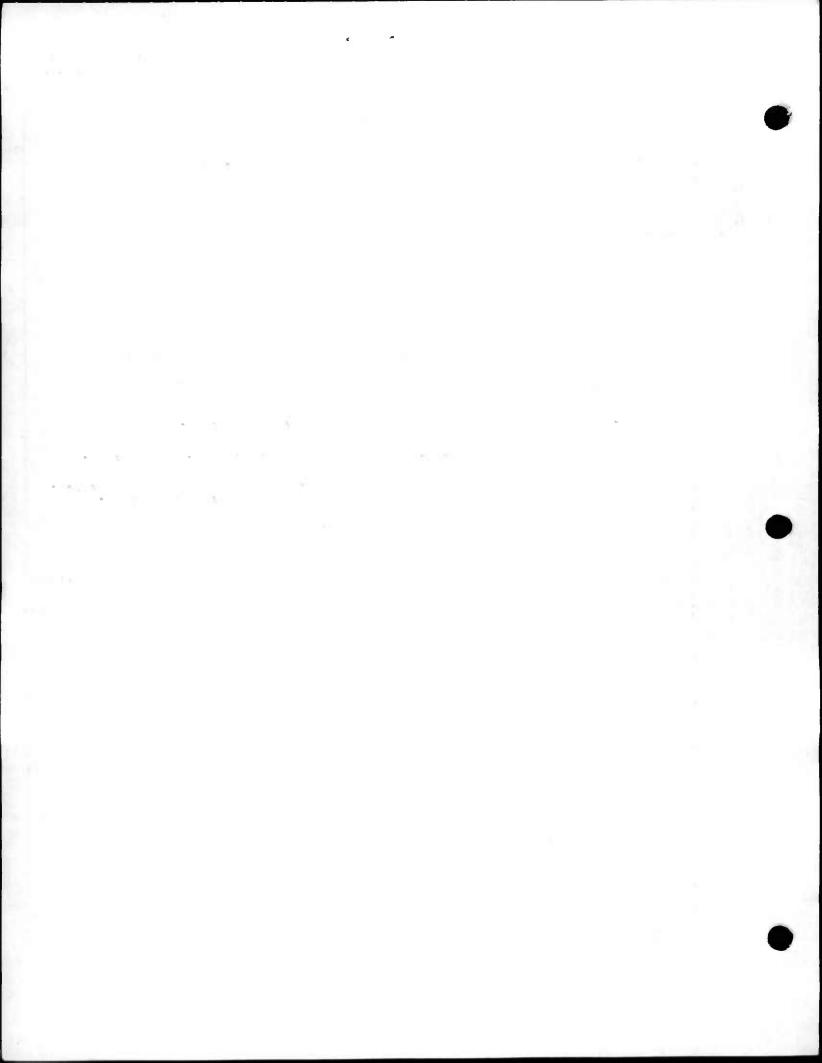
DHMH-16 Rev 1/89

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

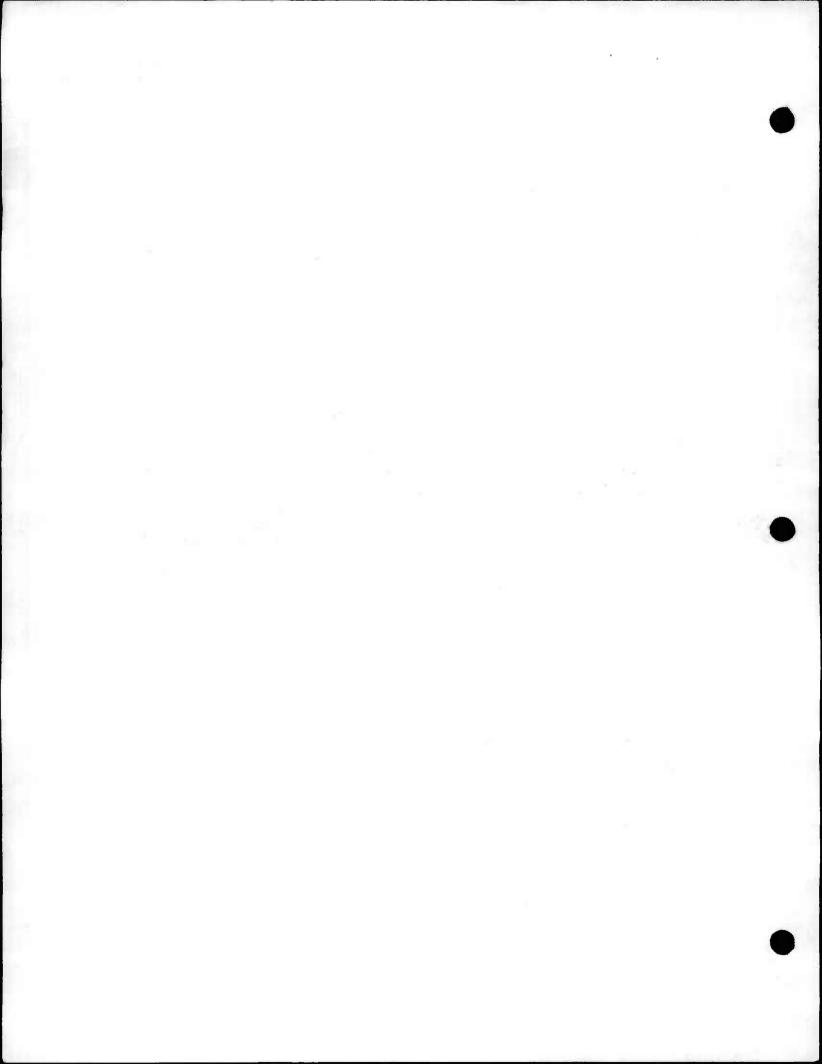
FOR STATE REGISTRAR		STATE OF I	MARYLAN	ID / DEPA					MENT	AL HYGIE				
BARBARA	Middle, Last) KOTRAS	Barba	ara	Ann	Kotı	ras			MO	TE OF DEATH	DAY	YEAR	3. TIME OF DEATH	м
212–52–8287		5. SEX	6. AGE (In)	rs. last birthda YRS.	MONTH	ER 1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7 DA1	V. 1,1	, ,		LACE (State or Foreign	
THE JOHNS	HOPKIN		AL	96. CITY, TOWN OR LOCATION OF DEATH BALTIMORE CITY						9c. COUNTY OF DEATH BALTIMORE CITY				
oo. STATE Varyland	10b. COUNT	arford			c. CITY, TOWN OR LOCATION Bel Air								10d, INSIDE CITY LIMITS? 1 YES 2 NO	
2905 Creswe	ell Ro	ad		10f. ZIP CODE 21015						10g. CITIZEN OF USA			WHAT COUNTRY?	
1. MARITAL STATUS Never Married 2 Widowed 4 Divo	T EVER IN U. YES AR OR DATE	2X NO It yes, specify Cuban, Mexican, Puerto						GIN? (Specify You Ricen, etc.)	ee or No—	Black, Specify	NCE — American Indian, ack, White, etc. acity: hite			
15. DECI (Specify only Elementary/Secondery (0-) 16	Give kind of life. Do NOT	of work don use retired	OCCUPAT e during m	ION osl of working	ng	1	6b. KIND OF B	USINESS/INDU	STRY				
7. FATHER'S NAME (First, MI	iddle, Last)	2		Hospi.	tal V	<i>T</i> olur			ME (Ele-	t, Middle, Maide	Hospit	al		_
Edward Cyr	ill :	Kotras					M	ary '	The	resa	Procha			
e. Informant's Name (7) Edward C。 K										imber, City or To Air, M				
a. METHOD OF DISPOSITI Burlel 2 Corematio Donation 5 Other	n 3 🗆 Ram (Specify)			ACE AND DAT ry, crematory o A. F	erris	e) Cre	emato		16	-91 W	ocation - c	ter,	Pa.	
SIGNATURE OF FUNERAL	SERVICE LIC	McCov	ures	TH	I	Howai	d K. Coke	McC	oma	s III	Funera bingdo	l Ho	me, P.A. id. 21009	
MMEDIATE CAUSE (Fin Isease or condition eaulting in death)	ai	a. B- ((OR AS A CO	YM PA	homion:	C	me	tasi	tat	ic T	to bon	e m		
equentially list conditi- any, leading to immed euse. Enter UNDERLYII AUSE (Disease or inju- nat initiated avents esulting in deeth) LAST	diate NG ry	· Post -	str	ensequence	مدرم					nephr		<i>f</i>	(2.0	14.0
ART II. Other algnificer	nt condition	s contributing to	desth but	not resulting	g in the t	underlylr	ng cause (jivan in	Part I.		N AUTOPSY DRMED? 2 19-110		WERE AUTOPSY FINDIN MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO	MEDICAL	HOSPITAL:	ER/Outpatie	int 3 🗆 DOA	OTHE 4 No	R:	LACE OF D			one) her (Specify)				
	Pending nvestigation	28e. DATE OF (Month, D	ny, Year)	1	IME OF NJURY M	1 [JURY AT ORK? YES 2] NO	28d. D	ESCRIBE HOW	INJURY OCCU	IRED		
	Could not be latermined	26e. PLACE O building,	etc. (Specify)	At home, term	n, atreet, fa	ctory, offic	00		28f. L.C	CATION (Streety or Town, Steet	t end Number o	r Rural Ro	ute Number,	
		CIAN: To the best of R: On the basis at a											and mennar ee stated	
SIGNATURE AND TITLE	OF CERTIFIER BENNI	, M.D.	Si	rgica	1 6	eside	29c. LICE	NSE NUM	BER	78 528-7	29d. DATE		Month, Day, Year)	
Ellis	ber zor				Cat	an	AND	TUP		Balti.	mare	Mar	yland 21	21
OCT 15	300	32, REGISTRA	A'9 SIGNATU	HE 1.00	_						-	1	1	



	rvi Li	d	ŀ
-819	Page	102	ŀ
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

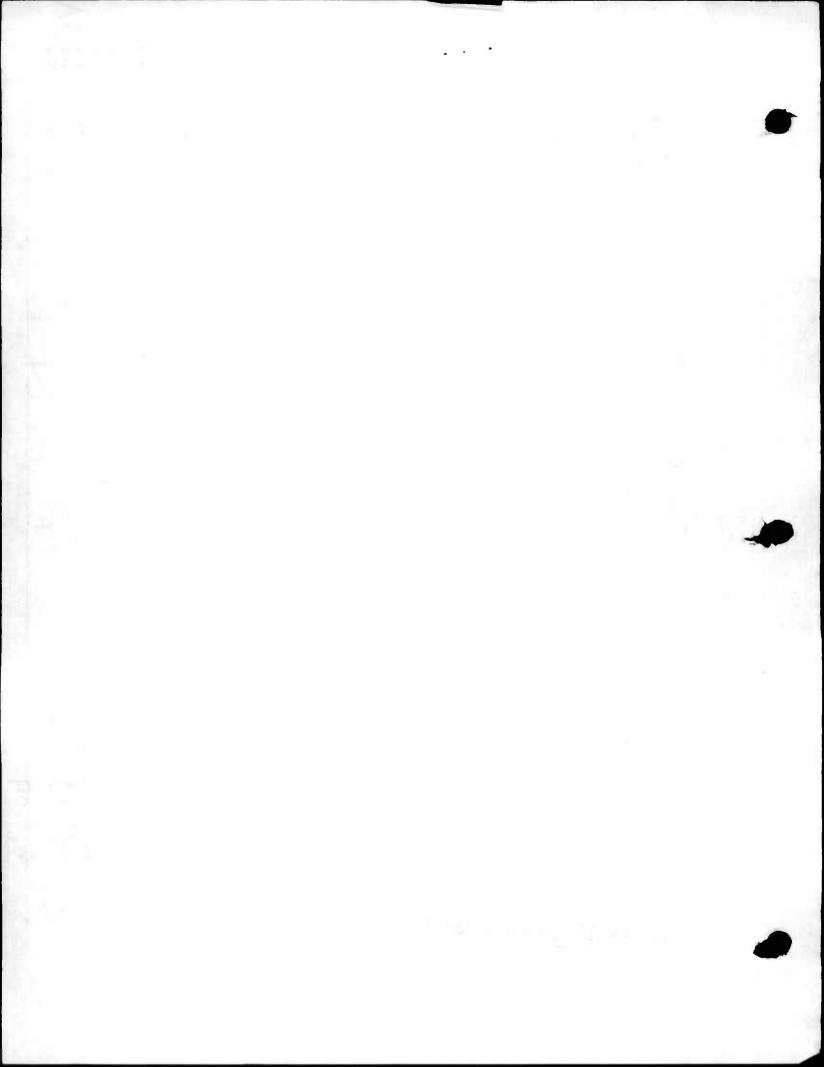
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR		STATE OF	MARYLA			TMENT ICATE				MENTA	L HYGIEN	E	11	28925
1. DECEDENT'S NAME (First)	, Middle, Last)	Johr	R.	Le	men						of DEATH	3, 19	99I	3. TIME OF DEATH 1501 M
4. SOCIAL SECURITY NUMBER 215-10-4835		5. SEX	6. AGE (In		birthday)	IF UNDER 1	YEAR DAYS	IF UNDER	24 HRS.	7. DATE (Mont) Sept	of BIRTH	1904	Count	HPLACE (State or Foreign ry) ryland
9a. FACILITY NAME (If not in Union Hospi			county	7			TOWN	OR LOCATI	ON OF D			9c. COU	INTY OF E	*
RESIDENCE OF DEC	EDENT													
Maryland	Ceci				1710	Elkton								10d. INSIDE CITY LIMITS? 1 X YES 2 NO
323 Hermita	ge Dri	ive					101. ZIP CODE 10g. CITIZEN OF WHAT COUNTR 21921 U.S.A.							
1 Never Married 2 X Married FORCES? 1 ☐ YES 2 X NO If yes, specify Cuban, Mexican, Puarto Rican, atc.)							14. RAC Blac Spec	E — American Indian, sk, Whita, atc. sity: White						
15. DEC	EDENT'S EDU	JCATION e completed)		16a, OE	CEDENT'S	USUAL OC	CUPATION OF	ON set of world	na	16b	. KIND OF BU	SINESS/IN	DUSTRY	
(Specify only highest grade completed) Elamentary/Secondary (0-12) Collega (1-4 or 5+) Collega (1-4 or 5+) Collega (1-4 or 5+) Collega (1-4 or 5+) Collega (1-4 or 5+) Collega (1-4 or 5+) Collega (1-4 or 5+) Automobile Dealership							lership							
17. FATHER'S NAME (First, M John	iddie, Lest) Lemet	n						18. MOT	HER'S N		Middle, Maiden Y Dole	-		
19a, INFORMANT'S NAME (Type/Print)		.:	19t	. MAILING	ADORESS	(Street	and Numbe	r or Rural	Route Num	ber, City or Tow	n, State, Zi	ip Code)	
Ruth B. Lem						lermit					.kton,	MD	2192	21
20a. METHOD OF DISPOSIT 1 X Burlat 2 Crematic 4 Donation 5 Other	n 3 🗆 Ren	ber 16, 1		other pla	ice)	sition (Nan								own, State ryland
21. SIGNATURE OF FUSIERRA	Service LI	CENSEE &	21	il	be	22.	ME Bow	and	Sto	fbP F	unera:	ls, I		
23. PART I. Enter tha dahock, or h IMMEDIATE CAUSE (Fit disease or condition resulting in dasth) Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or in) that initiated events resulting in death) LAS	clons, diete	a. Due To	Le on ea	CONSEC	CUL DUENCE O	Digo myo enn	The mo	Re	Ping, su	On es can	Jan diac or reap	lietory ar	t t	Approximate Interval Between Onset and Deeth
PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FINDINGS ANALIBLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO								AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?						
25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:	_			OTHER	_	LACE OF I	DEATH (C	heck only o	ne)		_	
1 YES 2 NO		1 Inpettent 2)		itient 3	DOA 28b. TIN			JURY AT	lesidence	8 Othe	r (Specify) SCRIBE HOW	IN ILIEV C	CUIPED	
	Pending Investigation	(Month,	Day, Year)		IN.	JURY M	1 🗆	YES 2	□ NO	280. DE	SCHIBE HOW	INJUNY OC	CCUMED	
3 Suicide 8 4 Homicide	Could not be datarmined	28a. PLACE building	of INJURY	At ho	me, ferm,	street, facto	ory, offic	ce .			CATION (Street or Town, State		er or Runal	Route Number,
cont only		SICIAN: To the best of	1 1											(s) and menner as stated.
296. SIGNATURE AND TITLE	Sul	X	Lun	4:	B	P			0618	_				D (Month, Day, Year)
Joseph G.		, M.D.				Str	eet		Elk	ton,	MD 2	1921		
31. DATE FILED (Month, Day,	Year)	A. PEGIST	AR'S SIGNA	THEN	dall									



BALTIMORE, MARYLAND 21215-0020	are death. Page 6 may be retained by the hospital or attending ph	in by the funeral director, page 5 should be detached for use as the bu	remova.
0, (Ithi	letely 5, of	emation, c
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the state death. Page 6 may be retained by the hospital or attending physic	DIRECTOR: After this certificate has been signed by the attending physician and completely and in by the funeral director, page 5 should be detached for use as the buria	house after death with the State Dept. of Health and Mental Hyplene prior to burial, cremation, or removal.

	REGISTRAR					IOAIL	UF L	DEATH		REG. NO).		
;	1. OECEOENT'S NAME (First, Middle BERNICE	LIL			ice M				MOI	0 0	4 9	EAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	3 1 D	M 2 KIX		rs. last birthday) YRS.			IF UNDER 24 H	N. (Mc	E OF BIRTH	1 1	Country	
	90. FACILITY NAME (If not institution		7711	69	ina.	9b. CITY, 1	TOWN OR	LOCATION (-06-22	9c. COUNTY		falo, N
5	Anne Arunde	l Medi	ical (Cent	er	Anna	apol	is			Anne	A:	rundel
5		COUNTY			10c. Cl	TY, TOWN OR	R LOCATIO	N					10d. INSIDE CITY LIMITS?
0~	MD A1	nne Ar	runde]	1	An	napo]		ZIP CODE			10a CITIZEI	_	1 YES XX NO
FUNERAL	2594 Twin La	anding	c Cove	2				2140	1		USA		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merrie 3 Widowed 4 Divorced	12. W	AS DECEDENT DRCES? 1 () YES, GIVE WA	EVER IN U.S	NO	- 10	yes, spec		exican, Puer	GIN? (Specify Ya to Rican, etc.)	-	RACE	- American Indien, White, atc.
9	15. OECEDENT (Specify only highe	T'S EDUCATION at grade complet			a. DECEDENT': (Give kind of	work done du			1	8b. KIND OF BU	JSINESS/INDUS	TRY	
PLET	Elementary/Secondary (0-12)	Colle	ge (1-4 or 5+)		life. Do NOT I	use retired.) nistr				U.	S. N.	R.	
COMPL	17. FATHER'S NAME (First, Middle, L		, ,		10.40					t, Middle, Maidei			
BEC	John C. Mon		ski							ukubov			
2	190. INFORMANT'S NAME (Type/Pri										wn, State, Zlp Co		21776
	Barbara Rose				LACE ANO DAT	TE OF OISPO	SITION (OCATION - CH		
	1) Burial 2 Cremetion 3 4 Donation 5 Other (Special	(y)		St	Ann	es Ce	emet			Anr	napoli	s.	MD
	21. SIGNATURE OF FUNERAL SER	VICE LICENSEE	1			1 22 N	IAME AND	ADDRESS (F FACILITY				
1	23. PART I. Enter the disease	es, or compile	cations that	caused th	na daath. Do	Ha 12	arde 2 Ri	esty dgel	v Av	enue.	ome, F Annar	001	is. MD
	23. PART I. Enter the disease shock, or heart fi				ilna.	Ha 12 not anter t	arde 2 Ri	esty dgel a of dying,	V AV	enue.	Annar	001	
	ahock, or heart f		nly ona caus	se on each	ilna.	not enter t	arde 2 Ri	esty dgel a of dying,	V AV	enue.	Annar	001	Approximate interval Bet
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ATION	ahock, or heart for iMMEDIATE CAUSE (Final disease or condition		DUE TO (d	OR AS A CO	line.	not enter t	arde 2 Ri	esty dgel a of dying,	V AV	enue.	Annar	001	Approximatintarval Bet
IIFICATION	shock, or heart find immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events		DUE TO (6	OR AS A CO	ONSEQUENCE	orp:	arde 2 Ri	esty dgel a of dying,	V AV	enue.	Annar	001	Approximate interval Bet
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AL CERTIFICATION	shock, or heart find the season of the seaso	a a b c d	DUE TO (OR AS A CC	ONSEQUENCE ONSEQUENCE ONSEQUENCE ONSEQUENCE	OF):	arde 2 Ri the mode	esty dgel a of dying,	y Av such as c	enue. ardiac or rea	Annar	ool e,	Approximate interval Bet Onset and I GULD S
SAL	shock, or heart find in the state of the sta	a a b c d	DUE TO (OR AS A CC	ONSEQUENCE ONSEQUENCE ONSEQUENCE ONSEQUENCE	OF):	arde 2 Ri the mode	esty dgel a of dying,	y Av such as c	enue. ardiac or rea	Annar piratory arrea	ool e,	Approximate interval Bet Onset and I G UUO S WERE AUTOPSY FINE AMAILABLE PRIOR OF COMPLETION OF CALOF DEATH?
MEDICAL	shock, or heart find in the state of the sta	a a b c d	DUE TO (OR AS A CC	ONSEQUENCE ONSEQUENCE ONSEQUENCE ONSEQUENCE	OF):	arde 2 Ri the mode	esty dgel a of dying,	y Av such as c	enue. ardiac or rea a ardiac or rea a ardiac or rea a ardiac or rea a ardiac or rea a ardiac or rea a ardiac or re	Annar piratory arrea	ool e,	Approximate interval Bet Onset and I G WUO S
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ED BY PHYSICIAN: MEDICAL	ahock, or heart & IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant context of the cause of t	a	DUE TO (() DUE TO (() DUE TO (() DUE TO (() EPITAL: Inpatient 2 □ (Month, Da)	OR AS A CC OR AS A CC OR AS A CC OR AS A CC ER/Outpath	ONSEQUENCE ONSEQUENCE ONSEQUENCE ONSEQUENCE ONSEQUENCE ONSEQUENCE ON THE OWNER OF THE OWNER	OF): OF): OF): OTHER 4 Nursime of NJURY M	derlying 28. PLA 1: Ing Home 28c. INJU WOR 1 YE	cause give	y Av such as c	24a. WAS A PERFC 1 YES	Annar piratory arrea N AUTOPSY PRIMED? 2 □ NO	24b.	Approximate interval Bet Onset and I G UUO S WERE AUTOPSY FINI ANALIABLE PRIOR TO COMPLETION COMPLETION COMPLETION COMPLETION FOR ANALIABLE PRIOR TO FEATH? 1 YES 2 NO
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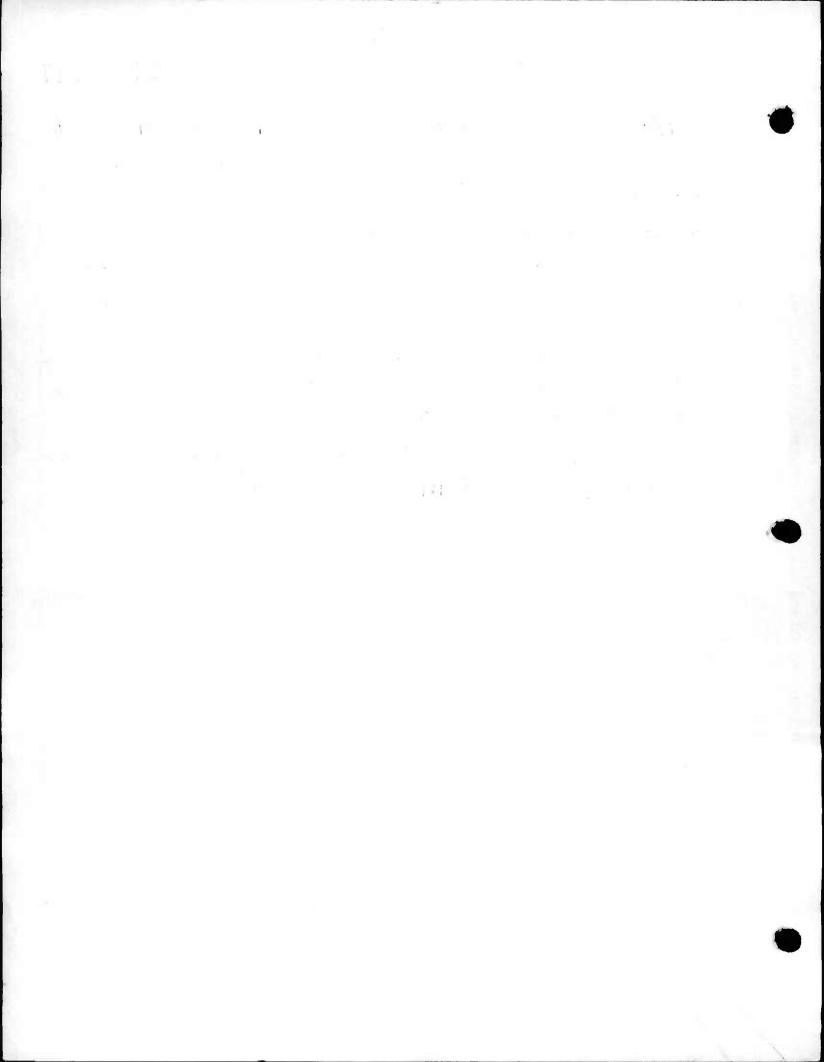


TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

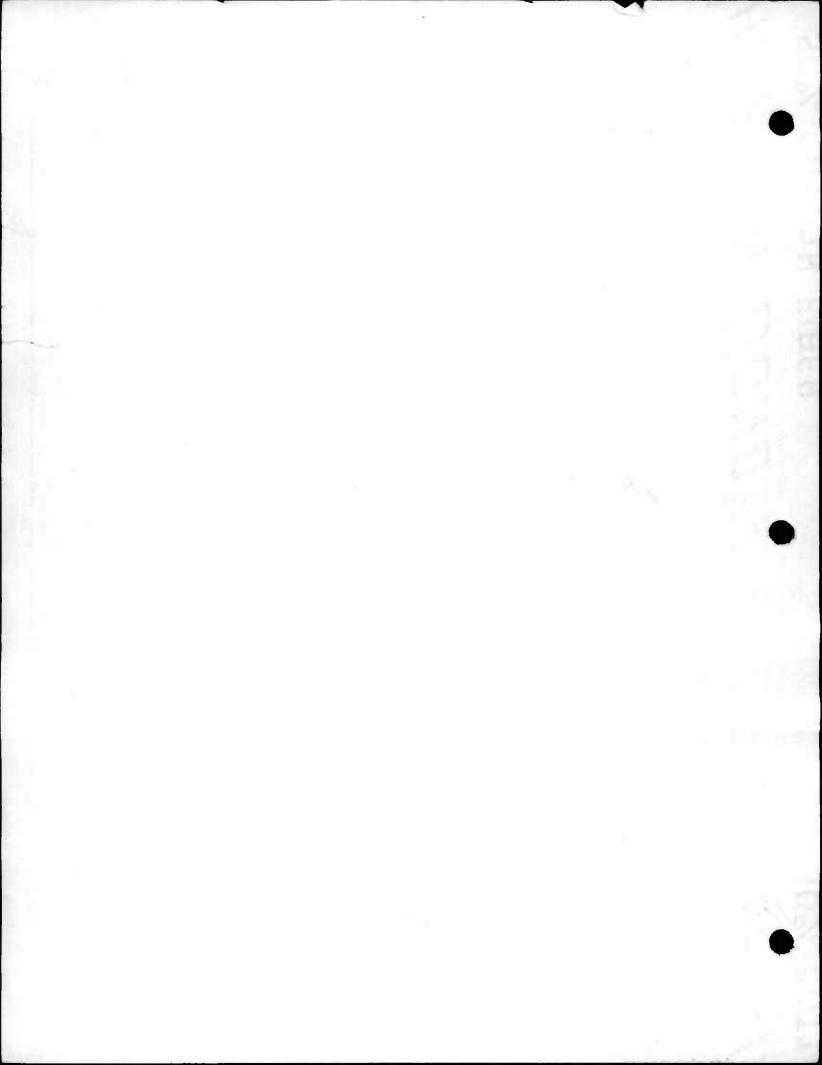
1 -	FOR STATE REGISTRAR
1. D	ECEDENT'S NA

1 - STATE REGISTRAR	SIAIE UF I	/ CI		ICATE OF		MENIAL HYGIE REG. N			
1. DECEDENT'S NAME (First, Middle, Last)	M.	1		aste		2. DATE OF DEATH MONTH).5	YEAR .	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	6. SEX	6. AGE (In yrs. les	st birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS	7. DATE OF BIRTH			LACE (State or Foreign
577-60-6531	1 - M 2 X F	81	YRS.	MONTHS DAYS	HOURS MIN	(Month, Day, Year) 3/27/19	10	Was	h. D.C.
9a. FACILITY NAME (If not institution, give :	street and number)			96. CITY, TOWN O	R LOCATION OF		9c. CO	UNTY OF DE	ATH
Magnolia Gard	ens Nur	sing Ho	ome	Lanha	m		Pri	nce	George's
RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT	γ		10c. CIT	Y. TOWN OR LOCAT	ION				10d. INSIDE CITY
Maryland Prin	ce Geor	re¹s	1.	Temple	Hill	c			LIMITS?
10e. STREET AND NUMBER	00 0001	900			ZIP CODE	5	10g. CI		HAT COUNTRY?
4617 Alcon D	rive				20748		IIni	+00	States
11, MARITAL STATUS		T EVER IN U.S. AF			ENDENT OF HIS	PANIC ORIGIN? (Specify)			- American Indian, White, atc.
1 Never Married 2 Married 3 Wildowed 4 Divorced		WAR OR DATESX			2 NO Sp				ack
15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	(G	live kind of	USUAL OCCUPATION		16b, KIND OF 8	USINESS/H	NOUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	Man	. Do NOT u	se retired.)					
	4 Years	F	Reti	red G.P				nmen	t
17. FATHER'S NAME (First, Middle, Last) Rev. Dr. Nat	hanial	п Мос	~~			NAME (First, Middle, Meide	-		
19a, INFORMANT'S NAME (Type/Print)	chanter			ADDRESS (Street o		ttie John		/ Code	
Ruth A. Flip	pen		453			t., Camde			
20a. METHOD OF DISPOSITION		20b. PLACE	OF DISPO	SITION (Name of cen				- City or Tow	n, State
1 Surial 2 Cremation 3 Rem 4 X Donation 5 Other (Specify)	noval from State	Ceda		in dad	starv	C	.,; . 7	229	Manual au 3
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE - 01-			22. NAME AN	D ADDRESS OF	PACILITY		ana,	Maryland
►loha.	alle	LIANT -	TIT.			ineral Ho ing Rd.,		T-7 1	
23, PART I. Enter the diseases, or	complications the	t caused the de	eth. Do	not enter the mo	de of dying, s	uch es cerdiec or ree	piratory s	Wasi	Approximate
shock, or heart feilure. IMMEDIATE CAUSE (Finsi	Liet only one cau	use on each line	D.)	X	•				Interval Between Onset and Death
disease or condition	. As >	> : - 0 Y?	ont	neum	onia				
resulting in deeth)	DUE TO	(OR AS A CONSE	OUENCE O	F):	-	1/			+
0	a I	n Pai	red	Coas	r Re	Tlex			
Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSE	OUENCE O	F):					
CAUSE (Disease or injury	c	(OR AS A CONSE	OHENCE O	E.					
that initiated events resulting in death) LAST	502 10	(On AS A CONSE	OUENCE (r);					į
	d								+
PART II. Other significant condition							NAUTOPS		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MOLYIN	e Cer	1000	195	cc/a-1	tera	CAIS. 1 YES	2 NO		COMPLETION OF CAUSE OF DEATH?
reed ing	095)	-05/c	me	γ.					1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 YNO	HOSPITAL:			OTHER:	ACE OF DEATH				
27. MANNER OF CEATH	1 Inpatient 2		28b. TIN			28 Other (Specify)	V IN II IOV O	CCHEEN	
1 Natural 5 Pending	(Month, L		IN	JURY WO	RK?	Zw. DEGOINGE (101	i incomi c	COUNTED	
2 Accident Investigation 3 Suicide e Could not be	28a. PLACE (OF INJURY — At he	ome, tarm,	atreet, factory, offic		281. LOCATION (Street		er or Rural Ro	oute Number,
4 Homicide determined	building	atc. (Specify)				City or Town, Sta	to)		
29a. CERTIFIER 1 CERTIFYING PHYS	SICIAN; To the best of	r my knowledge, de	eath occurr	red at the time, date	and place, and	due to the cause(a) and n	nenner sa «	tated.	
ana)						the time, data and place,			and manner as stated.
29b. SIGNATURE AND TITLE OF CENTRAL	H /	20			29c. LICENSE	NUMBER	29d. D/	ATE SIGNED	(M6nth, Dpy, Year)
stat t	-6	7			> -	1001	-	10/	7/91
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAN	OF DEATH (ITE	M 27) (Type	, Print)			_		• ()
Stuart J. Turkewi	tz, M.D.	7500 Gr	eenw	ay Cente	r Dr.#4	30, Greenb	elt.	MD 20	770
31. DATE FILED (Month, Day, Year) 91		AR'S SIGNATURE					111		
T OCI IO 31	70	THE PART (WOO)	1						





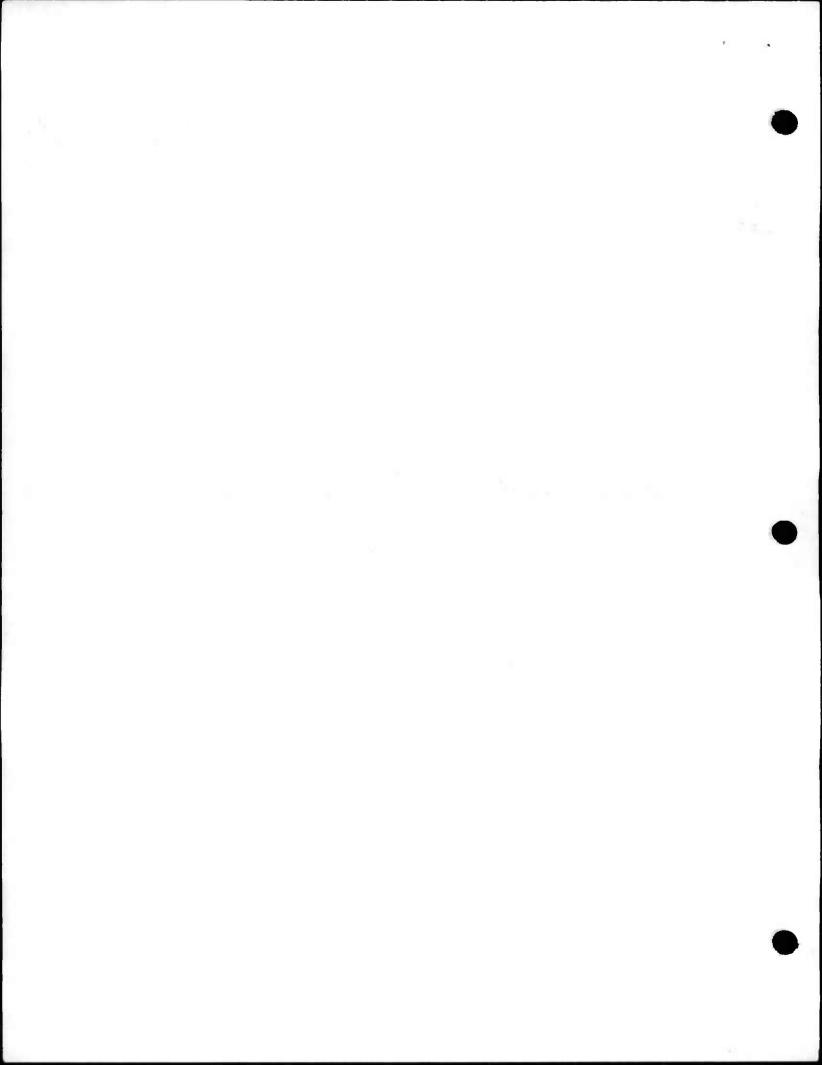
(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 2 17. FATHER'S NAME (First, Middle, Last) Alphonso Lewis 19a. INFORMANT'S NAME (Typer/Print) Alice A. Lewis 20b. MAILING ADDRESS (Street and Number or Rural Route Numbe	Selection of Business/Industry Government/TECH S. BIRTHPLACE (State or Foreign Country) MISSISSIPPI 9c. COUNTY OF DEATH Prince George's 10d. INSIDE CITY LIMITS? 14 Yes 2 \(\text{No.}\) No 10g. CITIZEN OF WHAT COUNTRY? U.S.A. (Specify Yee or No—Bleck, White, etc. Specify: Black (IND OF BUSINESS/INDUSTRY Government/TECH ddle, Maiden Sumeme) 12e 13c, City or Town, State, Zip Code) 14c, City or Town, State, Zip Code) 15c, City or Town, State, Zip Code) 16c, Colocation — City or Town, State
99. FACILITY NAME (If not institution, give street and number) 99. FACILITY NAME (If not institution, give street and number) 109. STATE 109. COUNTY 109. STATE 109. COUNTY 109. STATE 109. COUNTY 109. STATE 109. COUNTY 109. CITY, TOWN OR LOCATION Washington, D.C. 101. ZIP CODE 101. ZIP CODE 101. MARITAL STATUS 1	Country) MISSISSIPPI 9c. COUNTY OF DEATH Prince George's 10d. INSIDE CITY LIMITS? 14 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? U.S.A. (Specify Yee or No— Bleck, White, etc. Specify: Black (IND OF BUSINESS/INDUSTRY GOVERNMENT/ IECH ddle, Maiden Sumeme) 10e 11c. RACE — American Indian, Bleck, White, etc. Specify: Black (IND OF BUSINESS/INDUSTRY COVERNMENT/ IECH ddle, Maiden Sumeme) 10e 11c. RACE — American Indian, Black (IND OF BUSINESS/INDUSTRY COVERNMENT State COVERNMENT STATE COVERNMENT STATE Arlington, Virginia
Leland Memorial Hospital Riverdale	Prince George's 10d. INSIDE CITY LIMITS? 14 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? U.S.A. (Specify Yee or No- 14. RACE — American Indian, Black, White, etc. Specify: Black Specify: Black Specify: Black City or Town, State, Zip Code O.C. 20018 20c. LOCATION — City or Town, State Arlington, Virginia
10e. STATE 10e. COUNTY 10e. STREET AND NUMBER 220 11. MARITAL STATUS 1 Never Married 2 Married 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT OF HISPANIC ORIGIN? If yes, specify, Cuban, Mexican, Puerto Ric 1 Yes 2 NO 1 Yes 2 NO NO No 1 Yes 2 NO No No No No No No No	LIMITS? NO
10. STREET AND NUMBER 220 PLOSAW St. E. Was December of Hispanic Origin? 11. Marital status 11. Marital status 11. Marital status 12. Was Decembert ever in u.s. armed FORCES? 1 X YES 2 NO Specify. 13. Was Decembert of Hispanic Origin? 14. Yes 2 NO Specify. 15. Was Decembert of Hispanic Origin? 16. Was Decembert of Hispanic Origin? 16. Decembert u.s. armed 1 yes, specify Cuban, Maxican, Puerto Ric 1 Yes 2 NO Specify. 16. Decembert u.s. armed 1 yes 2 NO Specify. 16. Decembert u.s. armed 1 yes 2 NO Specify. 16. Decembert u.s. armed 1 yes 2 NO Specify. 16. Decembert u.s. armed 1 yes 2 NO Specify. 16. Decembert u.s. armed 1 yes 2 NO Specify. 16. Decembert u.s. armed 1 yes 2 NO Specify. 16. NOT use retred.) 16. MOTHER'S NAME (First, Middle, Last) 16.	16g. CITIZEN OF WHAT COUNTRY? U.S.A. (Specify Yee or No- 14. RACE — American Indian, Black, White, etc. Specify: Black
1 Nover Married 2 Married 1 YES 2 NO If YES, GIVE WAR OR DATES If YES, GIVE WAR OR DATES If YES 2 NO Specify. Cuban, Mexican, Puerto Rich 1 YES 2 NO Specify. 1 YES 2 NO Specify. 1 YES 2 NO Specify. 1 YES 2 NO Specify. 1 YES 2 NO Specify. 1 YES 2 NO Specify. 1 YES 2 NO Specify. 1 YES 2 NO Specify. 1 YES 2 YES NO Specify. 1 YES 2 YES	(Specify Yee or No— 14. RACE — American Indian, Black, White, etc., Specify: Black (IND OF BUSINESS/INDUSTRY Government/TECH ddle, Maiden Sumeme) Ce (City or Town, State, Zip Code) (C. 20018 20c. LOCATION — City or Town, State Arlington, Virginia
(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 2 TI. FATHER'S NAME (First, Middle, Lest) Alphonso Lewis 19b. MAILING ADDRESS (Street and Number or Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Carrie Moor Of Deposition 19c. INFORMANT'S NAME (Rype/Frint) Alice A. Lewis 20c. METHOD OF DISPOSITION 10 PLACE OF DISPOSITION (Name of cerestery, cremetory or other place) Arlington National Cemetery 21. SIGNATURE OF UNERAL BETWICE LICENSEE 22. NAME AND ADDRESS of FACILITY 23. PART LETTER the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdit	Government/TECH ddle, Maiden Sumeme) ce c, City or Town, State, Zip Code) c. C. 20018 20c. LOCATION — City or Town, State Arlington, Virginia
2 'HISTOPATHOLOGY 17. FATHER'S NAME (First, Middle, Lest) Alphonso Lewis Carrie Moor 19a. INFORMANT'S NAME (First, Middle, Lest) Alice A. Lewis 20b. Place of Disposition 1 (X Burlel 2 - Crymetton 3 - Hemoral from State) 4 Dopenton 5 Other (Specify) 21. SIGNATURE OF FUNETHAL SERVICE LICENSEE 22. NAME AND ADDRESS (Street and Number or Rural Route Number of Contents) 20b. Place of Disposition (Name of contents) or other place) Arlington National Cemetery. 22. NAME AND ADDRESS of FACILITY JO 716 Kennedy St., 23. PARY LETTER the dispesses, or complications that caused the death. Do not enter the mode of dying, such as cerdit	ddle, Meiden Sumeme) Ce v; City or Town, State, Zip Code) O.C. 20018 20c. LOCATION — City or Town, State Arlington, Virginia
19. MOTHER'S NAME (First, Middle, Lest) Alphonso Lewis Carrie Moor 19a. INFORMANT'S NAME (Type/Print) Alice A. Lewis 20a. METHOD OF DISPOSITION 1 X Burlet 2 - Cremation 3 - Hemorial from State 1 X Burlet 2 - Cremation 5 - Oother (Specify) Arlington National Cemetery 21. SIGNATURE OF FUNERAL BERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdit	Ce (City or Town, State, Zip Code) O.C. 20018 20c. LOCATION — City or Town, State Arlington, Virginia
19a. NFORMANT'S NAME (Type/Print) Alice A. Lewis 2201 Upshur St., N.E. W.D. 20a. METHOD OF DISPOSITION 1 (X Burlel 2.2 Cremation 3 Hammed from State 4 Doparion 5 Other (Specify) 21. SIGNATURE OF JUNEAU SERVICE LICENSEE 22. NAME AND ADDRESS (Street and Number or Rural Route Number of Street and Number or Rural Route Number of Street and Number or Rural Route Number of Street and Number or Rural Route Numb	c. City or Town, State, Zip Code) C. 20018 20c. LOCATION — City or Town, State Arlington, Virginia
Alice A. Lewis 200. METHOD OF DISPOSITION 1 X Burlel 2.2 Cremetton 3 Hemptal from State 4 Dopedion 5 Other (Specify) 21. SIGNATURE OF ALBERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 23. PART Enter the diseases, pr complications that caused the death. Do not enter the mode of dying, such as cerdic	20c. LOCATION — City or Town, State Arlington, Virginia
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Arlington National Cemetery 1. STUMENT OF THE PARTY OF T	Arlington, Virginia
22. NAME AND ADDRESS OF FACILITY To 716 Kennedy St., 23. PART L Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdit	
shock, or heart fellure. List only one cause on each line.	oc Dr respiratory srrest, Approximate
iMMEDIATE CAUSE (Final disease or condition resulting in death) s	interval Between and De
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Years
	24e. WAS AN AUTOPSY PERFORMED? 1 YES 2 100 24b. WERE AUTOPSY FINDIN ANALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 1000
25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one))
HOSPITAL: 1 YES 2 NO 1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other	(Specify)
27. MANNER OF DEATH 1 Natural 5 Pending Investigation 28s. DATE OF INJURY (Month, Day, Year) 28s. TIME OF INJURY WORK? 1 Natural 5 Pending Investigation 1 YES 2 NO	CRIBE HOW INJURY OCCURED
3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCA	TION (Street end Number or Rural Route Number, Town, State)
29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause one) 2 REDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date as	
296. SIGNATURE AND PATES OF CERTIFIER E. WILSON M.D. 29c. LICENSE NUMBER D 193	222 DATE SIGNED (Morph, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (IXEM 27) (Type, Print) 440 8 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	Mel. 20738



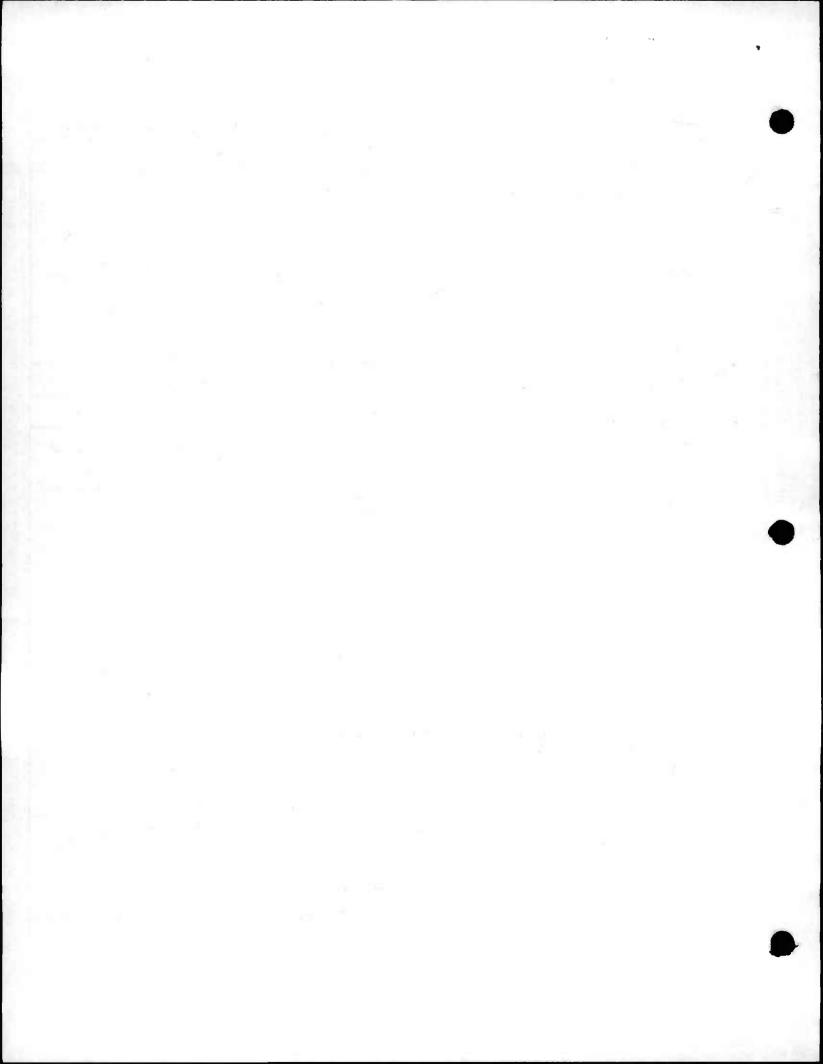
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF H	EALTH AND I	MENTAL HYGIE		
1. DECEDENT'S NAME (Fire saiddle, Last)	Rev. Carl A.	Larmo			2. DATE OF OEATH	DAY - 41	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (Stills or Force)
299-01-4434			NONTHS DAYS	HOURS MIN.	(Month, Day, Year) 2-5-190		Virginia
9a. FACILITY NAME (If not institution, give			9b. CITY. TOWN (R LOCATION OF DE		9c. COUNTY	
Baltimore County				.1stown			imore
RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT	TY	10c CITY	TOWN OR LOCAT	TION			10d. INSIDE CITY
Maryland	Carrol1				d make a se		LIMITS?
10e. STREET AND NUMBER	Callott		100	. ZIP CODE	inster	T 100 CITIZES	N OF WHAT COUNTRY?
	Farmstead Dri	110	"		157	1 '	
11. MARITAL STATUS	12. WAS DECEDENT EVER		12 WE C DEC		157 IIC ORIGIN? (Specify		J. S. A.
1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 TYES	2 NO	If yes, sp		n, Puerto Rican, atc.)	14	. RACE — American Indian, Black, White, etc. Specify: White
15. DECEDENT'S EDI (Specify only highest grad		16a. DECEDENT'S U	SUAL OCCUPATE		16b. KIND OF I	USINESS/INDUS	TRY
Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use	retired.)	or or worlding			
	1	Minste	r: Reti	red	Re1	iqous	
17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Meid	en Surname)	· <u></u>
	Creed Layne			T	eeta Van	over	
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street &	and Number or Rural	Route Number, City or 1	own, State, Zip Co	ode)
Barbara Adkins		3406 F	armst.ea	d Drive	Westmins	ter Mar	vland 21157
20a. METHOD OF DISPOSITION		b. PLACE OF DISPOSI				LOCATION — City	
1 1 Burial 2 ☐ Cremation 3 ☐ Rer 4 ☐ Donation 5 ☐ Other (Specify)	noval from State	other place) Gree	n Acres	Cemeter	v Er	mine. K	Kentucky
21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE		_	ND ADDRESS OF FA	CHITY		
> 2 -1-1 P	marsullo-						eral Service
nuchale 1-							Maryland 2115
23. PART I. Enter the diseases, or shock, or heart fellure IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. List only one cause on a	each line.	,		(NTS		Interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C	A CONSEQUENCE OF)					
PART II. Other significant condition		_	the underlyin	g cause given in	PERI	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL	T		26 0	LACE OF DEATH (C)	eck only one)		<u> </u>
EXAMINER?	HOSPITAL:		OTHER:				
1 VES 2 NO	1 Inpatient 2 ER/Ou				8 Other (Specify)	A IAI W	nro.
27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	IRY WO	JURY AT ORK?	28d. DESCRIBE HO	W INJURY OCCU	MED
2 Accident investigation				YES 2 NO			
3 Suicide S Could not be determined	28e. PLACE OF INJUR building, etc. (Sp	Y — At home, farm, st ec/ly)	reet, factory, offic	ce ·	28f. LOCATION (Stre City or Town, St	et and Number or ste)	Rural Route Number,
torion only	SICIAN: To the best of my known						couse(a) and manner as stated.
29b, SIGNATURE AND TITLE OF CERTIFIE	ER			29c. LICENSE NU	MBER	29d, DATE 6	BIGNED (Month, Day, Year)
Sk.	my.	Med	*	D19.	502) /	8-10-91
ORIANDO BE	THO COMPLETED CAUSE OF D	EATH (ITEM 27) (Type,	B-C-C	SH R	ANDAICE	TOWN !	red - 21133
31. DATE FILED (Morith, Day, Year)	32. REGISTRARY SIG	Davidson-Aan	dell		10-0		



	FOR STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND ATE OF DEATH		HYGIENE REG. NO.	
1	1. DECEDENT'S NAME (First, Middle, Last TON TA 4. SOCIAL SECURITY NUMBER	even 1	MC G	UNDER 1 YEAR F UNDER 24 HRS	2. DATE OF MONTH	9 9	3. TIME OF DEATH
	2/9-14-3976 90. FACILITY NAME (If not inetitution, give	street and number)	7 YRS. MON	UNDER 1 YEAR IF UNDER 24 HRS ITHS DAYS HOURS MIN. CITY, TOWN OR LOCATION OF	(Month, E 12-	9c. COUNTY	
RECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUN	4		WN OR LOCATION		CE	10d. INSIDE CITY
FUNERAL DIR	100. STREET AND NUMBER RD/ Box/	NT 12 A	MA	5 S E 4 101. ZIP CODE 2 1 6 5	0	10g. CITIZER	1 U YES 2 NO
BY FUNE	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	13. WAS DECENDENT OF HISI If yes, specify Cuban, Mex 1 VES 2 NO Spe	PANIC ORIGIN? (RACE — American Indian, Black, White, etc. Specify:
PLETED	15. DECEDENT'S ED (Specify only highest grade Elementary/Secondary (0-12)		16e. DECEDENT'S USU (Give kind of work life. Do NOT use ret	done during most of working ired.)	18b. K	IND OF BUSINESS/INDUS	TRY
BE COMPL	17. FATHER'S NAME (First, Middle, Last)	M' GINNI	5	18. MOTHER'S		TEAT	(
ТО	20a, METHOD OF DISPOSITION		RD/	BOKESS (Street and Number or Rus BOK 1 1 2 A 1 DISPOSITION (Name	MACC	E. MD	71100
	1 Buriel 2 Cremation 3 Re 4 Donation 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE I		cemetary, crematory or o	22. NAME AND ADDRESS OF	FACILITY FACILITY	BARCO	y or Town, State LAY MD HORTE MD 2191
CATION	23. PÄRT i. Enter the disesses, or ahock, or heert fellum iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	s			uch se cardia	c or reapiretory arres	t, Approximate interval Batw Onset and Di
ERTIFI	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):				
4: MEDICAL C	PART II. Other aignificant condition	ons contributing to death	but not resulting in ti	ha underlying cause given		48. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDIN AMILABLE PRIOR TO COMPLETION DF CAUSI OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 ☐ YES 2 ☑ NO	HOSPITAL:		26. PLACE OF DEATH THER: Nursing Home 5 Residen		Specifici	
	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)		F 28c, INJURY AT	-	RIBE HOW INJURY OCCU	RED
TED BY	2 Accident Investigation 3 Suicide 8 Could not b 4 Homicide determined	28. PLACE OF IN HIS	IY — At home, farm, stree ecify)			ION (Street and Number or Town, State)	Rural Route Number,
COMPLETE	4-4			t the time, dete end place, end n my opinion, death occured at			
BE	29b. SIGNATURE AND TITLE OF CERTIF	IER (C)		29c. LICENSE			SIGNED (Month, Day, Year)
TO BE COM	30. NAME AND ADDRESS OF PERSON V	WHO COMPLETED CAUSE OF D	EATH (ITEM 27) (Type, Prin			UN I	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	NATURE	111111			<u> </u>

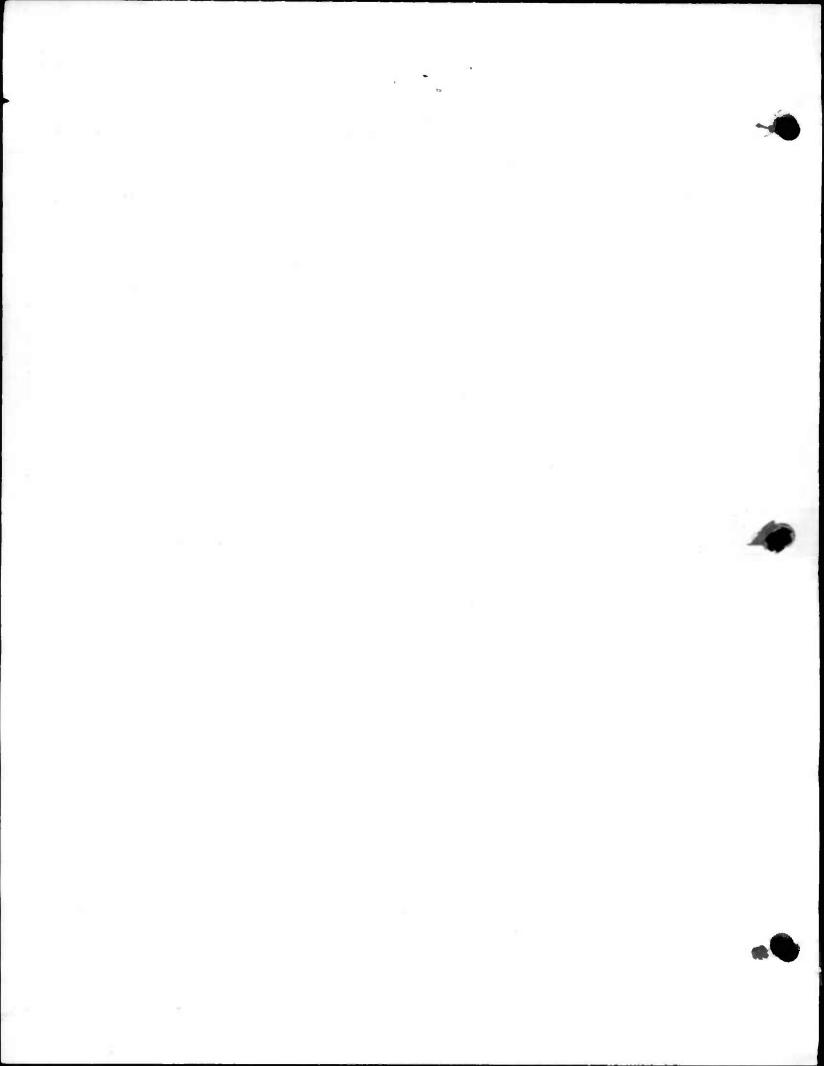


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DIR	be filed within 72 hours after death with the lister beht, or head if any injury, or other traumatic event, the medical examiner must be notified at once.
M	1 1 1
FUN	TAN
王	POR P
2	2 ₹
	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete. In by the funeral director, page 5 should be detached to

		4	The state of the s					91	28931
	FOR STATE REGISTRAR	TATE OF MARYLAND	DEPARTMI				GIENE G. NO.		
	1. DECEOENT'S NAME (First, Middle, Last)		101			2. DATE OF DI	EATH DAY	YEAR 3.	TIME OF DEATH
	Leona May	er Leor	a R. Ma	ayer	ļ	10	PAY	97	234A-H
	4. SOCIAL SECURITY NUMBER 5. SI	EX 6. AGE (In yrs.		NOER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BI	RTH	8. BIRTHPLA Country)	ACE (State or Foreign
١I	1292-22-5929 10	M 2 4 7 (YRS. MONT	THS DAYS	HOURS MIN.	(Month, Day,	22 1	4 Oh	io
)	9e. FACILITY NAME (If not institution, give street ar	nd number)	9b.	CITY, TOWN O	R LOCATION OF DEA			UNTY OF DEAT	н
DIRECTOR	Anne Arundel 1	Medical Cer	nter t	Inna	polis		An	ne An	unde/
Ĕ,	10e. STATE 10b. COUNTY			WN OR LOCAT	ON			10	d. INSIDE CITY
ā	Md. Anne A	rundel	Anna	polis				1	YES TO NO
FUNERAL	10e. STREET AND NUMBER			101.	ZIP CODE			TIZEN OF WNA	T COUNTRY?
E	2726 Ginger Vie	ew Lane			21401		U	ISA	
5		MAS OECEDENT EVER IN U.S.			ENDENT OF HISPANI			14. RACE —	Americen Indien, /hite, atc.
7	I Mettied 2 Mettied	FORCES? 1 \square YES 27 F YES, GIVE WAR OR DATES	NO	1 Tyes, spe	cify Cuban, Mexicen 2 TVNO Specify:		, etc.j		White
B	3 Widowed 4 X Divorced				Λ				111111111111111111111111111111111111111
	15. DECEDENT'S EDUCATION (Specify only highest grade complete)	N 18e	Give kind of work	done durina mo:	N it of working	18b. KIND	OF BUSINESS/IN	IDUSTRY	
	Elementary/Secondary (0-12) Col	lege (1-4 or 5+)	ille. Do NOT use reti	red.)					
를	12 -	A:	ssembly	Work	er	N.	C.R.		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM	NE (First, Middle	, Maiden Surname)		
BE (Emmanuel	Russ	211		Mvrtl	е	Hug	gins	
	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING ADO	RESS (Street e	nd Number or Rural R	oute Number, Ci	ity or Town, State, 2	lip Code)	
임	Florence M. Jol	llv	2726 G	inger	View L	ane A	Ann. Mc	1.2140	1
	20a. METHOD OF DISPOSITION 1 Special 2 Cremation 3 Removal f	20b. PL/	CE OF DISPOSITIO				20c. LOCATION -		
	4 Donation 5 Other (Specify)		emont	Cemet	erv		Davids	onvil	le Md
	21. SIGNATURE OF FUNE HALL SERVICE LICENSE	- ///		22. NAME AN	O ADDRESS OF FAC	ILITY			
	· Date 40	bulle		Har	desty F	unera		Md. 2	RidgelyAv 2 1 40 1
	23. PART I. Entar the disease, or comp shock, or heart failure. List of IMMEDIATE CAUSE (Final disease or condition	dications that caused the only one cause on each	death. Do not a	Ona XV	da of dying, such	as cardiac	or reapiratory a	irrest,	Approximata interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	Feas	#2	aile	tre				
	PART ii. Other aignificant conditions co	ntributing to death but n	ot reaulting in th	ne undariyin	g cause given in	Part i. 24a	. WAS AN AUTOPS		ERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL						1,5	PERFORMED?	0	OMPLETION OF CAUSE
입						_ ' '	100 1 000		F DEATH?
Σ						-		'	120 2 110
AN	25. WAS CASE REFERRED TO MEDICAL			24 Pi	ACE OF DEATH (Che	ock only one)			
힐	EXAMINER? HC	SPITAL:		THER:	1/11/-27-0-		5-6		
ĭ.	1 YES 2 MO 1 27. MANNER OF OEATH	Impatient 2 ER/Outpatien 28e. DATE OF INJURY	_		e 5 Residence			20011050	
ВУ РН	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	28b. TIME OF	M 1	RK?	28d. DESCHIE	BE HOW INJURY O	CCURED	
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — i building, etc. (Specify)	At home, farm, stree	t, factory, offic	•	281. LOCATIO	N (Street and Numb wn, State)	per or Rural Rou	ite Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN 2 MEDICAL EXAMINER: Or	: To the best of my knowledg	-						and menner ee stated.
BE	SIGNATURE AND TITLE OF CERTIFIER	Hal	1		29c. LICENSE NUM		•	10-9	forth, Day, Yolf)
5	30. NAME AND ADDRESS OF PERSON WHO CO	CAUSE OF DEATH	(ITEM 27) (Type, Prin	11/1	Nest	St.	Az	naga	oli pod

1991

THE HEARTHAR'S SIGNATURELESSE



BALTIMORE	💝 hours after death. Page 6 may	ian and completely filled in by the funeral director, p. r. to burial, cremation, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	O THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 💝 hours after death. Page 6 may	O THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pa e filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
	0	0

	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	ALAAAK		CATE OF [REG. NO 2. DATE OF DEATH MONTH		3. TIME OF DEATH
		MORRIS				10 -	5 9	1 150
117	4. SOCIAL SECURITY NUMBER 231-54-5906				IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
			YAS.			June 30,		Virginia
4	9a. FACILITY NAME (If not institution, give			b. CITY, TOWN OR		ATH	9c. COUNTY	OF DEATH
2	Anne Arundel M	ledical Ce	nter	Anna	polis		Anne	Arundel
1	10a. STATE 10b. COUNT	ry	10c. CITY,	TOWN OR LOCATIO	N			10d. INSIDE CITY LIMITS?
3	Maryland Ann	e Arundel	A	nnapol	is			1 YES 2 NO
4	10e. STREET AND NUMBER				IP CODE		10g. CITIZEN	OF WHAT COUNTRY?
IERAL	24 Oak Court				21401		U.	S.A.
N N	11, MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YE		13. WAS DECEN	IDENT OF HISPAN	NIC ORIGIN? (Specify You, Puerto Rican, etc.)	es or No- 14.	RACE — American Indian, Black, While, atc.
	3 Widowed 4 Divorced	IF YES, GIVE WAR OF	DATES		NO Specif			Specify:
n	15. DECEDENT'S EDI		16a. DECEDENT'S U	SUAL OCCUPATION		16b, KIND OF B	USINESS/INDUST	White
<u>.</u>	(Specify only highest grad Elementary/Secondary (0-12)	(completed) College (1-4 or 5+)		rk done during most	of working	The state of the s	Vall	
로	7		Truck	Driver			r Com	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Malde		
BEC	Kelly C. Mor	ris			Bertha	Back		
10 B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A			Route Number, City or To	wn, State, Zip Co	de)
۴	Susan D. Morr	is	24 08	k Cour	t. Ann	apolis.	Maryl	and 21401
	20a, METHOD OF DISPOSITION	noval from State	20b. PLACE AND DATE of cemetary, crematory of	OF DISPOSITION (_		OCATION — City	
	4 Donation 5 Other (Special)	0	Hillcrest	Cemet			napol	is. MD
	21. SIGNATURE OF TUNERAL SERVICE L	Coffee	1 ,	Tavlo	ADDRESS OF FA	ral Chap	ne]	21401
	VODUY X	Stuye	or			ter St.,		
-	23. PART i. Enter the diseases, or							, Approximate
	ahock, or heart fallure iMMEDIATE CAUSE (Final	. List only one cause or	n each lina.					Onset and I
	disease or condition reaulting in death)	Hugas	Balaina +	wolde	obe a	cecloses		Acuto
1	reading in death)	DUE TO OR A	S A CONSEQUENCE OF)	0 0				
z	Accession of the Control of the Cont	b	sevel-					*1
일	Sequantielly flat conditions, if any, leading to immediate	DUE TO (OR A	S A CONSEQUENCE OF	0 0	1	•	60	
2	cause. Enter UNDERLYING CAUSE (Disease or injury	C.	1				and	6 mari
RTIFICATION	that initiated events reauting in death) LAST	DUE TO (OR A	A CONSEQUENCE OF	River	Ump	s lo		i L
E		d. (Corona			7-0.)			<u> </u>
	PART ii. Other significent condition				cause given in		N AUTOPSY ORMED?	24b. WERE AUTOPSY FINE AVAILABLE PRIOR TO
DICAL	Ocolettes	walletes	· CO	MO.	GiB1	1 TES		COMPLETION DF CAL
ME			97					1 TYES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	NOSPITAL:			CE OF DEATH (C	neck only one)		
KSI	1 TYES 2 NO			OTHER: 4 - Nursing Home	5 - Residence	8 Other (Specify)		
PHY	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJUI		RY WOR	RY AT K?	28d. DESCRIBE HOW	INJURY OCCUP	RED
B⊀	2 Accident Investigation				S 2 NO			
ETED	3 Suicide 8 Could not be	28e. PLACE OF INJU building, etc. (\$	URY — At home, farm, st Specify)	reet, factory, office		28t. LOCATION (Street City or Town, State	nt and Number or te)	Rural Route Number,
4 1	000) _	SICIAN: To the best of my kr						
3	2 MEDICAL EXAMIN	NER: On the basia of examina	ation and/or investigation	, in my opinion, de	ith occured at the	time, data and place,	and dua to the c	euse(a) and menner as stat
NO.	296. SIGNATURE AND TITLE OF CERTIFI	ER	1		29c. LICENSE NU	MBER	29d. DATE S	IGNED (Month, Day, Year)
ш					12 2 /	47_	1 > /C)/	8/9/
O BE COMPL	1 Dan Ru	un a	411		11201		1	0/ 1/
ш	30. NAME AND ADDRESS OF PERSON W	THO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type,	Print)	1201	1	A. A.E.	10 -11
O BE	30. NAME AND ADDRESS OF PERSON W	THO COMPLETED CAUSE OF	DEATH (ITRM 27) (Type, I	SHAU	57.	AND	APOL	(S, M) 214

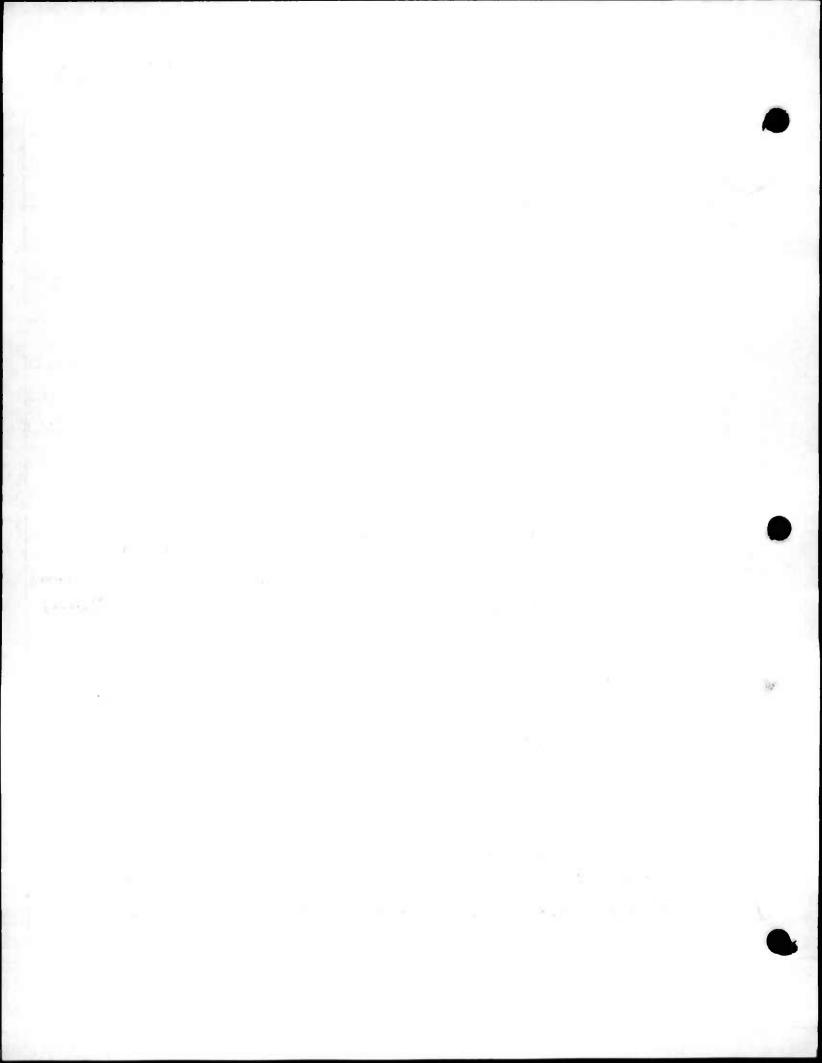
			REGISTRAN			ERITE	CATE U	F DEAL	H	REG. NO).		
			1. DECEDENT'S NAME (First, Middle, Last BARBARA WI	LDER	Mac	RATH					Y YN	EAR	3. TIME OF DEATH
	1	1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. i		F 100000 4 MEA		_	Oct. 5,	1991	120000	
	(F)	355-07-8337	1 M 2 KF	7 4		F UNDER 1 YEA		MIN.	(Month, Day, Year)	076	(ASALA)	a Scotia
	X .		9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TOW	N OR LOCATIO			De. COUNTY	Can.	
	60	E.	12700 Gingon V	iou Ion									
	2	Ĕ.	2700 Ginger V	Tew Lan	<u>e</u>		AI	nnapo.	LIS		An	ne 4	Arundel
Asi era	E	#	10a. STATE 10b. COUN			10c. CITY,	TOWN OR LO	CATION				1	Od. INSIDE CITY
		DIR	Maryland Ann	e Arund	el	A	nnapo	lie				Ι.	LIMITS?
	permit		10e. STREET AND NUMBER	0 2 01220			IIIIapt	10f. ZIP CODE			T-10- 01713F1		AT COUNTRY?
	sit p	FUNERAL	2700 Ginger V	i ave I am	_								
cian.	-tran	Ž	11. MARITAL STATUS	12. WAS DECEDEN		DMED			401			S.A	
D20	burial-transit		1 Never Married 2 Narried	FORCES? 1	YES 2	NO	13. WAS E	specify Cubar	F HISPANIC 1, Maxican, F	ORIGIN? (Specify Ye	a or No— 14	. RACE - Black, 1	- American Indian, White, etc.
YLAND 21215-0020 by the hospital or attending physician.	the	B	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES		1 🗆 Y	ES 2 XNO	Specify:		1	Specify:	• ,
15 tend	as	8	15. DECEDENT'S ED	ICATION	100.0	SCEDENTIO II							ite
212 Il or at	L USe	E	(Specify only highest grad	le completed)		Give kind of wo fe. Do NOT use	rk done during	most of working	9	16b. KIND OF BU	SINESS/INOUS	TRY	
otal	to for	COMPLETI	Elementery/Secondary (0-t2)	College (1-4 or 5) "								
No S	detached once.	Ξ		5 +		Agen	τ				l Esta	ate	
LA &		8	17. FATHER'S NAME (First, Middle, Last)					18. MOTH	ER'S NAME	(First, Middle, Maiden	Sumame)		
MARYLAND retained by the hospit	d de	BE	Frederick Luk	e Collin	ıs			Lo	uise	Caroli	ine Wi	ilde	er
MAR	5 should notified	5	19a. INFORMANT'S NAME (Type/Print)		1	96. MAILING A	DDRESS (Street	et and Number	or Rural Rout	te Number, City or Tow	n, State, Zip Co	ide)	
≥ e e		- 1	Hugh Patrick	McGrath	1	2700	Ginge	r Vie	w La	ane, Ani	anoli		MD 2140
RE nay	page		20e METHOD OF DISPOSITION		1	AND DATE OF			J 17		CATION - CIN		
<u>o</u>	must		1 Buriet 2 Cremation 3 Rer 4 Donation 5 Other (Specify)	noval from State	cemetery c	remetory or other	er nieco)						•
BALTIMORE, after death. Page 6 may be	filled in by the funeral director, page on, or removal. The medical examiner must be to the control of the con	- 0	21 GIGNATURE OF PUNERAL SERVICE L	CENSER /	THE CT	ODOLI	22. NAME	AND AGORES	S OF FACIL	10/8 /	rrexar	id r	ia, VA
E E	tuneral di i. examiner	- 1	D. 10 V.	PD			aylor Funeral Chapel 21401						
B A	e e e	_	Lewald A.	4/10			1147	Glos	cest	er St	Annar	i Loc	
s aft	or removal		23. PART I. Enter the diseases, or	complications the	t ceused the d	leeth. Do no	t enter the r	node of dylr	ng, such s	s cardisc or resp	ratory srrest		Approximete
hours	P S E	ì	shock, or heart feilure. IMMEDIATE CAUSE (Finsi	Unit only one ceu	se on each lir	10.			-		7/10		Interval Batwee
	the the		disease or condition	di		A-1	. /.		-	ſ	9)	Onset and Dasi
0 1	ompletely il. crema event,	ł	resulting in desth)	a. OUS	som wa	led.	ralu	O Car	ausn	a OVA	mar		
68760, ecuted with				a. dis sem water adeno caramoma (ovariar)									
တ် ခွဲ	sician and com vior to burial. traumatic ev	CERTIFICATION	Sequentially list conditions,	DUE TO (OR AS A CONSEQUENCE OF):									
6 B	ysician prior to		If sny, lesding to immediate cause. Enter UNDERLYING	506 10	(OH AS A CONSI	EOUENCE OF):							
O. BC	5 4	5	CAUSE (Disease or Injury	С.									
O F	other	E II	that initiated events resulting in death) LAST	DUE TO	DUE TO (OR AS A CONSEQUENCE OF):								
a. f	al H)	H	The state of the s	d									1
DS, P	the attending ph Mental Hygiene Ijury, or other	- 1	PART II. Other significent condition	ne contributing to	death but not	manufatan In	Alter complete de						
	- B &	DICAL			destil but not	resorting in	the underly	ing ceuse gi	ven in Par	t I. 24s. WAS AN PERFOR			ERE AUTOPSY FINDINGS MILABLE PRIOR TO
O #		ă								1 TYES 2	NO		OMPLETION OF CAUSE F DEATH?
111 3	of Heal	ME							_				YES 2 NO
aw se	s peer	ż											
DIVISION OF VITAL OR ATTENDING PHYSICIAN: The law	cerimcate has been the State Dept. of the State Dept. of them 23 should be s	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26.	PLACE OF DE	ATH (Check	only one)			
Z NA	Sta	S	1 YES 2 NO	HOSPITAL:	ER/Outpatient		THER:	ome 5 Pee	Idence &	Other (Specify)			
SICI	d, e	PHY	27. MANNER OF OEATH	26a. DATE OF	INJURY	26b. TIME		NJURY AT		d, DESCRIBE HOW I	MILIBA OCCUB	50	
O ₹ :	marked,		1 Netural 5 Pending	(Month, Da	ly, Year)	INJUF	Y V	WORK?		o. DESCRIBE HOW I	NJURY OCCUR	EU	
O Se	death s mar	BY	2 Accident Investigation	28a PLACE OF	F INJURY — At h								
DIVISION OR ATTENDING	DIRECTOR: After hours after death		3 Suicide S Could not be dstermined	building,	etc. (Specify)	ome, rarm, atr	et, tactory, or	fice	26	t. LOCATION (Street a City or Town, State)	and Number or F	Rurel Rou	te Number,
Z A	DIRECTOR: hours after item 28 i												
٥٥	Pours Fours	COMPL	29a. CERTIFIER 1 CERTIFYINO PHYS	ICIAN: To the best of	my knowledge, d	eath occurred	at the time, de	nte end piece,	end due to t	he ceuse(a) and mar	ner as stated.		
HOSPITAL	within 72 P	8	one) 2 MEDICAL EXAMIN	ER: On the basis of ax	emination and/or	Investigation,	In my opinion	, death occure	d at the time	, data and place, an	d due to the ca	nune(s) au	nd manner as stated
오	1		296. SIONATURE AND TITLE OF DERTHIE										
ͳ	TO THE FUNERAL De filed within 72 t	BE	10/10/11	C/117				Z9C. LICEN	ISE NUMBER		29d. DATE SI	GNEO (M	onth, Day, Year)
2	2 8 ₹	2	30 NAME AND ADDRESS OF BERN	<i>p</i>	1			D	168	7	Va	7,	1991
			30. MAME AND ADDRESS OF PERSON WI										
			Barbara Furl			00 Ri	dgely	Aven	ue,	Annapol	is. M	ID 2	21401
			31. DATE FILEO (Month, Day, Year)		R'S SIGNATURE								
_	- 1	1	mi i ii u iuui	11: K:1	70 0	44							

TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF CEATH
NANCY		MEEKS			9/23/91	AY	8.15 AM M
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		B. BIRTHPLACE (State or Foreign Country)
3/8-87-1033	t M 2 F	2/ YRS.	SON THIS BAT'S	HOURS MIN.	1-26-	20 1	WASh. D.C.
9a. FACILITY NAME (If not institution, give s				OR LOCATION OF D	EATH	9c. COUNT	Y OF DEATH
PRINCE GEORGES HO	OSPITAL (CENTER	CHEVERL	Υ		PRIN	CE GEORGE
10e. STATE 101 COUNTY	1	190g CF	TY, TOWN OR LOCA	TION		***	10d. INSIDE CITY
Maryland P.G		ICA	DitaL	Hets.			LIMITS?
100. STREET AND NUMBER	Mill	0 1	10	. THE CODE		10g. CITIZE	EN OF WHAT COUNTRY?
11. MARITAL STATUS	MILL	Rd.	d	10743		Unit	ed States
1 Never Merried 2 Merried	FORCES? t	T EVER IN U.S. ARMED	13. WAS DEC	CENDENT OF HISPAI ecify Cuban, Mexico	NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	or No- 1	4. RACE — American Indian, Black, White, etc.
3 Widowed 4 Divorced	IF YES, GIYE V	AR OR DATES'	1 TYES	2 NO Specif	у:		spech 11e
15, DECEDENT'S EDUC (Specify only highest grade	CATION completed)	(Give kind of	S USUAL OCCUPATION	ON ost of working	16b. KIND OF BU	SINESS/INDU	STRY
Elementary/Secondary (0-12)	College (1-4 or 5	IIIIn Do NOT I	iso retired.)	notes f			
17, FATHER'S NAME (First, Middle, Last)		Merca	FINDI	oyed	ME (First, Middle Maiden	one	,
Cecile Meet	15			Berth	10 Ba	INPC	Merks
198 INFORMANT'S NAME (Type/Print)	,	19b. MAILIN	G ADDRESS (Street a	and Number or Rural	Route Number, City or Tow	n, State, Zip C	ode)
bertha Meek	5	689	2 Wal	Ker M	III Rd.	CADI	to 1 Hats Md
20a, METHOD OF DISPOSITION 1	oval from State	20b. PLACE AND DATE cemetery, cremetory or	OF DISPOSITION (Na other place)	ime of	DATE 20c. LO	CATION - CI	ly or Town, State
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22, NAME A	D ADDRESS OF FA	CILITY Horiges	160	words ite
Janice El	duan	ds	370		Silver	141	Ild md.
23. PART i. Enter the diseeses, or of ehock, or heart failure.	omplications the	t ceueed the deeth. Do	not enter the mo	de of dying, auc	h as cerdiec or reep	ratory arrec	et, Approximate
IMMEDIATE CAUSE (Final	0	ee on eech line.	1.0			,	Intervel Between Onset and Death
disease or condition reaulting in death)	Some	re Pul	beter	Il fo	reum	m	A.
	DUE TO	OR AS A CONSEQUENCE	7 1	1			· · ·
Sequentially list conditions,	DUE TO	OR AS A CONSEQUENCE OF	Wistren	Syndian	nE .		6 2 WEEKS
if any, leading to immediate cause. Enter UNDERLYING	Psoud	membrano		1:1.0			7
CAUSE (Disease or Injury that initiated eventa	DUE TO	OR AS A CONSEQUENCE O		11713			1 weeks
resulting in death) LAST	l						
PART II. Other aignificant conditions	a contributing to	deeth but not resulting	In the underlying	r course object in	Boot I Too was on		
SEVERE SCOLL		and the loading	m the underlying	ceuse given in	PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE
					1 D YES 2	□ NO	OF DEATH?
							1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PL	ACE OF DEATH (Che	eck only one)		
1 YES 2 NO	HOSPITAL:	ER/Outpatient 3 DOA	OTHER: 4 Nursing Hom	e 5 🗆 Residence	6 Other (Specify)		
27. MANNER OF DEATH 1 Neturel 5 Pending	28a. DATE OF (Month, De	INJURY 26b. TIN	E OF 28c. INJ		26d. DESCRIBE HOW I	NJURY OCCUI	RED
2 Accident Investigation			M t 🗆 Y	ES 2 NO			
3 Suicida 6 Could not be 4 Homicide determined	26a. PLACE Of building,	F INJURY — At home, term, etc. (Specify)	street, factory, office	•	26t. LOCATION (Street & City or Town, Stete)	and Number or	Rural Route Number,
29a. CERTIFIER 1 CERTIFYING PHYSIC	MAN. To the best of						
(Check only one) 2 MEDICAL EXAMINER	: On the beele of ex	my knowledge, death occurr aminstion end/or investigation	ed at the time, data on, in my opinion, d	and place, and due	to the cause(e) and men	ner as stated.	euse(e) and menner se stated.
296. SIGNATURE AND TITLE OF CENTIFIER	4			29c. LICENSE NUM			
YMY!	JUL			02710		▶ 9	IGNED (Mopth, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	E OF DEATH (ITEM 27) (Type	, Print)				
PATRICK P. SCHI	MPF, i	m. 0. 6	492 Can	doven Ro	1 Landor	n, n	0 20285
31. DATE FILED (Month, Day, Year)	I 32 REGISTRA	avidson-Randall					
nm 0 7 9 1	gunar	antagon-Nathonine					



TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTAL HYGIEN		2000
1. DECEDENT'S NAME (First, Middle,	Last)				2. DATE OF DEATH	NY YE	3. TIME OF DEATH
MARSHALL	DAVID		ADISON		10 03		1:30 P M
4. SOCIAL SECURITY NUMBER 219-96-2954	5. SEX 6. AGE (1		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 3/27/66		NATHPLACE (State or Foreign country) heverly, Md.
9a. FACILITY NAME (If not institution,	The second secon		b. CITY, TOWN C	R LOCATION OF DE		9c. COUNTY	
2701 HAWTHOR		I	LANDOV	ER		PRI	NCE GEORGE
RESIDENCE OF DECEDEN	DUNTY	the CITY 1	TOWN OR LOCAT	ION			
Md.	P.G.		pitol				10d. INSIDE CITY LIMITS? t X YES 2 NO
100. STREET AND NUMBER 6617 Vall	ey Prak Rd.		10f	20743			OF WHAT COUNTRY? S . A .
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEOENT EVER IN FORCES? 1 [X] YES IF YES, GIVE WAR OR DA 1985 to 1	2 NO	If yea, spe	ENDENT OF HISPAN polity Cuban, Maxica 2 NO Specify	ilC ORIGIN? (Specify Yea n, Puarto Rican, atc.)		RACE — American Indian, Black, White, atc. Specify: Black
15. DECEOENT'S (Specify only highest	EDUCATION grade completed)	16a. OECEDENT'S US	UAL OCCUPATIO	IN of uppting	16b. KINO OF BUS	SINESS/INDUST	RY
Elementary/Secondery (0-12) 12th	College (1-4 or 5+)	Compute	k done during mosetired.)		Privat	e Ind	ustry
17. FATHER'S NAME (First, Middle, Las	ot)			18. MOTHER'S NA	ME (First, Middle, Maiden	Sumame)	
Benjamin T.	Madison			Berni	ce Thomp	son	
19a. INFORMANT'S NAME (Type/Print) Bernice T. M.		Same	OORESS (Street as	10 abo	Route Number, City or Town	n, State, Zip Code	0)
20a. METHOD OF DISPOSITION 1 M Burlet 2 Cremation 3	Removal from State come	PLACE AND DATE OF I	nlacel			CATION — City	Carlo Color Color
4 ☐ Donetion 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVI		eltenhar	n Vet	S Cem. 1	10/9/91 C	helte:	nham, Md.
· Harry	W. On	at	I H.S	.wasnir	ngton & S oughs Ave	ons,I	nc.
23. PART i. Enter the diseases	, or complications that caused	the death. Do not	enter the mod	de of dying, auci	h as cardiac or respi	ratory arrest.	Approximate
iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. CONTACT	ich line.			TO CHIN	4	Interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	OUE TO (OR AS A	CONSEQUENCE OF):					
PART II. Other algorificant conc	itiona contributing to death bu	it not reaulting in (the Underlying	causa given in	Part I. 24a. WAS AN PERFOR	MEO?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDIC EXAMINER?			26. PL	ACE OF DEATH (Che	ack only one)		
t YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpi		THER:	5 V Residence	6 Other (Specify)		
27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME O	F 28c. INJU	JRY AT	28d. DESCRIBE HOW IF	JURY OCCURE	D
1 Natural 5 Pending 2 Accident Investiga	10-03-91	?	M 1 Y		SELF-IN	- FLI	CTED GSW
3 Suicide 6 Could no 4 Homicide determin		At home, farm, stree	et, factory, office		281. LOCATION (Street e City or Town, State)	-	irel Route Number,
29a. CERTIFIER (Check only one) 1 CERTIFYING F	PHYSICIAN: To the beat of my knowle MINER: On the basis of exemination	edge, death occurred a	of the time, data	and place, and due	to the cause(a) and men	ner as stated.	
29b. SIGNATURE AND TITLE OF CENT		-	, .,				
Seen F.	Delle A	2		O C M			NED (Month, Day, Year) 4-1991
30. NAME AND ADDRESS OF PERSON MAKIO F. GOLL	WHO COMPLETED CARSE OF DEA			TREET	BALTIMORE	. MARY	LAND 21201
OCT 08 91	Julia Davidson-Rano	TURE				,	

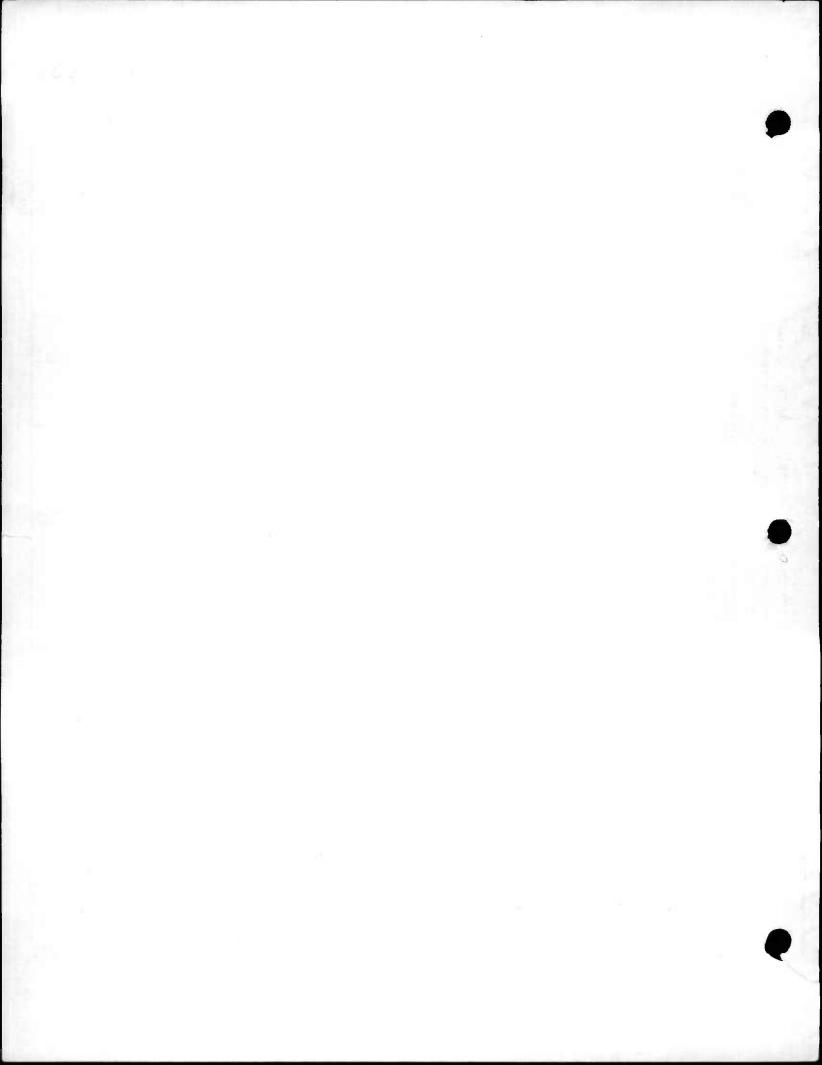
iii = 1

OCT US

22. REGISTRAT'S SIGNATURE OF DOWN GOOD - MONTON

	FOR	STATE OF MARYL		ENT OF HEALTH AND	MENTAL HYGIEN		1 28936
	1. DECEDENT'S NAME (First, Middle, Last)	E /	Moran	TE OF DEATH	REG. NO 2. DATE OF DEATH MONTH	AV 9/YE	ar S. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 236-42-2494	₹ № М 2 🗆 F	(In yrs. lest birthday) IF U	NDER 1 YEAR IF UNDER 24 HRS. THE DAYS HOURS MIN.	7. OATE OF BIRTH (Month, Day, Year) 11-29-23		Maryland
TOR	9a. FACILITY NAME (If not institution, give street Malcolm Grow Medians) RESIDENCE OF DECEDENT	THE CAN L	96.	Camp Spring		sc. COUNTY Pri	nce George's
DIRECTOR	Md. Prin	nce George's		wn or Location restville			10d. INSIDE CITY LIMITS? 1 YES 277NO
FUNERAL	10e. STREET AND NUMBER 2705 Overdale F	lace		101. ZIP CODE 20747			ted States
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEOENT EVER II FORCES? XXXXYES IF YES, GIVE WAR OR D W.W.II	2 NO	13. WAS OECENDENT OF HISPA If yes, specify Cuban, Mexic 1 YES 2 140 Spec	an, Puerto Rican, atc.)		RACE — American Indian, Black, White, atc. Specify: White
ED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	ATION		fone during most of working red.)	16b. KIND OF BU		пY
COMPLET	10 17. FATHER'S NAME (First, Middle, Lest) Joseph Henry Mo	oran	Heavy Equ	3.00	or AME (First, Middle, Maiden I. Norfol		uction
TO BE	19a. INFORMANT'S NAME (Type/Print) Delores Moran	nan		RESS (Street and Number or Rura me as 10a-10f	l Route Number, City or Tov		de)
	20a. METHOD OF DISPOSITION XXBuriel 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	vel from State	b. PLACE OF DISPOSITIO	N (Name of comotory, crematory or National Ceme	20c. LC	Suitla	or Town, State nd, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE ROY	mure/	6633 Old Alex Clinton, Md.	xander Feri	neral l y Road	Home, Inc.
	23. PART I. Enter the diseases, or co shock, or heart feliure. Li IMMEDIATE CAUSE (Final	implications that cause let only one ceuse on e	each line.	nter the mode of dying, su	ch as cardiec or resp		Interval Between Onset and Death
	disease or condition resulting in death)	DUE TO (OR AS /	A CONSEQUENCE OF):	Jardetta	rub-1 de	reas	
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE OF):				
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS /	A CONSEQUENCE OF):				
EDICAL CE	PART II. Other significant conditions	contributing to death t	but not resulting in th	e underlying couse given i		RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
2	25. WAS CASE REFERRED TO MEDICAL			28. PLACE OF OEATH (C	Check only one)		1 YES 2 NO
PHYSICIAN:	EXAMINER?	HOSPITAL: 1 Inpetient 2 ER/Out	patient 3º DOA 4	HER: Nursing Home 6 Residence	8 Other (Specify)		
ВУ РН	27. MANNES OF DEATH 1 Netural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY Y — At home, farm, street	M 1 YES 2 NO	28d. DEŞCRIBE HOW 28l. LOCATION (Street		
COMPLETED	3 Suicide S Could not be 4 Homicide determined	building, etc. (Spe	ocliy)		City or Town, State)	
COMP	one) 2 TAMEDICAL EXAMINER			the time, date end place, end do my opinion, death occured at th	ne time, data and place, a	ind due to the co	
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER	College Cause of by	MI	2/c. LICENSE N	UMBER 130	P/O	GNED (Month, Day, Year)

DHMH-16 Rev 1/89



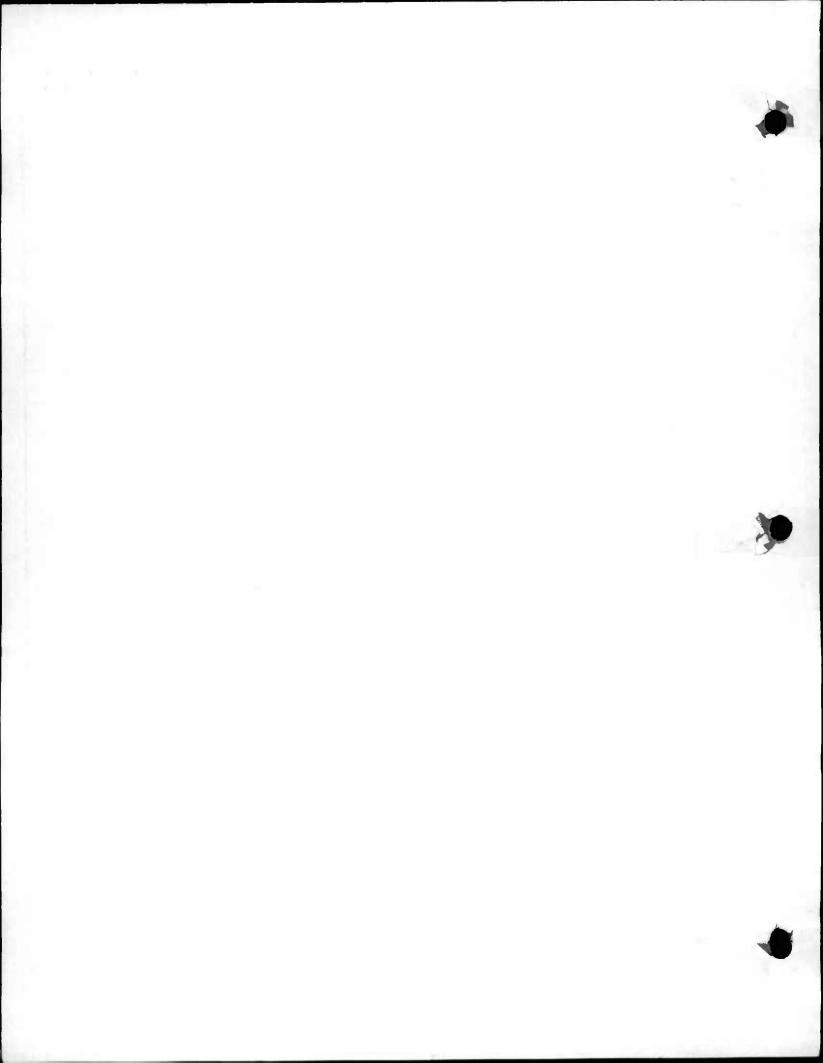
FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

9	2	8	9	3	7

2		REGISTRAR		CE	RTIFIC	CATE OF	DEATH		REG. NO.				
		1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF	DEATH		3	TIME OF DEATN	
		Edith Meade						Septe	mber	25.	1991	6:30 P.	
_		4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. les	t birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF	BIDTH			ACE (State or Foreign	
		215-01-4186	1 - M 2 XXF			ONTHS DAYS	HOURS MIN.	Sept.	Pay, Year)	1006	Country) Mary	1 and	
(P)	9e. FACILITY NAME (If not institution, give		- 03		h cory muni	OR LOCATION OF D	-	10,				
131-	Vac	10606 Ordway Driv						EATN			TY OF DEA		
	6	RESIDENCE OF DECEDENT	re			Silver	Spring			Mont	gome	ry	
ARG E	Ä	10e. STATE 10b. COUNT	Υ		10c. CITY,	TOWN OR LOCA	TION				I w	Dd. INSIDE CITY	
A COLUMN TOWN	DIREC	Maryland Mont	gomery		Silv	er Spri	no					LIMITS?	
iii.	470-12/2	10s. STREET AND NUMBER	gomezy		DIIV		. ZIP CODE					TYES 2 XXNO	
sit p	3	10606 Ordway Driv										AT COUNTRY?	
cian.	FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT	FUED III II O	-		20901				ed S	tates	
215-0020 attending physician. ise as the burial-transit permit		1 Never Married 2 Merried	FORCES? 1	YES 2 N	O MED	If yes, sp	ENDENT OF NISPA	en, Puerto Rica	Specify Yes o	or No-	Black, V	American Indian, Vhite, atc.	
ing the	BY	3 Widowed 4 Divorced	IF YES, GIVE WI	AR OR DATES		1 TES	2 NO Speci	fy:			Specify:	White	
15 as	ED	15. DECEDENT'S EDU	CATION	16a DEC	CEDENT'S US	UAL OCCUPATION	201					WILLE	
or a r us		(Specify only highest grade	completed)	(Gh	ve kind of wor.	k done during mo etired.)	st of working	16b, KI	ND OF BUSI	NESS/INDU	JSTRY		
D portal	12	Elementary/Secondary (0-12)	College (1-4 or 5+)					01	.1. 1		c .		
AND 21215-0 the hospital or attending detached for use as the once.	COMPLET	17. FATNER'S NAME (First, Middle, Last)		Sea	mstre	55			thing		iracti	uring	
MARYLAND 21, retained by the hospital or 5 should be detached for unotified at once.							18. MOTHER'S NA	ME (First, Mide	tle, Maiden Si	urname)			
Bed to bed to bed to bed to be be bed to be bed to be bed to be bed to be be bed to be be bed to be bed to be be bed to be be bed to be be bed to be be bed to be be bed to be be bed to be be below to be be below to be be be below to be be be below to be be below to be be below to be be below to be be	BE	Unknown Bailey 190. INFORMANT'S NAME (Type/Print)					Unknown						
MAR retained 5 should notified	2						nd Number or Rural						
		Doris Gaddi		1	0606	Ordway	Dr., Sil	Lver S	pring	, Md	209	01	
ORE e 6 may ector, pag		20a. METHOD OF DISPOSITION NCXBuriel 2 ☐ Cremation 3 ☐ Rem	oval from State	20b. PLACE A cemetery, cren	ND DATE OF	DISPOSITION (Na	me of	DATE	20c. LOCA	ATION - C	Ity or Town,	State	
MO ge 6 iirecti		4 Donation 5 Other (Specify)		Fort L	incol:	n Cemet	ery 9/2	27/91	Brent	twood	. Ma:	ryland	
BALTIMORE, after death. Page 6 may by by the funeral director, page moval.		21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		0853	22. NAME AN	ID ADDRESS OF FA	CILITY)	
AL death fune fune		1. Can	and when	1100	0055								
B Ifter the loval		Fort Lincoln Funeral Home, Inc. 3401 Bladensburg Rd., Brentwood, Md 2072. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arreat, Approximate the second of the control of t											
5 2 8		ahock, or heart failure.	complications that List only one caus	caused the dea e on each line.	ith. Do not	enter the mo	de of dying, auc	h as cardiac	or reapira	tory arre	at,	Approximate	
the m	1	IMMEDIATE CAUSE (Final				^						Interval Between Onset and Death	
VE 0 0		disease or condition resulting in death)	a. Chroni	c obst	netiva	· In	of disc	101					
ted withing completely ial, cremat			DUE TO (C	OR AS A CONSECU	UENCE OF):		1						
(68760, executed with and complete to burial, cremmatic event	Z	Samuel and all the Manager Man	a ath	usscle	· si		1					1	
	CERTIFICATION	Sequentially list conditions, if any, leading to immediate		OR AS A CONSECU	UENCE OF):								
	8	CAUSE (Disease or Injury	C.									ĺ	
	E	that initiated eventa	DUE TO (C	OR AS A CONSEQU	JENCE OF):								
OS, P.O. he death certifule attending Mental Hygier jury, or oth		resulting in death) LAST	d.										
the dea y the att d Menta injury,	. 11	DARY II ON THE STATE OF THE STA											
AISION OF VITAL RECORD; ATENDING PHYSICIAN: The law requires that the CTOR: After this certificate has been signed by the s after death with the State Dept. of Heatth and M 28 is marked, or flem 23 shows any inju-	EDICAL	PART II. Other aignificant condition	s contributing to d	leath but not re	auiting in t	he underlying	cause given in	Part I. 24	. WAS AN AL			RE AUTOPSY FINDINGS	
ECORE uires that th signed by t Health and ws any in	8							1/	YES XX	_	co	MPLETION OF CAUSE	
RECO requires th been signed of Health	ME									, 110		DEATN?	
AL RE le law require law been soen of Dept. of 1 23 show								_			1 "	YES 2 NO	
VITAL IAN: The law tificate has t e State Dept or Item 23	AN	25. WAS CASE REFERRED TO MEDICAL				28. PL	ACE OF DEATH (Ch	ock only one)					
/ITA	SICI	EXAMINER?	HOSPITAL:	ED/Outralland 0.5		THER:							
OF VIT, PHYSICIAN: Th this certificate with the State rked, or Item	PHY	27. MANNER OF DEATH	280. DATE OF IN		28b. TIME O	-	5 Residence						
ON OF ING PHYSIC after this cer eath with th marked, o	- 14	1 Natural 5 Pending	(Month, Day,		INJURY	/ WOI	PK?	28d. DESCRI	BE HOW INJ	URY OCCU	RED		
DIVISION OR ATTENDING F DIRECTOR: After thours after death item 28 is mar	8	2 Accident Investigation	20 50 105 25			,0,	ES 2 NO						
TISIC TTEND TOR: 4 after d		3 Suicide a Could not be determined	building, et	INJURY — At hom c. (Specify)	e, ferm, stree	et, tectory, office		28f. LOCATIO City or To	N (Street end	Number of	Rural Route	Number,	
A ATT	⊢												
	립	29e. CERTIFIER (Check only	CIAN: To the best of m	y knowledge, deat	h occurred a	t the time, date	end place, and due	to the causele) and menne	r ee stated			
HOSPITAL FUNERAL WITHIN 72 I	COMPLE	one) 2 MEDICAL EXAMINE	R: On the beele of exam	migration end/or im	vestigation, is	n my opinion, de	ath occured at the	time, date end	place, and o	due to the	couse(a) an	d menner as stated	
TO THE HOSPITAL TO THE FUNERAL be filed within 72 IMPORTANT: If	111	29b. SIGNATURE AND TITLE OF CERTIFIER		/-/-									
TO THE DE FIED IN THE	8	The or sentine	Mul	ul (29c. LICENSE NUN	BER	2	9d. DATE S	SIGNED (Mo	nth, Day, Year)	
268₹	2	30 NAME AND ADDRESS OF BERGOW WA	AN				D9.18	65		P 0'	7/26	191	
1		30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (ITEM				\		1.			
.3	-	MARK K. LI	(IMI)	Talun	JIV.F	BLVD	W. U) hear	ON, 1	MD)	209	102	
		OCT 08 91 4	32. REGISTRAR	S SIGNATURE									
i ma		ULI UO 31 4	wya wawidson	-Markage									

DHMH-16 Ray 1/89



IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTA				HYGIENE REG. NO.		line	.000	0
1. DECEDENT'S NAME (First, Middle, Las	" Joseph Ed	ward Mat		DEMIN	2. DATE OF	DEATH			TIME OF DEATH	н
Joseph E.	Matta				HTMOM T ()	1 2	199	EAR 1	: 37	73. M
4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH	1	BIRTHPLA	CE (State or For	reign
163-42-7995	1 🔀 M 2 🗆 F 43	YRS.	DAYS	HOURS MIN.	Jüly	29",19	48	Penn	sylvan:	ia
9a. FACILITY NAME (If not institution, give		100	L CITY, TOWN	OR LOCATION OF D	EATH		9c. COUNTY	OF DEATI	н	
Fallston Ger	neral Hospi	tal	Falls	ton			Har	ford		
10e. STATE 10b. COUR	NTY	10c. CITY, T Bel	OWN OR LOCA	TION				100	1. INSIDE CITY LIMITS?	
	arford	Вет	ALL					1 [YES 2X	NO
100. STREET AND NUMBER 1007 Londonberr	y Drive		10	21015			-	USA	COUNTRY?	
11. MARITAL STATUS	12. WAS DECEDENT EVER II FORCES? 1 YES		13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN?	Specify Yes o	r No- 14.	RACE -	American Indie	n,
1 Never Merried 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR D			ecify Cuben, Mexic 2 NO Speci		m, atc.)		Black, WI Specify:		
15. DECEDENT'S EI	DUCATION		1					Whi	te	
(Specify only highest gra	ide completed)	(Give kind of work life. Do NOT use re	UAL OCCUPATION Of done during model of direct ()	ON ost of working	16b, KI	ND OF BUSIN	IESS/INDUS	TRY		
Elementery/Secondary (0-12)	College (1-4 or 5+) 5+	Research	Physic	ist	Ī	JS-gov	ernme	ent		
17. FATHER'S NAME (First, Middle, Last)	11			18. MOTHER'S N	AME (First Mid	tie Maiden Su	rnama)			
Joseph Samuel	Matta			Heler	n Mar		ttige	er		
19e. INFORMANT'S NAME (Type/Print) Karen A. Matta		196. MAILING AD	DRESS (Street o	erry Driv	Route Number,	City or Town,	State, Zip Co.	de)		
		1007 1		TTI DIT]	Jer M	1, 11	21		
20e, METHOD OF DISPOSITION 1 Burlet 2 Cremetion 3 Re 4 Donation 5 Other (Specify)		PLACE AND DATE OF D			0-16-9	20c. LOCA	W. Ch	or Town, neste	er, Pa.	
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		22. NAME A	ND ADDRESS OF FA	ACILITY			33		
Devers 12	We Come	0014	Howar 1317	d K. McC Cokesbu	Comas ry Roa	III Fu d, Abi	inera. Ingdor	L Hom 1, Mõ	е, Р.А l. 2100	9
23. PART I. Enter the diseases, o	r complications that caused	the death. Do not							Approxima	
IMMEDIATE CAUSE (Final disease or condition resulting in death)	e. List only one cause on e	MA O	Das	cha					Interval Bs Onset and	
	OUE TO (OR AS A	CONSEQUENCE OF):	7							
Sequentially list conditions,	· Volvul	uS								
if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):								
CAUSE (Disease or injury that initiated events	C. DUE TO (DR AS A	CDNSEQUENCE OF:								
resulting in desth) LAST								i		
	С									
PART II. Other significant condition	ons contributing to death b	ut not reaulting in t	he underlyln	g cause given in	Part I. 24	e. WAS AN AU			RE AUTOPSY FIN	
					1	YES 2		COR	MPLETION OF CA	
					'				YES 2 N	0
								<u> </u>		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. Pt THER:	ACE OF DEATH (CI	neck only one)					
1X YES 2 □ NO	1 Inpatlant 2 X ER/Outp			e 5 🗆 Residence	6 Other (S	pec/fy)				
27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJ WO	URY AT	28d. DESCR	BE HOW INJ	URY OCCUR	ED		
t Natural 5 Pending 2 Accident Investigation				YES 2 ND						
3 Suicide 6 Could not b	9 building, etc. (Spec	— At home, term, etree (fy)	et, factory, offic	•	261. LOCATIO	ON (Street and own, State)	Number or F	Rural Route	Number,	
29a. CERTIFIER 1 CERTIFYING PHY	/SICIAN: To the best of my know	ados doeth assum d	t the tier of t							\dashv
(Check only one) 2 X MEDICAL EXAMI	NER: On the basis of axamination	and/or investigation, is	n my opinion, d	eath occured at the	time, date en	a) and menne i piece, end c	r an atated. Sue to the ce	euse(s) end	l menner ee ste	ated.
295. SIGNATURE AND TITLE OF CERTIF				29c. LICENSE NU					nth, Day, Year)	
MAX.	-Cook						10	1.2		,
30 NAME AND ADDRESS OF PERSON V	VHO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Prin	nt)	0.C.	M . E		10	13	199	
AMAIX	CON	111 Don	ın Str	oot P	n1+	0 W 0 3	1 1		0100	,]
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN		*	EEL, D	altim	ure M	aryl	and	2120	
007 15 91	June Sur.									

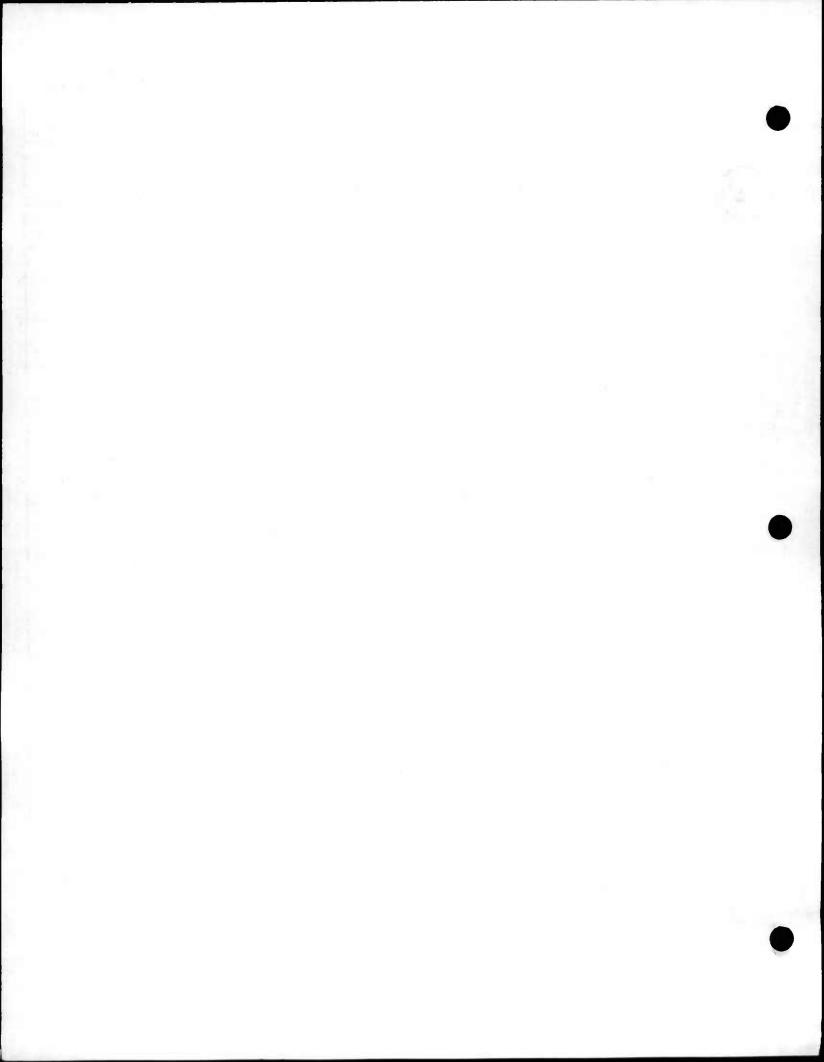
THE RESERVE OF STREET

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR				CERTIF	ICATE	OF	DEATH	REG. N	10		
		Joseph Me	eki							2. DATE OF DEATH		YEAR	3. TIME OF DEATH 4:28 a.m
		4. SOCIAL SECURITY NUMBER 213-40-9708		5. SEX	6. AGE (In	92 YRS.	IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Ybar) July 6, 1		o. BIRTHPI Country) Maryl	ACE (State or Foreign
	TOR	90. FACILITY NAME (If not institute that in the state of	ID H		Cen	iter		int	OR LOCATION OF DE		9c. COUN	TY OF DEA	
r. Pa	DIREC	10a. STATE 10	b. COUNTY	e Georges	s		estv:						Od. INSIDE CITY LIMITS? YES 2 NO
physician. burial-transit permit.	FUNERAL	6614 Hansfo							20747				AT COUNTRY?
attending physician. se as the burial-trar	B	11. MARITAL STATUS 1 Never Married 2 X Mar 3 Widowed 4 Divorced		12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES	2 NO	1	f yes, spe	ENDENT OF HISPAN	IIC ORIGIN? (Specify	Yas or No-	14. RACE - Black, 1 Specify:	- American Indian, White, atc. White
for u	COMPLETED	15. DECEDE (Specify only hig Elementary/Secondary (0-12) 12	hest grade	CATION completed) College (1-4 or 5 +	,	16a. DECEDENT'S (Give kind of a life. Do NOT us	work done a se retired.)	furing mos	st of working	16b. KIND OF E	Gover		+
be det	BE CON	17. FATHER'S NAME (First, Middle John J. M	,,	ns				Zillica		ME (First, Middle, Maid		maen	L
	TO B	190. INFORMANT'S NAME (Type/ Margaret Mee							nd Number or Rural F	Noute Number, City or 1			
e 6 may by ector, page must be		20g METHOD OF DISPOSITION 1 A Burlal 2 Cremation 4 Donation 5 Other (Spe	3 🗆 Remo	val from State	camel	PLACE AND DATE (lery, cremetory or or dar Hil	OF DISPOSI	TION (Nat	me of		OCATION - C	ity or Town	
ter death. Page 6 may be the funeral director, page yval.	4	21 SIGNATURE OF FUNERAL SE	ERVICE U	Techo	sch	dai IIII.	22. N	IAME AN	D ADDRESS OF FAC	TI ITY	<u>itland</u> 4308 S Suitla	uitla	and Rd.
24 hours at filled in by tion, or remether		23. PART I. Entar the disease ahook or heart iMMEDIATE CAUSE (Final disease or condition resulting in death)	ses, pr ci faliure. L	Ca	no	the death. Do not line.	ont entar	the mod	de of dying, auch	ea cerdiac pr res	piratory arre	at,	Approximata Interval Batwean Onsat and Daath
th certificate be ex ending physician a il Hygiene prior to or other traum:	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
uires that the signed by Health and Iws any Ir	MEDICAL C	PART II. Other algnificant c	pnditiona	contributing to c	death but	not resulting i	n the unc	derlying	ceuse given in i		N AUTOPSY DRMED?	Al CC	ERE AUTOPSY FINDINGS ALLABLE PRIOR TO DMPLETION DF CAUSE F DEATH? YES 2 NO
PHYSICIAN: The law req this certificate has been with the State Dept. of rked, or Item 23 sho	PHYSICIAN:	25. WAS CASE REFERRED TO ME EXAMINER?	-	HOSPITAL:					ACE OF DEATH (Che	ck only one)			
certific the Si	IVS	1 YES 2 NO		1 Inpatient 2 28a. DATE OF II			-	ng Home	5 Residence	Other (Specify)			
DING PHYS After this death with s marked	ВУ Р	1 Netural 5 Pend 2 Accident Inves	ling tigstion	(Month, Day	y, Year)	28b. TIME	JRY M			28d. DESCRIBE HOW	INJURY OCCU	IRED	
OR ATTENDING. DIRECTOR: After hours after death	ETED		d not be mined	28a. PLACE OF building, e	injury — itc. (Specify)	At home, farm, s	treet, fector	ry, office		28I. LOCATION (Stree City or Town, State	and Number of	r Rural Rout	e Number,
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law ID THE FLINERAL DIRECTOR: After this certificate has been find within 72 hours after death with the State Dept INPORTANT: If Item 28 is marked, or Item 23	COMPL	2 MEDICAL	EXAMINER	AN: To the best of m	ny knowled imination a	ige, death occurre	d at the tim	ne, data a Inion, de	and place, and due to	o the cause(s) and m ime, data and place, a	anner as stated and due to the	i. cause(s) ar	nd manner as stated.
TO THE THE THE THE THE THE THE THE THE THE	TO BE	29b. SIGNATURE AND TITLE OF C	MIT	1 el	la	w	in:	1	D34	274	29d. DATE :	SIGNED (M	onth, Day, Year)
6		30. NAME AND ADDRESS OF PER	ISUN WHO				Print)						*/
		31. DATE FILED (Month, Day, Year)	'91	32. REGISTRAR	S SIGNATI	URE	1.00						



מאבווושסער, שלחו בלונס	iours after death. Page 6 may be retained by the hosp	ed in by the funeral director, page 5 should be detache or removal	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, F.O. BOX 13140,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-1 nours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the companies of the compa	be filed within 72 hours are dead with the State Dept. Or regular and injury, or other traumatic event, the medical examiner must be notified at once.

1. DECEDENT'S NAME (First, Middle, Last,			FICATE OF		2. DATE OF DEATH	PAL	YEAR	3. TIME OF DEATH						
HLTON	1	ELSON			OUT		1991	22:30 P.						
4. SOCIAL SECURITY NUMBER	5. SEX 8	J. AGE (In yrs. lest birthday) YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yea	r)	Count	HPLACE (State or Foreign ny)						
436-12-5217		71 THS.			8/1/192			űisiana						
Se. FACILITY NAME (If not institution, give			100	OR LOCATION OF D	EATN	9c. CO	UNTY OF D	PEATH						
Greater Laure	l Hospit	al	Lau	ırel		Pr	ince	George's						
10a. STATE 10b. COUN			TY, TOWN OR LOCA	TION				10d. INSIDE CITY						
MD. Prin	ce George	e's		Laur	el			LIMITS? 1 YES 2 YNO						
10e. STREET AND NUMBER			10	H. ZIP CODE		10g. C	TIZEN OF	WHAT COUNTRY?						
3479 Chiswel	l Road			20724		IIr	ite	States						
11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARMED	13. WAS DE		NIC ORIGIN? (Specify		14. RAC	E — American Indian.						
1 Never Married 2 X Married	FORCES? 1	YES 2 NO		pecify Cuben, Mexic S 2 NO Spec	an, Puerto Rican, etc.	.)	Spec	k, White, etc.						
3 Widowed 4 Divorced		on bares	1	X. Open	.,.			lack						
15. DECEDENT'S ED (Specify only highest gred			S USUAL OCCUPAT		16b. KIND OF	BUSINESS/I								
Elementary/Secondary (0-12)	College (1-4 or 5 +)	His Do MOT	f work done during m use retired.)	ost of working										
llth Grade		Reti	red		P	rivat	6							
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, Middle, Ma									
Guy Nelson				Marg	aret Wh	ita								
19s. INFORMANT'S NAME (Type/Print)		19b. MAILIN	IG ADDRESS (Street	and Number or Rura	l Route Number, City o	Town, State,	Zip Code)							
Virginia Nel	son	3479	Chiswe	ell Rd.	, Laure	l. Ma	rvla	and						
20e. METHOD OF DISPOSITION		20b. PLACE OF DISPO				LOCATION								
1 Buriel 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from State	Maryland	Veteran	s Cemete	rv	Chelte	nham	, Maryland						
			22. NAME /	AND ADDRESS OF F	ACILITY									
> Voha	1	+	21. SIGNATURE OF TUNERAL SERVICE UCENSEE 22. NAME AND ADDRESS OF FACILITY Stewart Funeral Home											
101010	PA / / / / /		4003											
23. PART . Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory errest,														
23. PART . Enter the diseases, or ahock, or heart fellung								Approximate Interval Between						
ahock, or heart fellum	a. Liet only one ceus	e on eech line.	not anter the m	ode of dying, su	ch ea cardlac or r			Approximate						
ahock, or heart fellure	a. Liet only one ceus	e on eech line.	not anter the m	ode of dying, su	ch ea cardlac or r			Approximate Interval Between						
ahock, or heart fellum IMMEDIA E CAUSE (Final disease or condition	a. DUE TO (VOCARDIA OR AS A CONSCOUENCE	not anter the m	ode of dying, su	ch ea cardlac or r			Approximate Interval Between						
ahock, or heart fellum	a. DUE TO (VOCARDIA OR AS A CONSEQUENCE	onot anter the months of the control	ode of dying, su	ch ea cardlac or r			Approximate Interval Between						
ahock, or heart fellum IMMEDIA E CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	a. DUE TO (VOCARDIA OR AS A CONSCOUENCE	onot anter the months of the control	ode of dying, su	ch ea cardlac or r			Approximate Interval Between						
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

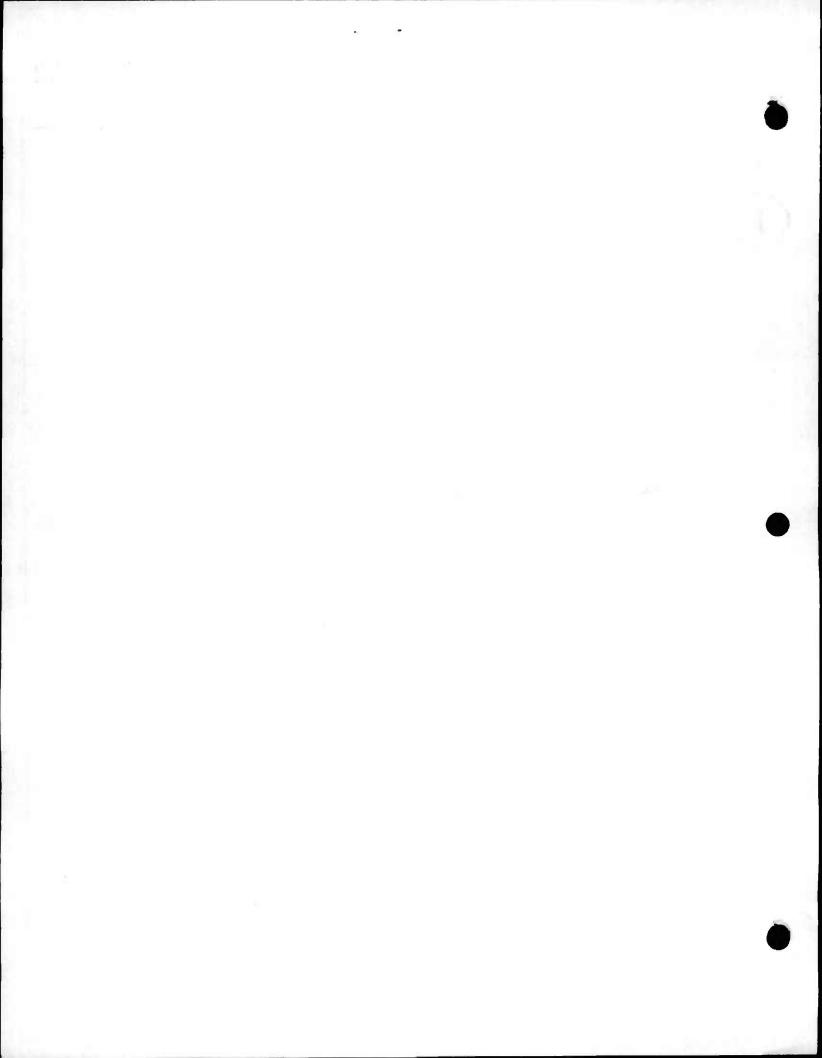
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Quald Large D26352 > 11/2								
	Que o s	Lollaro			700			1
	O. NAME AND ADDRESS OF PERSON W	NO COMPLETED CAUSE OF I	EATN (ITEM 27) (Time 1	Print) 12	N6021 6		- 11	-
	Oswald L. Haye	1/31 / (sca)	awayna	Clinto	10	ICP		

The Mark of Edition of the State of the Stat IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notitied at once.

	1 - STATE REGISTRAR	STATE OF MARYL		MENT OF HE		ENTAL HYGIEN REG. NO.	E	20342	
	1. DECEDENT'S NAME (First, Middle, Last) PIG VIO		VICHO.	Ison		2. DATE OF DEATH MONTH DA	1991 YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 214 24 5796	1 341 2 F	62 YRS.	NONTHS DAYS	IOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 03-19-192	Con	RTHPLACE (State or Foreign unitry) MD	
HOT:	9a. FACILITY NAME (Proof institution, give a	emorial	Nose.	HAVEE	de Ov	ACE.	9c. COUNTY OF	tord	
DIRECTOR	10a. STATE 10b. COUNTY	arford		town on Location			10d. INSIDE CITY LIMITS? 1 🏋 YES 2 □ NO		
FUNERAL	100. STREET AND NUMBER 200 N. Washing				21078		109. CITIZEN OF WHAT COUNTRY? USA		
ВҰ	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 X NO	If yes, speci		CORIGIN? (Specify Yea Puarto Rican, atc.)	or No — 14. R/BI	ACE — American Indian, eck, While, atc. ectly:	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	life. Do NOT use	rk done during most retired.)		16b. KIND OF BUS		White	
OM	17. FATNER'S NAME (First, Middle, Last)		Self-Emp			Constr			
BE C	John Nicholson					ude Lawre			
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DORESS (Street and		ute Number, City or Town			
	Mrs. Betty L. N		200 N	. Washir	gton St	., Havre	de Gra	ce, MD 21078	
	20a. METNOO OF DISPOSITION 1 Burial 2 Cremation 3 Remote Proceedings of the Procedings of the Proceedings	oval from Stala cen	PLACE AND DATE OF netery, crematory or othe	or olece)			CATION — City or		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	t. A. Fer	22. NAME ANO	ADDRESS OF FACIL	10/16 W	est Che	ster, PA	
	- William &	3. Smit		Mitch Havre	ell-Smith de Gra	Funeral ce, MD	Home,	P.A. 197	
	23. PART i. Enter the diseases, or cahock, or heart feliure.	omplications that cause List only ons cause on e	the death. Do not	snter ths mods	of dying, auch	as cardiac or respir	atory arreat,	Approximats interval Between	
	IMMEDIATE CAUSE (Final disease or condition reaulting in death)	Carli	- pul	mora	a On a	1.1.1.1		Onset and Death	
	roading in death)	DUE TO (OR AS A	CONSEQUENCE OF	161.00	1 64 7	54.T. d		-	
TION	Sequentially list conditions, if any, issding to immediate	DUE TO (OR AS A	CONSEQUENCE OF):	H	e wor	men o	7 00		
FICA	cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events	DUE TO JOH AS	CONSEQUENCE OF:	26 170	muco	nous			
CERTIFICATION	resulting in dasth) LAST	Delry	Lutin.	a reliet	· Dal	falac	_		
CALC	PART II. Other significant conditions	s contributing to death b	ut not resulting in	ths underlying o	ause givan in Pa	ort i. 24a. WAS AN		4b. WERE AUTOPSY FINDINGS	
DIC/						PERFORM		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
PHYSICIAN: MEDI						-		OF DEATH?	
AN	25. WAS CASE REFERRED TO MEDICAL			26 PLAC	E OF OEATN (Check	- I			
SIC	EXAMINER? 1 YES 2 X NO	HOSPITAL:		THER: Nursing Home					
ВУ РН	27. MANNER OF CEATN 1 Natural 5 Pending investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME C	OF 28c. INJUR WORK	AT 2	8d. DESCRIBE NOW IN	JURY OCCURED		
	2 Accident investigation 3 Suicide 6 Could not be detarmined	28e. PLACE OF INJURY building, etc. (Special Control of the Contro	— Al home, farm, stre			8f. LOCATION (Street ar City or Town, State)	d Number or Rura	I Route Number,	
COMPLETED	29a. CERTIFIER (Check only one)	CIAN: To the best of my know	edge, death occurred	at the time, data an	place, and due to	The cause(s) and mann	ner as stated.		
	2 WEDICAL EXAMINER	R: On the basis of exemination	and/or investigation,	In my opinion, deat	occured at the tim	na, data and place, and	dua to Iha cause	e(a) and manner as stated.	
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	M_	-		c. LICENSE NUMBE	ER .	≥ 10 -	13-91	
	611 S. UNIO	IN AM.	HAVIG	E DE	ON	tet, m	\$ 210	78	
	OCT 15'91	32. REGISTRAB'S SIGN	n-Mandall		-				
								DHMH-18 Rev 1/89	



Е.Н.		1 - STATE REGISTRAR	STATE OF MARYLA	AND / DEPAR CERTIFI	TMENT OF	HEALTH AND	MENTA	AL HYGIEI	NE	1 2	8943
		1. DECEDENT'S NAME (First, Middle, Last)					2. DAT	E OF DEATH		3. TII	ME OF DEATH
All the same of th		TO RRANCE	Α.	OW	IENS		MON 1		5 19	YEAR	2:44 Am
(0)		4. SOCIAL SECURITY NUMBER	2 1 10 10 10 10 10 10 10 10 10 10 10 10 1	n yrs. lest birthdey)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	E OF BIRTH	- 1	. BIRTHPLACE	(State or Foreign
(B)		577-96-7647		20 YRS.	MONTHS DAYS	HOURS MIN.	8-	-4-19	71 0	VASH.,	D. C.
\mathbf{v}	Ecron	98. FACILITY NAME (If not institution, give a PRINCE GEORGES		OSPITAL		OR LOCATION OF DEVERLY	DEATH		9c. COUNT	Y OF DEATH	GEORGES
Mingray Barriet	W	10s. STATE 10b. COUNTY		10c, CITY	, TOWN OR LOCA	ATION				10d. I	NSIDE CITY
7	ᅙ	D. C.		WA	SHINGTO	N					YES 2 NO
permit.	FUNERAL	10e. STREET AND NUMBER			10	Dr. ZIP CODE			10g. CITIZE	N OF WHAT C	
020 physician. bunial-transit	剪	533 - 51st ST.,	N. E.			@))!(u. 5	S. A.	
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the pt	a	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	TES	1 - YES	S 2 XNO Speci	y:	racen, etc.)		Specify:	, otc.
as and	ED	15. DECEDENT'S EDUC	CATION	16a. DECEDENT'S	I CONTRACT		To.				LACK
212		(Specify only highest grade Elementary/Secondary (0-12)	completed)	(Give kind of w lite. Do NOT use	ndk done during m	iost of working	16	b. KIND OF BU	USINESS/INDU:	STRY	
ND 2 hospital ached to		11th GRADE	College (1-4 or 5+)		ERK		D	ι Λοντι	ICTED	UTOFA	
LAND the hospit detached	COMP	17. FATHER'S NAME (First, Middle, Last)		CL	LIXX	18. MOTHER'S N			ISTER	VIVEO	
M Be th	E C	ALBERT HUNTER									
연 등 목 교	60	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	AODRESS (Street	MAE R.				ada)	
2 5 5	인	MAE R. OWENS				, N. E.					
		20a. METHOD OF DISPOSITION Burlel 2 Cremetion 3 Remo	206.1	PLACE AND DATEO	FDISPOSITION (N	lame of	WAS	TE 20c. L	OCATION — CH	V OV TOWN Str	de
0 % H		4 Donation 5 Other (Specify)	oval from State ceme	ARMONY "M			1		NDOVER		
ALTIMOR death. Page 6 ma e funeral director, p J.		21. NONATURE OF FUNERAL SERVICE LIC	ENSKE	/	22. NAME A	ND ADDRESS OF FA	CILITY				
AL death fune		1/60-1-01	STORES	Karli	PINCK	NEY_SPAN	GLER	FUNER	CAL HOM	E	
	\vdash	23 PART I Enter the diseases or o	mes	yren	1524 -	8th ST.	. N.	E. WA	SH. D	. C. 2	20002
d in by the or remove		23. PART I. Enter the diseases, or c shock, or heart failure. I	List only one cause on each	ch line.	enter the mo	ode of dying, aud	ch as car	diac or reap	olratory arres		Approximate Interval Between
fille ion,	ı	IMMEDIATE CAUSE (Final disease or condition	11	0.0	- 1	. 1. 1.					Onset and Death
760, ad within ompletely I, cremat event,		resulting in death)	MULTIPLES	GOV:	sign i	POPINS					
	_		DUE TO (OR AS A C	CONSEQUENCE OF):						
execute and co o bunia natic	FICATION	Sequentially list conditions,	DUE TO (OR AS A (CONSEQUENCE OF							
Sician traum	Ä	If any, leading to immediate cause. Enter UNDERLYING		DONSEGUENCE OF	,					i	
certificate ding physical principle or other transfer of the contract of the c	ᇤ	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A (CONSEQUENCE OF);						
7 - 6 - 61	CERT	reaulting in death) LAST								j	
deat deat											
ing the Co	¥	PART II. Other aignificant conditions	contributing to death bu	t not resulting in	the underlyin	g cause given in	Part I.	24e. WAS AN		*****	AUTOPSY FINDINGS
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require een sig of He	M										ES 2 NO
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VIIAL AN: The law ifficate has State Dep	ਨ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			LACE OF DEATH (Ch	eck only o	ne)			
Stiffice	S	1 X YES 2 NO	HOSFITAL:		OTHER: 4 - Nursing Hor	ne 5 🗆 Rasidenca	6 🗆 Othe	er (Specify)			
S 문문 5			1 Inpatient 2 XER/Output	Hent 3 L DOA						RED	
HYSICIA his cert with the	PH	27. MANNER OF DEATH	26e. DATE OF INJURY	26b, TIME	OF 28c, INJ				INJURY OCCUI		
G PHYSICI. G PHYSICI. er this cert th with the	BY PHYSICIAN:				OF 28c. INJ	JURY AT DRK? YES 2 NO					TPLE X
DING PHYSICI. After this cert death with the marked, o	B	27. MANNER OF DEATH 1 Neturel 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Cavid not be	26e. DATE OF INJURY	26b. TIME 1 2 5	OF 28c. INJ BY WC 1 1	YES 2 NO	S 261. LOC	UBJEC	end Number or	T MUI	
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ON ATTENDING PHYSICIA ORECTOR: After this cert hours after death with the	O BE COMPLETED BY	27. MANNER OF DEATH 1 Natural S Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	26e. DATE OF INJURY (Month, Day, Year) 1 0 - 5 - 9 1 28e. PLACE OF INJURY - building, etc. (Specify CIAN: To the best of my knowled 3: On the baste of axamination of	26b. TIME 1 2 5	OF M 28c. INJ WC 1 1 reet, factory, offic WALK is at the time, date , in my opinion, d	PRK? YES NO e e e e e e feath occured at the 29c. LICENSE NUB	S 261. Loc City 5 3 3 1 to the centime, determined the second the second three seco	UBJEC ATION (Street or Town, State, 3 5 1 s use(e) end ma	end Number or) t ST.	Rural Route Nu WASH.	mber, D . C .
DR ATTENDING PHYSICI, INECTOR: After this cert bours after death with the em 28 is marked, o	O BE COMPLETED BY	27. MANNER OF DEATH 1 Netural	26e. DATE OF INJURY (Month, Day, Year) 1 0 - 5 - 9 1 28e. PLACE OF INJURY - building, etc. (Specify CIAN: To the best of my knowled 3: On the baste of axamination of	26b. TIME 1 2 5 1 1 2 5 1 1 2 5 1 1 2 5 1 1 2 1 2	OF M 28c. INJ WC 1 □ reet, factory, offic. WALK is at the time, date , in my opinion, d	PRK? YES 2 NO e end place, end due death occured at the 29c. LICENSE NUI O • C	S 261. Loc City 5 3 3 3 to the ce time, date	UBJE C ATION (Street or Town, State, 3 5 1 S	end Number or t ST. inner es stated. ind due to the c 29d. DATE S 10	PARTIE MUI PRUTE PRUTE NU PRUTE PRUTE NU PRUTE PRUTE NU PRUTE PRUTE NU PRUT	D . C . enner es steted. Dey, Yearj
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91-5808-033 1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAN		CE	-niir	ICALE	UF	DEA	Н	F	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last) BRENDA	JOYCE			PARI	KER			2. DATE OF MONTH	D		YEAR	3. TIME OF DEATH
\	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. less	t birthday)	IF UNDER	1 YEAR	IF UNDER	\rightarrow	7. DATE OF	06		1991	1:45 A.M
/	577-72-9814	1 🗆 M 2X F	38	YRS.	MONTHS	DAYS	HOURS	MIN.	9/17		3	Was	hington, D.
-	9a. FACILITY NAME (If not institution, give st						R LOCATI	ON OF DE	ATH			NTY OF D	
DIRECTOR	2414 KEYBERRY I	LANE			BO	WIE					PRIN	NCE	GEORGE
E C	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN O	R LOCAT	ION						10d. INSIDE CITY
8	Maryland Prin	ce Geor	ge's		Bo	wie							LIMITS?
A	10e. STREET AND NUMBER		J -				ZIP CODE				10a. CIT	IZEN OF W	HAT COUNTRY?
FUNERAL	2414 Keyberry	Lane					207	715					d States
5	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. MI	WED	13. \	WAS DEC	ENDENT O	F HISPANI	IC ORIGIN? (S	pecify Yes		-	- American Indian, White, atc.
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W		0				n, Maxican Specify:	, Puarto Rica	n, atc.)		Specif	
	15. DECEDENT'S EDUC	ATION	140. 05		<u> </u>							77.00	lack
	(Specify only highest grade of Elementary/Secondary (0-12)	completed)	(Gi	ve kind of v Do NOT us	USUAL OC vork done o e retired.)	during mo	on st of workin	g	16b. KII	ID OF BUS	SINESS/INI	DUSTRY	
7	12th Grade	College (1-4 or 5+	, ,		ng i					Dri	vate		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			<u> </u>	119	100			AE (First, Midd	-		=	
BE C	Raymond St	roman							e Wi]		1		
TO B	19a. INFORMANT'S NAME (Type/Print)		19b	MAILING	ADDRESS	(Street a	nd Number	or Rural A	oute Number,	City or Tow	n, State, Zij	p Code)	
F	David Parker			2023	Kal	lora	ama	Rd.	, N.W	. W	ash.	D.(С.
	20a. METHOD OF DISPOSITION 1X Xurial 2 Cremation 3 Remo	val from Stata	20b. PLACE A cemptery, cres	ND DATE O	her place)	ITION (Na	me of		DATE			City or Tox	
	4 Donation 5 Other (Specify)	THOSE A	cemetery, crer Hari	mony	-					La	ndov	ver,	Maryland
ļ	1/1/	H	4					S OF FAC	neral	Но	me		
	John .	alle	varl. T	IT	41	001	Ben	nin	a Rd.	. N	. E.	Wasi	h. D.C.
	21 PAST . Entar tha diasasea, or co ahock, or haart failure. L	omplications that list offly one caus	caused the date	th. Do n	ot antar	tha mod	da of dyl	ng, such	aa cardiac	or raapi	ratory ar	raat,	Approximate interval Between
	IMMEDIALE CAUSE (Final	1	0	On		C.	1.	1 6) _	٨			
	disease or condition results in death)	LUPY	cres	199	PX79	10	repri	21 1	sem	H	veu	MSI	Υ .
_		DAF 10 (OH AS A CONSEO	UENCE OF	n:	,						0	
CERTIFICATION	Sequantially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEO	UENCE OF):								
8	cause. Entar UNDERLYING CAUSE (Disease or injury												1
E	that initiated eventa	DUE TO (OR AS A CONSEO	UENCE OF):								
H	resulting in death) LAST												
	PART II. Other eignificant conditions	contributing to	feath but not ra	aulting i	n tha und	deriying	cause o	iven in P	Part I. 244	. WAS AN	AUTOPSY	24h	WERE AUTOPSY FINDINGS
MEDICAL				Marie Contract					Λ	PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
ED									_ /	YES 2	□ NO	- 1	OF DEATH?
- 1									_	•			1 TES 2 NO
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PL	ACE OF DE	EATH (Chec	ck only one)				
/Si	XXYES 2 NO	HOSPITAL: 1 Inpatient 2	ER/Outpatient 3	□ DOA	OTHER	: Ing Home	X XRa	sidence 6	Other (Sp	ecify)			
PHYSICIAN:	27. MANNER OF DEATH 1. Netural 5 Pending	28a. DATE OF I (Month, Day		28b. TIME	OF	28c. INJL	JRY AT		28d. DEŞCRII	BE HOW I	JURY OC	CURED	
B	1 Natural 5 Pending Investigation				М	1 🗌 Y	E\$ 2 [NO					
	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF building, a	INJURY — At hon tc. (Specify)	ne, term, a	treet, lacto	ry, office			28f. LOCATIO City or To	N (Street a	nd Number	or Rural Ro	oute Number,
Ē,	AA- CENTIFIE												
COMPLETED	29a. CERTIFIER (Check only one)	IAN: To the best of n	ny knowledge, dea	th occurre	d at the tir	ne, date	end place,	end due to	o the cause(a) and man	ner aa stal	led.	
8	2 MEDICAL EXAMINER	On the basis of axe	minetion and/or in	vestigation	n, In my op	olnion, de	eth occur	ed at the ti	me, data and	pieca, and	dua to th	na cause(s)	and mennar as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	. 0	M. I	\wedge				NSE NUME			29d. DAT	E SIGNED	(Month, Day, Year) - 1991
2	mun	orce	M	1			0.	C.M	.е.		P 10	00-0	- 1991
	HAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (ITEM	27) (Type,	Print)								
-	31. DATE FILED (Month, Day, Year)	32 REGISTRAR	11	1 PE	NN	STR	EET	BAL	TIMOF	RE M	ARYI	LAND	21201
	OFT 10 '91			2									
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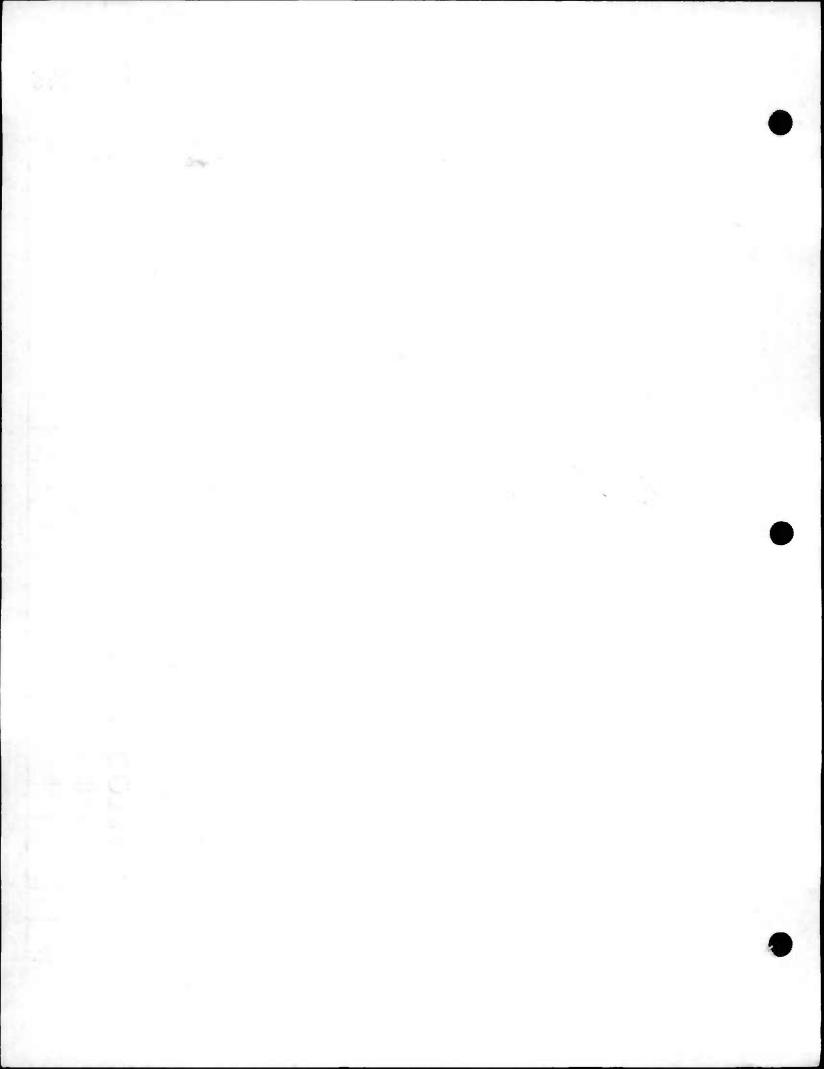
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

L DIRECTOR; After the hours after death v

BALTIMORE, MARYLAND 21215-0020

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 2. DATE OF DEATH YEAR 1050 one 1 8. BIRTHPLACE (State or Foreign 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH Jan. 12, 1928 577-58-1588 Italy 63 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Prince Georges Hospital Center Prince Georges Cheverly 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? NX YES 2 ☐ NO Maryland Prince Georges Hyattsville 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

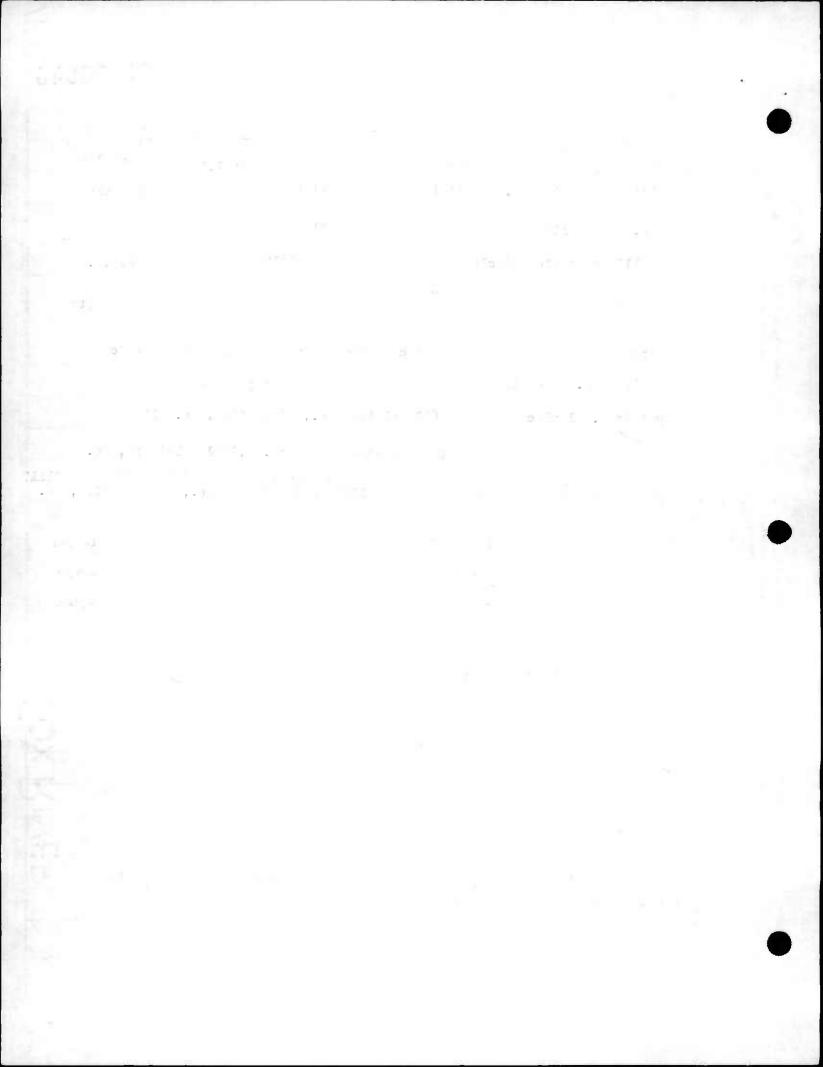
Removed or Nem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. U.S.A. 5010 54th Avenue 20781 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2/7NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 25THO s, specify Cuban, Mexican, Pe 1 Never Married 2 Married 1 TES 25 NO Specify: Specify: 3 Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) Self-Employed Musician 4 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Vincenzo Petrone Siponta Cardone BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 5010 54th Ave., Hyattsville, Maryland 20781 Cecelia Petrone 20b, PLACE AND DATE OF DISPOSITION (Name DATE 20c. LOCATION - City or Town, State of cemetary, crematory or other place) Cem. 10-12-91 Silver Spring, MD 22. NAME AND ADDRESS OF FACILITY 21. SIGNATURE OF HOMERAL BERNICE LICES Rendon-Hale Lanham Funeral Home 9013 Annapolis Road, Lanham, Maryland 20706 23. PART VEnter the diseases, or complications that caused the daeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, **Approximete shock, or heert fellure. List only one cause on each line. IMMEDIATE CAUSE (Final **Onset and Death** diseese or condition ASOVANA resulting in death) DUE TO (OR AS A CONSEQUENCE OF) 1011/10/10 CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL 1 YES 2XXNO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one HOSPITAL: OTHER: 1 YES 2 | NO 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA ng Home 5 - Rasidence 6 - Other (Specify) 4 🗆 N 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Naturel 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28 18 1 8 Could not be COMPLETED 4 Homicide TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECTE DE filed within 72 hours at IMPORTANT: If Item 21 29a CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the beals investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE October 7, 1991 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month, Day, Julia Davidson-Randell "91



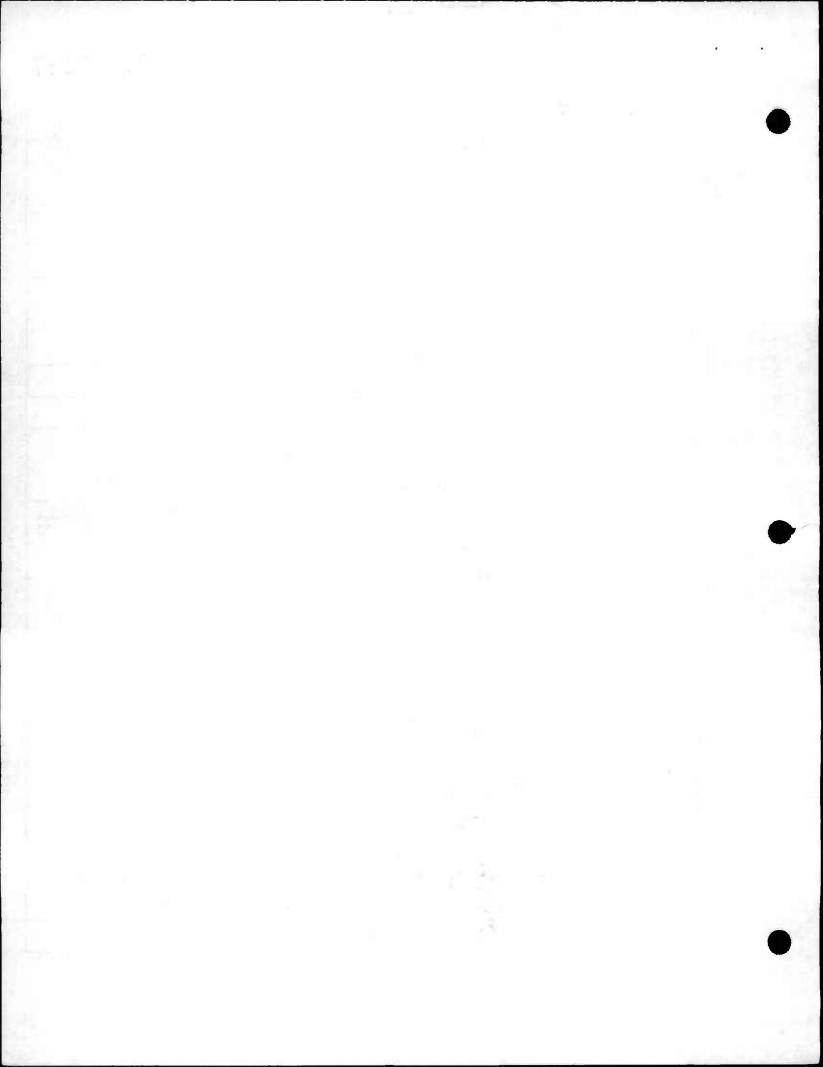
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OR	DIA S	iten
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached a within 70 hours after death with the State Dent, of Health and Mental Horleine prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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Pres.	P- 3	_

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
DECEDENT'S NAME (First, Middle, Last)	611 00000	2. DATE OF DEATH MONTH DAY

1. DECEDENT'S NAME (First, Middle, Last)		CERTIFICAT		REG. NO.		
LADEE	Chadus	PRINCE		2. DATE OF DEATH	Y GEN	3. TIME OF DEATH
	SEX 6. AGE (n yrs. lest birthday) IF UNI	DER 1 YEAR F UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	Co	RTHPLACE (State of Foreign
4-60 101	□ M 2 Ø F 6	6 YRS.		May 1,192		
9a. FACILITY NAME (If not institution, give atree Baltimore County			TY, TOWN OR LOCATION OF I Randallstown		ec. COUNTY O	timore
RESIDENCE OF DECEDENT						T
Md. Baati	more		n or LOCATION ngs Mills			10d. INSIDE CITY LIMITS? 1 YES 2 X NO
100. STREET AND NUMBER 113 Fenningt	on Circle		101. ZIP CODE 2111	.7	_	U.S.A.
11. MARITAL STATUS 1 1 Never Married 2 Married 3 Widowed 4 X Divorced	2. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 ANO	3. WAS OCCENDENT OF HISP If yes, specify Cuben, Maxi- 1 YES 2 NO Specify NO	ean, Puerto Ricen, atc.)		ACE - American Indian, Hack, White, atc.
15. DECEDENT'S EDUCAT		16a. DECEDENT'S USUAL	OCCUPATION	16b. KIND OF BUS	SINESS/INDUSTR	Υ
(Specify only highest grade co.	mpleted) College (1-4 or 5+)		ne during most of working d.) pard Operator	Answer	ing Ser	vice
17. FATHER'S NAME (First, Middle, Last) William J. LeC	Compte			AME (First, Middle, Maiden		
19a. INFORMANT'S NAME (Type/Print)			ESS (Street and Number or Rure ton Ave., Pil-	I Route Number, City or Tow	n, State, Zip Code	
Cynthia L. Blayl						
20e. METHOD OF DISPOSITION 1	ni from State of	cemetary, crematory or other letro Cremat	er place)	15.1991 B	cation — chy o altimor	e. Md.
21. SIGNATURE OF FUNERAL SERVICE LICEN		18	22. NAME AND ADDRESS OF 1 ECKHARD 11605 Reiste	T FUNE	RAL <	HAPEL 2
23. PART I. Enter the diseases, or cor	molications that cause	the death Do not an				Approximate
ahock, or heart failure. Lie IMMEDIATE CAUSE (Final disease or condition resulting in death) a.	Carde co					Onset and D
			-			2de >>
Sequentially list conditions, 6.		e heart fr. hu	8			2007-
If sny, leading to immediata cause. Enter UNDERLYING	•					270015
	DUE TO (OR AS	consequence of:				7/013
CAUSE (Disease or Injury that Initiated events						
CAUSE (Disease or Injury						
CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant conditions	contributing to death b	out not resulting in the	underlying cause given	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAL
CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant conditions		ut not reaulting in the	underlying cause given		RMED?	AVAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?
CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant conditions		out not reaulting in the		PERFOI	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?
CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	itely mellifu	S Lore	underlying cause given 26. PLACE OF GEATH (PERFOI	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?
CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	Datient 3 PDOA OTH	26. PLACE OF GEATH (HER: Nursing Home 8 \Box Residence	PERFOI 1 VES : Check only one) 8 Other (Specify)	RMED? 2 ⊋√NÓ	AWALABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 NO
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CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural 8 Pending	HOSPITAL: Input of Injury (Month, Day, Year)	Datient 3 DOA 4 DOA 4 DOA 1 A	26. PLACE OF OEATH (HEFT: Nursing Home 8 Residence 26c. INJURY AT WORKY 1 YES 2 NO	PERFOI 1 VES : Check only one) 8 Other (Specify)	INJURY OCCURE	AWALABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 NO
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CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OCATH 1 Netural 8 Pending Investigation 3 Suicide 8 Could not be determined 20a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: 29b. SIGNATURE AND TITLE OF CERTIFIER	HOSPITAL: Inpetient 2 ER/Out 28a. DATE OF INJURY (Month, Dey. Year) 28a. PLACE OF INJURY building, atc. (Spe	28b. TIME OF INJURY N	26. PLACE OF OEATH (HER: Nursing Home 8 Residence 26c. INJURY AT WORK? 1 YES 2 NO fectory, office he time, data and place, and comp opinion, death occured at the second	Check only one) 8 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State) us to the cause(s) and me the time, date and place, as	INJURY OCCURE and Number or Ri nner as stated. nd due to the car	AWILABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 NO
CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF OEATH 1 Netural 8 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: 29b. SIGNATURE AND TITLE OF CERTIFIER	HOSPITAL: Impettent 2 = ER/Outs 28a. DATE OF INJURY (Month, Dey. Year) 28a. PLACE OF INJURY building, stc. (Spe	Detient 3 DOA OTH 4 DOA 4 DOA A DOA DOA DOA DOA DOA DOA DOA DOA D	26. PLACE OF GEATH (HER: 26. INJURY AT WORK? 1 VES 2 NO fectory, office he time, data and place, and of my opinion, death occured at the second s	Check only one) 8 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State) us to the cause(s) and me the time, date and place, as	INJURY OCCURE and Number or Ri nner as stated. nd due to the car	AWILABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 NO D ural Route Number, use(a) and menner as states inEo (Month, Day, Year)
CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: Impettent 2 = ER/Outs 28a. DATE OF INJURY (Month, Dey. Year) 28a. PLACE OF INJURY building, stc. (Spe	28b. TIME OF INJURY N 28b. TIME OF INJURY N 7 — At home, farm, street, orledge, death occurred at the anadior investigation, in a street of the street of	26. PLACE OF GEATH (HER: 26. INJURY AT WORK? 1 VES 2 NO fectory, office he time, data and place, and of my opinion, death occured at the second s	Check only one) 8 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State) us to the cause(s) and me the time, date and place, as	INJURY OCCURE and Number or Ri nner as stated. nd due to the car	1 VES 2 NO D D ural Route Number, use(a) and menner as stat inEO (Month, Day, Year)



FOR 1 - STATE	.D	STATE OF I		/ DEPAR								91	28947
1. DECEDENT'S N	NAME (First, Middle, Last) BEET	Pric		CERTIF	ICATE	. OF	DEA	ın	2. DATE OF I	DEATH DAY		YEAR 3.	TIME OF DEATH
4. SOCIAL SECUL	NITY NUMBER	5. SEX 1 📉 M 2 🗌 F	8. AGE (In yrs. 87	lest birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	MIN.	7. DATE OF E	BIRTH 13 - 0	4	s. BIRTNPL Country) Pen	ACE (State or Foreign nsylvania
	ME (If not institution, give one County		Hospit	al				STOW				NTY OF DEAT	ГН
	of DECEDENT 10b. COUNT	roll Cour	ntv		ry, town o								DID. INSIDE CITY LIMITS? YES 2 4 NO
10e. STREET AND					5,7110.5		ZIP COD	784			_		AT COUNTRY?
11. MARITAL STA 1 Never Marri 3 Widowed	TUS ed 2 Married	12. WAS DECEDEN		ARMED ∡NO		f yes, sp	elfy Cubi	OF HISPAN an, Mexica Specifi	HC ORIGIN? (S in, Puerto Rice y:	specify Yea n, atc.)		14. RACE — Black, V	American Indian, thita, etc. White
	15. DECEDENT'S EDI (Specify only highest grad secondary (0-12)			DECEDENT'S (Give kind of life. Do NOT u	work done	during mo	st of world	ing	16b. Kif	ND OF BUS			
	ME (First, Middle, Last) er Price	*2		Boi	lerm	nake	18. MOT		ME (First, Middle K.)	lle, Maiden :	Surname)	cturi	nq
19a. INFORMANT	's NAME (Type/Print) Weisse		T				nd Numbe	or or Rural	Route Number,	City or Town	r, State, Zip		704
20a. METNOD OF	PISPOSITION Cremation 3 - Ren 5 - Other (Specify)	noval from State	of cemet	CE AND DATE TOLL (E OF DISP	OSITION	(Name		DATE 10/1	20c. LO	CATION —	City or Town	, State
21. SIGNATURE C	Brian	R. Ha	isht	_	22. H	NAME A	nt Fi	ess of fa		e (I	.0.	Box 1	95)
IMMEDIATE C disease or co resulting in de Sequentielly i	ist conditions, to immediate UNDERLYING isse or injury events	a. Cur Due To Due To Co.		ISEQUENCE (ル グー DF): DF):					: or respir	atory ar	1001,	Approximate interval Betwee Onset and Deal
DART II Other	r significant condition	ne contributing to	death but no	ot resulting	in the u	nderlyin	g cause	given in	Part i. 24	a. WAS AN PERFOR		o o	PERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO
25. WAS CASE R EXAMINER?	EFERRED TO MEDICAL	HOSPITAL:			ОТНЕ		LACE OF	DEATN (C)	neck only one)				
25. WAS CASE REXAMINER? 1 YES 2 27. MANNER OF 1 Netural 2 Acciden	DEATN 5 Pending			28b. TI	4 🗆 Nu	28c. IN. W	HURY AT ORK?		8 Other (S		NJURY OC	CCURED	
2 Acciden 3 Suicide 4 Homicid 29a. CERTIFIER (Check only one)	6 Could not be	28e. PLACE	OF INJURY A	t home, farm	street, fac	tory, offic				ON (Street a fown, State)	and Numbe	or or Runal Roo	ite Number,
29a. CERTIFIER (Check only one)	1 CERTIFYING PHY 2 MEDICAL EXAMIN												and manner as stated.
296. SIGNATURE	Low (Colme	e n					CENSE NU			•	10/1	
30. NAME AND A	HACL A. Month, Day, Year) OCT 15 '91	20 NIC	USE OF DEATH	1153	3 1-0/	196	may	f- 1.	2d.EZ	110	400	C. 4	IMD
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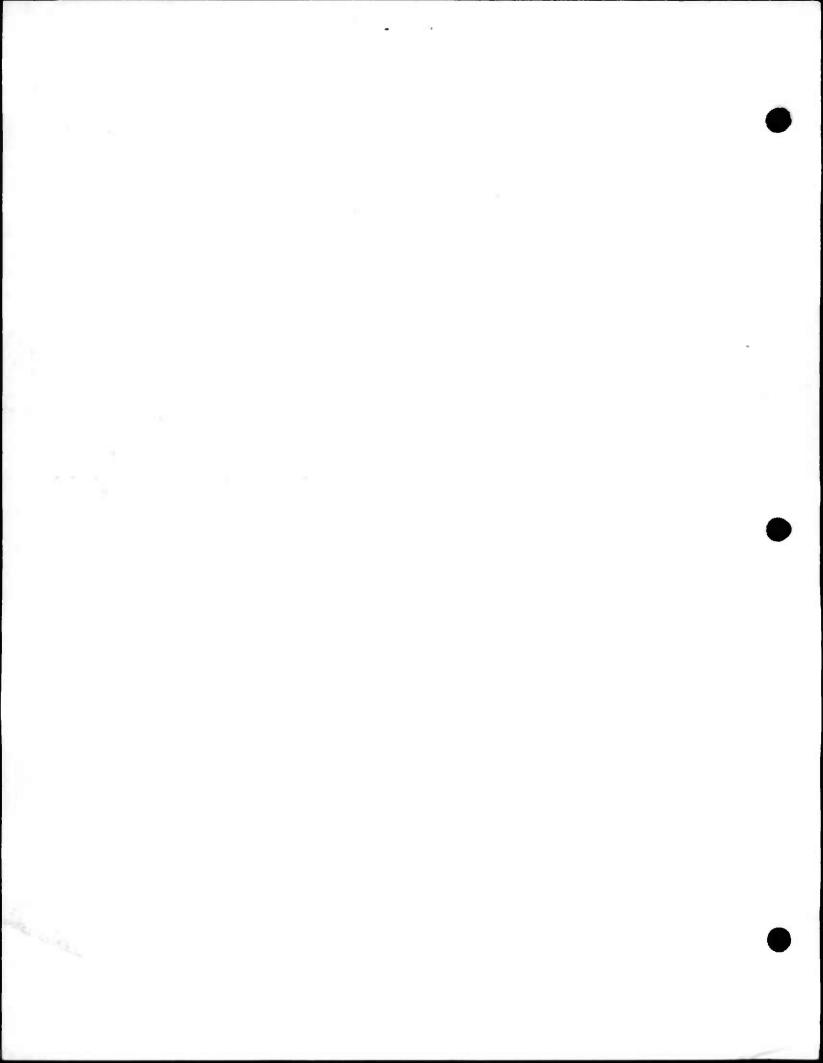
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TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detad		IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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OCT 15 '91

32. REGISTRAR'B SIGNATURE Windson-Randell D

	1 . SIAIE	TATE OF MARY							E	91	28948
	1. DECEDENT'S NAME (First, Middle, Last) MARIE Elizabeth	Perro	arie		ate of abeth	Perrone	2. DATE OF	DEATH	3	77 3	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SI	EX 6. AGI	E (In yrs. lest b	YRS. MO	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF DE	7. DATE OF (Month, D		/	Country)	ACE (State or Foreign Sylvania
DIRECTOR	F G Fallstor	Gen. Ho	spital	. 1	FAL	LSTON	7		H	ARF	TORD
	Maryland Harfo	rd			DWN OR LOCAT					1	0d. INSIDE CITY LIMITB? ☐ YES 2 X NO
10e. STREET AND NUMBER 628 Silverbell Drive 10f. ZIP CODE 21040 10g. CITIZEN OF WNAT CO USA 11. MARITAL STATUS 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO 14. RACE — Arme Black, White, 15. Was specify Cuben, Mexican, Puerto Ricen, etc.) 15. Was pecify Cuben, Mexican, Puerto Ricen, etc.)											
B	1 Nover Married 2 57 Married F	MAS DECEDENT EVER FORCES? 1 _ YE FYES, GIVE WAR OR	S 2 NO	ED	If yes, sp	ENDENT OF HISPAN actly Cuben, Mexican 2 12 NO Specify	n, Puerto Rice		or No—	14. RACE - Black, Specify: Whi	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade complete the complete that the	N eted) lege (1-4 or 5+)	(Give	DENT'S USING AND USE TO NOT USE T	_	ON st of working	16b. KJ	HOM	BINESS/INDU	JSTRY	
BE CON	17, FATHER'S NAME (First, Middle, Lest) James — Lanca	ıster				18. MOTHER'S NA Elizab		dle, Melden	Sumeme) Sloa	ın	
10	190. INFORMANT'S NAME (Type/Print) Albert Perrone					nd Number or Rural F 1 Drive,					0
	20e. METHOD OF DISPOSITION 1 XBuriel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) Trinity Lutheran Cemetery Joppa, Md. 21085										
	21. SIGNATURE OF FUNERAL SERVICE LICENSE THOUSE HOUSE	12 Con	uso	TIT	Howar	d K. McC Cokesbur	omas :	III F d, Ab	unera	al Ho	me, P.A. d. 21009
	23. PART I. Enter the diseases, or comp ahock, or haert fellure. List of IMMEDIATE CAUSE (Final disease or condition	only one ceuse on	n each lina.							est,	Approximate Interval Batween Onaat end Death
CERTIFICATION	reaulting in deeth) a Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events.	DUE TO (OR A DUE TO (OR A	HF AS A CONSEQUENCE OF F	JENCE OF):	ished.	it cou	lein.	ēm,			
CERT	reaulting in deeth) LAST										-
PHYSICIAN: MEDICAL	PART II. Other significant conditions con	stributing to deati	h but not re	aulting in	the underlyin	g ceuse given in	Part I. 2	PERFO			WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAI		SPITAL:	Outpatient 3 [THER:	LACE OF DEATH (Ch		Snectivi			
ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJUI (Month, Day, Yea	RY	26b. TIME (OF 28c. IN.	JURY AT DRK? YES 2 NO	_		INJURY OCC	CURED	
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJU- building, atc. (S	URY — At hom Specify)	e, farm, stre	et, factory, offic	00		ION (Street Town, State	and Number)	or Rural Ro	oute Number,
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On										and manner as stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER LEE # 37 below	_				D36	MBER	5			Month, Day, Year)
-	30. NAME AND ADDRESS OF PERSON WHO CO	MPLETED CAUSE OF	DEATH (ITEM	27) (Type, P.	rint)						

DHMH-18 Rev 1/89



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th Ko	a a	at
THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hos	IN THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach in filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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3 within	IN THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi or filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.	event,
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

Paul Rhodes,

31. DATE FILED (Month, Dey, Year)

OCT 1 1 91

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

M.D.

	1 - STATE REGISTRAR	STATE OF I	MARYLAND / Ce	DEPAR	RTMEN	T OF H	EALTH A	AND I		GIENI	E	9	2894	9
	1. DECEDENT'S NAME (First, Middle, La	ist)			TOP-TO		DEAL		2. DATE OF DEATH 3. TIME OF DEATH					
	Margot J. Petersen								MONTH Oct.	DA 1	19	9 1	8:20 AM	M
	4. SOCIAL SECURITY NUMBER	5. SEX				FUNDER 1 YEAR IF UNDER 2							IPLACE (State or Foreig	-
COMPLETED BY FUNERAL DIRECTOR	025 26 8792 9a. FACILITY NAME (If not institution, gh	1 □ M 2 ☑ F	00		MONTHS DAYS HOURS MIN.			Dec. 7 1910		Massachusetts				
	Crofton Convalescent Center					y, town or location of death ofton			ATH		Sc. COUNTY OF DEATH Anne Arundel			
	RESIDENCE OF DECEDENT													
	Maryland Prince Georges				Bowie					10d. INS Lik 1 [2] yi)
	100. STREET AND NUMBER 2418 Keyberry Lane					10f. ZIP CODE 20715					10g. CITIZEN OF WHAT COUNTRY? United States			
	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U			MED	T 40									
	1 Never Married 2 Married FORCES? 1 YES 3 Widowed 4 Divorced IF YES, GIVE WAR OR DA			2 K NO If yes, specify Cuban, Mexic				Mexicer	en, Puerto Rican, etc.)			Black	4. BACE — American Indian, Black, White, etc. Specify: White	
	15. OECEDENT'S EDUCATION 18a. DEC				DENT'B USUAL OCCUPATION				16b. KIND OF BUSINESS/INOUSTRY					
	(14 (13 7)				(Give kind of work done during most of working fe. Do NOT use retired.)									
M	17. FATHER'S NAME (First, Middle, Last)			anny					Domestic					
	Carl Petersen								AME (First, Middle, Malden Surname)					
BE	mina i								ndersen					
2	19a. INFORMANT'S NAME (Type/Print) Alexander Petersen 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2418 Keyberry Lane Bowie Maryland 20715											5		
	20a. METHOD OF DISPOSITION 1 X Buriet 2 Cremation 3 Removal from State 4 Donetion 5 Other (Specify) 20b. PLACE ANDDATE OF DISPOSITION (Name of cameton, or other place) Lakemont Memorial Gardens Davidsonville Md.													
17.09	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Robert E. Evans Prop., 16000 Annapolis Rd. Bowie Maryland 20715												5	
	23. PART I. Enter the diseases, or heart faller	or complications the	coused the de	sth. Do	not snter	the mo	ds of dyling	g, such	es cardiac o	r reepir	alory en	reet,	Approximete	
CERTIFICATION	shock, or heert fellure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition									•	•	,	Interval Betw Onset and De	reen
	resulting in death) a													
	Sequentially list conditions b.													
	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	NUSE (Disease or Injury \$ c.												
ENTE	thet initieted eventa resulting in desth) LAST	d	(OR AS A CONSEO	DUENCE O	F):									
_	COMPLETION OF CA											WERE AUTOPSY FINDIP AVAILABLE PRIOR TO COMPLETION OF CAUS		
PHYSICIAN: MEDICA	Popular cypt								T PES 2 NO				OF DEATH? 1 YES 2 NO	
AN	SE WAS CASE RESERVED TO MESSAGE													
2	25. WAS CASE REFERREO TO MEDICAL EXAMINER? HOSPITAL: OTHER:													
ίΥS	1 YES 2 NO	1 □ Inpatient 2 □			4 Nur	sing Home		dence 8	8 Other (Spec	tfy)				
ВУ РЬ	27. MANNER OF OEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 1								28d. DESCRIBE	HOW IN	JURY OC	CUREO		
	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify)							281. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
COMPLETED	29a. CERTIFIER (Check only) (Ch													
	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(a) and manner as stated. 290 SIGN/TURE AND TITLE OF CERTIFIER 290 LICENSE NUMBER 291 DATE SIGNED (Month, Day, Year)													
BE	11cm	M	nlo	10			17	22	078		MA	-	Month, Day, Year)	

1667 Crofton Centre Suite 1 Crofton Maryland 21114

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after death. Page 6 may be retained by the hospital or attending physician.

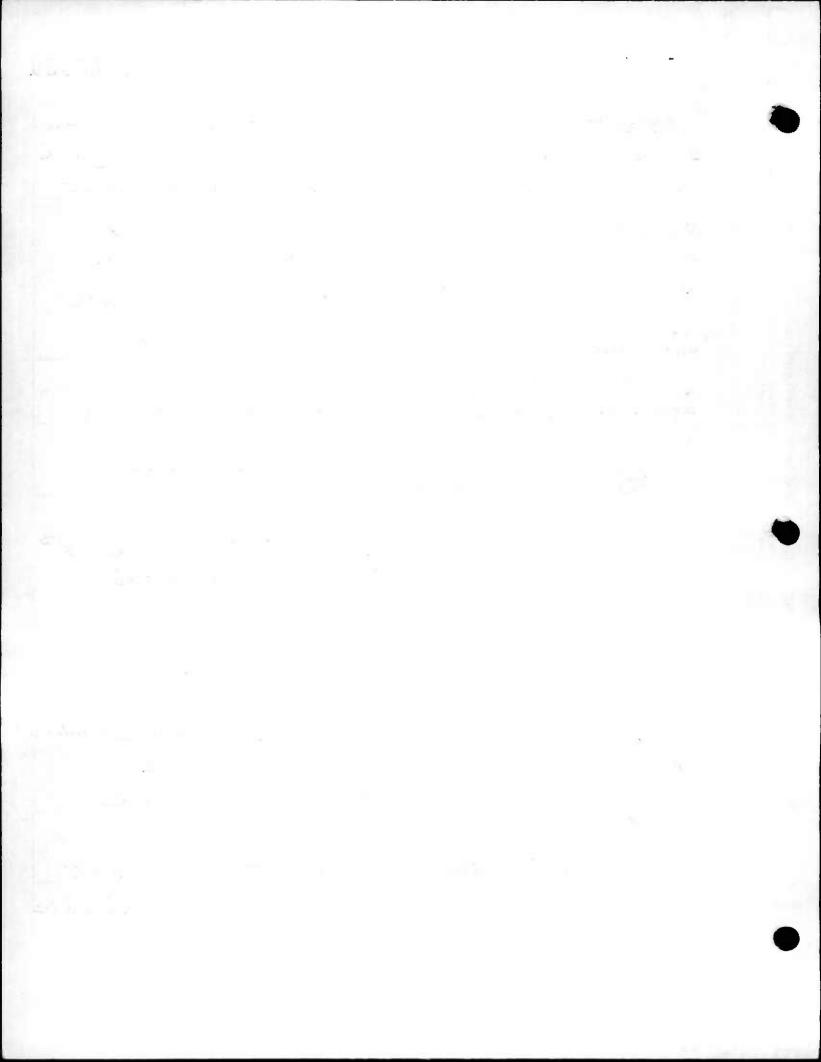
executed within

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

OR ATTENDING PHYSICIAN: The law

BALTIMORE, MARYLAND 21203-3146

DHMH-16 Bey 1/89



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BALTIM	IE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page	IE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral din by within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OR A	IE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 by within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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	FOR 1 - STATE REGISTRAR	STATE OF MA					IEALTH AND	MENTAL	HYGIENI REG. NO.	E		
	1. DECEOENT'S NAME (First, Middle, Las	0						2. DATE	OF DEATN	v	YEAR	3. TIME OF DEATH
	Elizabeth T. Robins	on						Oct.	13, 7	Ï991	TEAN	10 Am.
	4. SOCIAL SECURITY NUMBER 216-46-6299	1 🗆 M 2 🔏 F	AGE (In yrs.	87 YRS.	IF UNDER	DAYS	IF UNDER 24 HRS. HOURS MIN.	Feb.	Day, Year) 14, 19		Nev	v Jersey
5	9a. FACILITY NAME (If not institution, given Calvert Manor Nursi					ing S	OR LOCATION OF D	EATH			Cecil	
DIRECTO	residence of decedent 10a. STATE 10b. COUN Maryland Ce	ri cil			, town o		FION					10d, INSIDE CITY LIMITS? 1 YES 2 NO
	10e. STREET AND NUMBER					_	7. ZIP CODE 21911					WHAT COUNTRY?
BY FUNERAL	1881 Telegraph Road 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 2 Divorced	12. WAS DECEOENT E FORCES? 1 U	YES 2	ARMEO		If yes, sp	CENDENT OF NISPA pecity Cuban, Maxic 3 2 XNO Speci	an, Puarto R		or No-	14. RAC	E — American Indian, k, Whita, atc.
	15. OECEOENT'S EI (Specify only highest gra	de completed)	16a.	DECEDENT'S (Give kind of w life. Do NOT us	vork done			16b.	KIND OF BUS	SINESS/IN(DUSTRY	WILCE
COMPLET	Grade 12	College (1-4 or 5+)	Housewife							Maker		
J. Alfred Taylor 19a, INFORMANT'S NAME (Type/Print)					18. MOTHER'S N		Mitchel					
		•	19b. MAILING ADDRESS (Street and Number or								p Code)	
Decey De Last			P.O. Box 705 Elkton,						21921			
	20e. METHOD OF DISPOSITION 1 D Burial 2 Cremation 3 Re 4 Donation 6 D Other (Specify)	moval from Stata	20b. PLA of cemetr	ce and date of disposition (Name ary crematory of other place) Prineral Hane DATE 20c. LOCATION — City or Town, State Elkton, Maryland								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY GEEFUNERAL HONE 259 E. MAIN ST. ELKTON, MI) 21921											
CERTIFICATION	IMMEDIATE CAUSE (Finei disease or condition resulting in dasth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST	b. Chil oue to co	R AS A CON R AS A CON C	SEQUENCE OF	ni rav ni ed		Hear cula BAMA 15-	Insufficed Mass-			Man ()	Interval Betweer Onset and Death
MEDICAL	PART II. Other significant conditions and the significant conditions are significant conditions.	one contributing to de	sth but no	ot resulting	in tha u	ndarlyin	g cause given in	n Part I.	24a. WAS AN PERFOR 1 YES 2	RMED?	248	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PLACE OF DEATN (Check only one) OT,HER*:								
14S	1 TYES 2 NO	1 Inpatient 2 E		3 DOA		_	ne 5 Residence	1		INJURY OF	CUBED	
ВУ Р	1 Natural 5 Pending 2 Accident Investigatio	(Month, Day,	Year)	INJ	WRY M	WC	YES 2 NO	28d. DEŞCRIBE NOW INJURY OCCURED				
	3 Suicide 6 Could not a determined	28a. PLACE OF I building, etc	NJURY — At c. (Specify)	t home, farm, :	street, fac	tory, offic	20		ATION (Street a or Yown, State)		or or Rural	Route Number,
COMPLETED	neel .	YSICIAN: To the best of m										a) and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIF	rilalel	Pen	1-1	10)		29c, LICENSE N	UMBER 2-3	07	29d. DA	TE SIGNE	(Month, Day, Year)
10	30/NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE	OF OEATH ((TEM 27) (Type	Print)	1	nD 2	19	2/-	,	/	111
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR	S SIGNATUR	E								

Dementis

Ybor)

31. DATE FILED (Month, Day,

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

June Davidson Andell

PENN STREET

D. Kolen

91 1

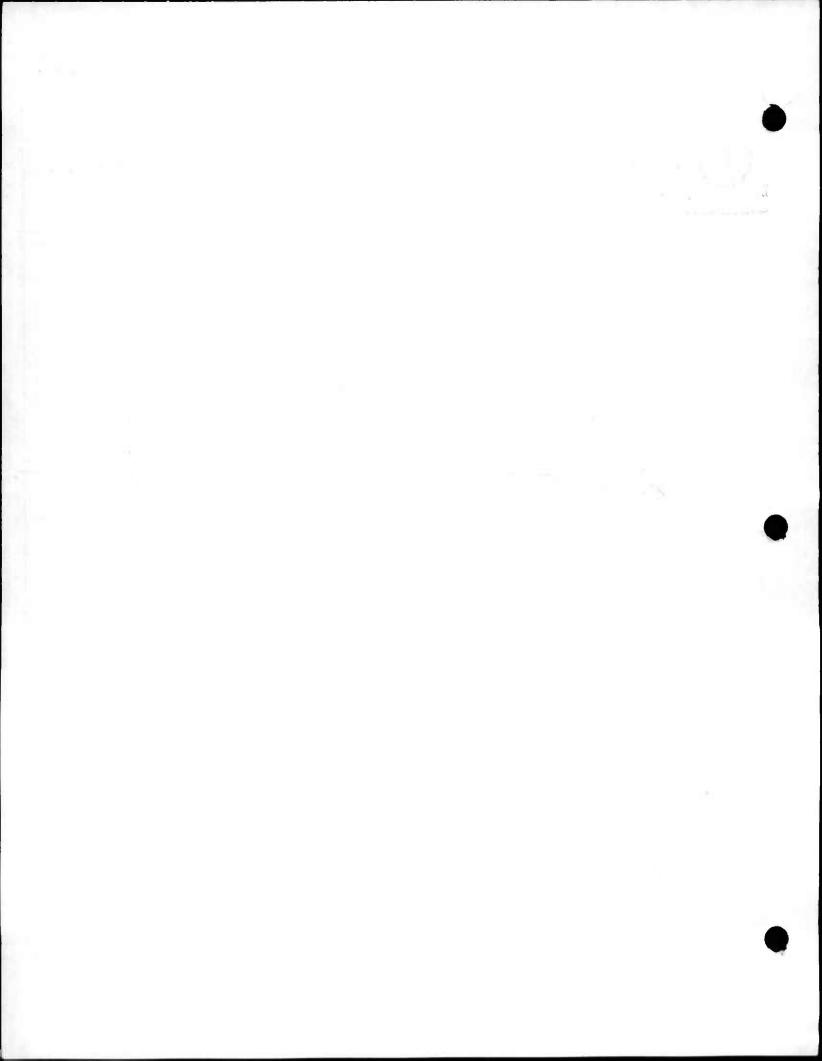
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

9:	1 STATE G-681		MEO 11/	MARYLAND /	DEPAR	TMENT	OF HI	EALTH	AND I	MENTA	L HYGIEN		91	28952		
	1. DECEDENT'S NAME (First, JAJWAN	Middle, Lest)	atrice	CI	ERTIFI	CATE	OF	DEAT	ГН	MONT		AY	YEAR	3. TIME OF DEATH		
)	4. SOCIAL SECURITY NUMB 579-94-538 90. FACILITY NAME (If not in	7	5. SEX	6. AGE (In yrs. last	st birthday)	IF UNDER 1	DAYS	IF UNDER	MIN.	05-	02 OF BIRTH 1, Day, Year) 31-7()	Was	sh. D.C.		
CTOR	RESIDENCE OF DEC	122 KENNEBEC STREET #T1 SIDENCE OF DECEDENT							NOR LOCATION					9c. COUNTY OF DEATH PRINCE GEORGES		
FUNERAL DIRECTOR	IOC. CITI, TOWN							Hill 101. ZIP CODE					ZEN OF	10d. INSIDE CITY LIMITS? 1 YES 2 NO WHAT COUNTRY?		
FUNER	11.72 Kenn	S OECE	20744 DECEMBENT OF HISPANIC ORIGIN? (Specify Yes					5A 14. RAC	E — American Indien, ck, Whita, etc.							
B	3 Widowed 4 Divo	FORCES7 1 YES 2000 FYES, GIVE WAR OR DATES 1 YES 2 NO Specify: Specify Yes or No-										SINESS/INC	Spec			
COMPLETED	Elementary/Secondary (0-		College (1-4 or 5 d	+}	tude	e retired.)	ring most	t of workin	g				,031K1			
BE	17. FATHER'S NAME (First, MI Harvey F	. Roa	ch, Sr.				le	Be]	Lind	la M	. You	ıng				
2	19a. INFORMANT'S NAME (Type/Print) Harvey F. Roach, Sr. 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Co. 744 Newton Place NW, Wash. D.C.									Code)						
	20e, METHOD OF DISPOSITE	ON						_	ace		_			20010		
		ON n 3 🗆 Ramo (Specify)	oval from State	20b. PLACE / CONNECT, CTE	AND DATE O	P DISPOSITI	CEME	eter	SS OF FAC	10-	20c.Lo 9 Wa	cation – ish.	D.C	own, State C. ckland Se		
	20e, METHOD OF DISPOSITI 1 X Burial 2 Cremetlo 4 Donation, 5 Other 21. BIOMATULE OF FUNERAL 23. FART I. Enter the di	ON n 3 Ramo (Specify) Service (10 seesa, pr cart failure. I	omplications that all the only one cau	20b. PLACE.	eath. Do no	22. NA 95 Dt anter th	Ceme	eter ADDRES Si]	SS OF FAC LVET	10-	9 Waric D	cation – ish.	D.C	own, State		
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BY PHYSICIAN: MEDICAL CER	20e. METHOD OF DISPOSITI 20e. METHOD OF DISPOSITI 21 Cremetto 4 Donation. 5 Other. 23. FART I. Enter the disposition of the second of the	ON n 3 Ramo (Specify) Seessa, pr c seest failure. It al Done, fliata NG ry T d d d d d d d d d d d d	DIE TO DUE TO OUE TO OUE TO Contributing to HOSPITAL: Impetient 2 26e. DATE OF (Month, D.) 1.0 / 0.2 / 28e. PLACE OI	20b. PLACE CAMPION, CONTROL CO	PAND DATE OF THE PAND DE LA COMPANDA DEL COMPANDA DEL COMPANDA DE LA COMPANDA DEL COMPANDA DEL COMPANDA DE LA COMPANDA DE LA COMPANDA DE LA COMPANDA DE LA COMPANDA DE LA COMPANDA DE LA COMPANDA DE LA COMPANDA DE LA COMPANDA DE LA COMPANDA DE LA COMPANDA DE LA COMPANDA DE LA COMPANDA DEL COMPANDA DEL COMPANDA DE LA COMPA	projection of the under th	ON (Name AND COME AND COME AND COME AND COME AND COME AND COME COME AND COM	cause g	EATH (Che	Part i. Part i. SUB 28f. LOC/City of	24a. WAS AN PERFORM 1 (Specify) (Specify) CRIBE HOW II JECT C. TION (Street a r Your, State)	AUTOPSY MED? NO NURY OCC SHOT	City or To D. C Cric Clir eat,	Approximate interval Between Onaet and Dase Onaet and Dase On Death of Cause Of Death?		
COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	20e. METHOD OF DISPOSITI 1 X Burial 2 Cremetio 4 Donation 5 Other 23. FART I. Enter the diahock, prine immediate CAUSE (Findisease or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) PART II. Other algnification resulting in death) 25. WAS CASE REFERRED TO EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH 1 Natural 5 F Accident 3 Suicide 6 C C 29a. CERTIFIER (Check only) 1 CERTIFIER (Check only)	ON n 3 Ramo (Specify) Seesea, Dr c nart failure. It al Dna, diata NG r MEDICAL Pending neestigation Could not be latermined	DIE TO DUE TO DUE TO OUE TO CONTRIBUTION TO THE	20b. PLACE CANDED OF THE PROPERTY OF THE PROPE	PAND DATE OF POPUL	or heart the under the und	ON (Name AND COME AND	cause g	EATH (Che sidence	Part i. Part i. Part i. SUB 281. LOCA City of OXFN.	24a. WAS AN PERFORE 1 (Specify) CRIBE HOW II JECT S TION (Street a v Town, State) L HILL. 104(a) and man	AUTOPSY MED? NO NO NO NO NO NO NO NO NO N	City or To D. C. C. C. C. C. C. C. C. C. C. C. C. C.	Approximate interval Between Onaet and Dase Onaet and Dase On Death of Cause Of Death?		

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BALTIMORE, MARYLAND 21201

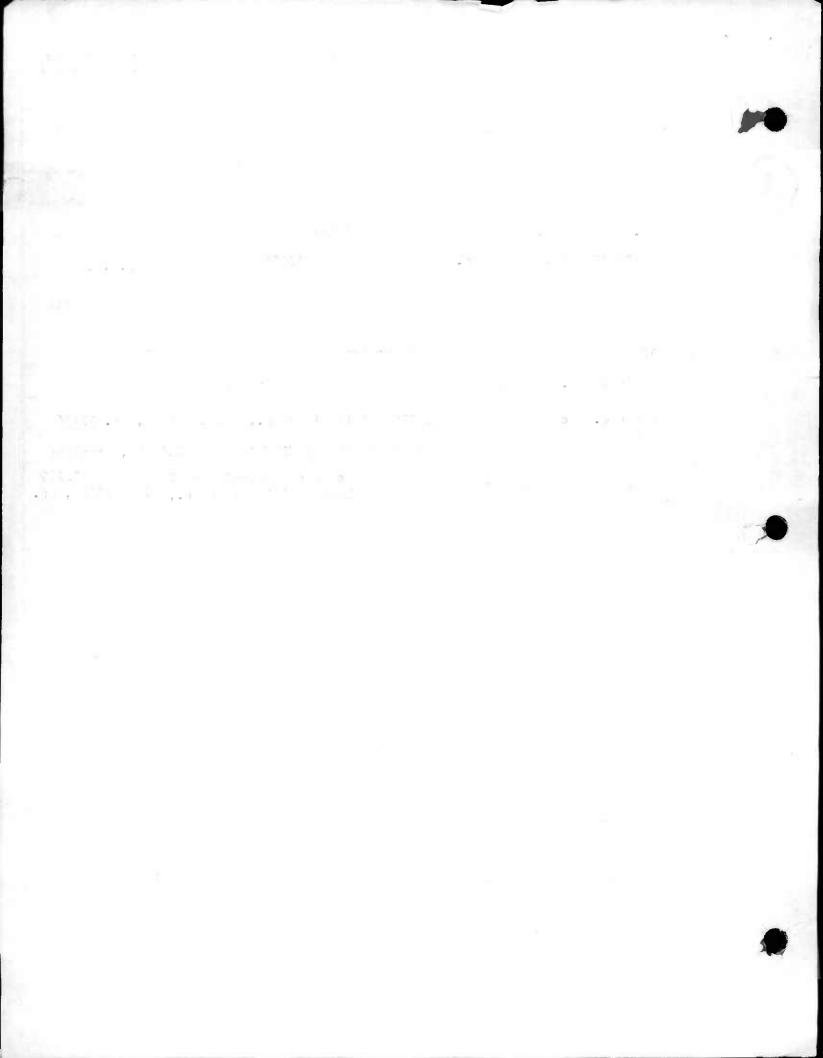


	REGISTRAR		CI	ERTIF	ICATE C	F DEATH	REG. NO	-		
	1. DECEDENT'S NAME (First, Middle, Last COREY S	hantay RO					2. DATE OF DEATH	DAY	YEAR 3. TIME OF D	EATH
1	4. SOCIAL SECURITY NUMBER				14		10 0		91 8:33	A
7/		1 M 2 F	6. AGE (In yrs. las	1000	MONTHS DAT		7. DATE OF BIRTH (Month, Day, Your)		8. BIRTHPLACE (State of Country)	_
-)	214-08-1767		19	YRS.			June 10,1	.972	Washington	,D.(
£1.	9a. FACILITY NAME (If not institution, give Wooded area				9b. CITY, TOV	N OR LOCATION OF D	EATH	9c. COUN	TY OF DEATH	
Ī,	1600 blk. Fox'	s Drive			Ft.	Vashingt	o n	Prin	ice Georg	101
C C	10a. STATE 10b. COUN	NTY		10c CIT	Y, TOWN OR LO			1		
DIR	District of Col			100.01		ngton			10d. INSIDE C LIMITS?	ITY
AL C	10s. STREET AND NUMBER	Uniora			Wasiii			1	1 💢 YES 2	
N W	614 Longfellow S	troot N. L.	· Ant Do	a omo-	-t	10f. ZIP CODE 2001	1	C 200	EN OF WHAT COUNTRY	7
FUNER	11. MARITAL STATUS	12. WAS DECEDENT	_						ed States	
	1 Never Married 2 Married	FORCES? 1	YES 2 3	MED	If yes	specify Cuban, Mexica	IIC ORIGIN? (Specify Yen, Puerto Ricen, etc.)	s or No-	 RACE — American Ir Black, White, etc. 	idlen,
B	3 Widowed 4 Divorced	IF YES, GIVE WA	IR OR DATES		10	rES 2 NO Specif	r:		Specify: Blac	le.
	15. DECEDENT'S ED	DUCATION	16a. DE	CEDENT'S	USUAL OCCUP	ATION	16b. KIND OF BU			
E	(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5 +)	(G	ive kind of v Do NOT us	work done during	most of working	IOD. KIND OF BU	SINESS/INDU	STRY	
그로	12th grade	College (1-4 of 5 +)		I Inom	ployed		No	ne		
once.	17. FATHER'S NAME (First, Middle, Last)			Oriena	Dioyed	18 MOTHER'S NA	ME (First, Middle, Maiden			_
(a)	Michael A	nthony	Robin	son	Sr.				C	
B 6	19a. INFORMANT'S NAME (Type/Print)	richorty		-		Eressa	Carrie		ee Croma	rtı
TO BE	Eressa C. Robins	son (mothe	\				Route Number, City or Tox			400
8	20a, METHOD OF DISPOSITION	SOIT (HOCHE							Maryland 2	122
Hust	1 Burial 2 Cremation 3 Res	moval from State	cemetery, crei	metory or of	OF DISPOSITION (her place)	(Name of	DATE 20c. LO	CATION — C	ity or Town, State , Maryland	
5	21. SIGNATURE OF FUNERAL SERVICE L	ACTIVISTIC	INatio	nal I	Harmony	Memorial	Park Lan	dover	, Maryland	
examin	0 07	7- 1	1		22. NAME	AND ADDRESS OF FA	Tatnev!	s Fime	eral Home	
	Oard Oa	their - b	colomo	020	3831	Georgia			n.D.C. 200	
medical	23. PART i. Enter the diseases, or	r complications that	caused the de	eth. Do n	ot enter the	mode of dying, suc	as cardiec or reap	iratory arre	et, Approxi	
E	shock, or heart failure IMMEDIATE CAUSE (Finel	 List only one ceum 	e on each line					,	interval	Betw
Ě	disease or condition	INN	14.01	P	(50.	short u	a. Je		Onset a	na D
event,	resulting in deeth)	a. DUE TO (OR AS A CONSEC	DUENCE OF	000	51-41 000	SHOWS			
									ĺ	
traumatic	Sequentially liet conditions, if any, leeding to immediate	DUE TO (C	OR AS A CONSEC	UENCE OF	F):					
	cause, Enter UNDERLYING CAUSE (Disease or Injury	6							ĺ	
PT IFIC	thet initieted events	DUE TO (C	OR AS A CONSEC	UENCE OF	7):					
PE E	resulting in deeth) LAST	d.								
S 0	DART II Other significant condition									
ws any inju	PART II. Other eignificent condition	one contributing to d	leeth but not re	equiting is	n the underly	ing couse given in	Part I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY AVAILABLE PRIO	
DIC							1 YES 2		COMPLETION OF DEATH?	
shows									1 TYES 2) NO
23 s	1									, , , ,
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				28	PLACE OF DEATH (Che	ck only one)			_
	1X YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:	ome 5 Residence	N Other (Specify) E		in woode	1
	27. MANNER OF DEATH	28a. DATE OF IN	JURY	ZOD. I IMIE	L UP 28C.	NJURY AT	28d. DESCRIBE HOW I	NJURY OCCU	<u>in woode</u>	d
A T	27. MANNER OF DEATH		1001)	F ? U		WORK?	0 1 1			
A T	1 Natural 5 Pending	l. roun	1001	0 - 7 -	7 X 'L			cho	4.	
BY PH	1 Natural 5 Pending 2 Accident Investigation	10 FOUT	INJURY — At hor		/ A		Subject	and Number of	Rural Bruta Number	
28 is marked, TED BY PH	1 Natural 5 Pending 2 Accident Investigation	10 FOHT	INJURY — At hor ic. (Specify)	ne, farm, s	/ A		28f. LOCATION (Street a City or Town, State)	and Number of	Rural Route Number,	
m 28 is marked, ETED BY PH	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide datarmined	28a. PLACE OF building, et	INJURY — At horic, (Specify) Unkn	ne, farm, si	reet, fectory, o	fice	28f. LOCATION (Street a City or Town, State) Unkno	and Number of	Rurel Route Number,	
If Item 28 is marked, APLETED BY PH	1 Natural 5 Pending Investigation 3 Suicide 4 Homicide 6 Could not be datarmined 29a. CERTIFIER (Check only 1 CERTIFYING PHYS	28a. PLACE OF building, et	INJURY — At honic. (Specify) Unkn Ty knowledge, dea	OWN	d at the time, d	fice	281. LOCATION (Street a City or Town, State) Unkno	ond Number of DW II	r Rural Route Number,	
If Item 28 is marked, APLETED BY PH	1 Natural 5 Pending Investigation 3 Suicide 4 Homicide 6 Could not be datarmined 29a. CERTIFIER (Check only 2 X MEDICAL EXAMIN	28a. PLACE OF building, et	INJURY — At honic. (Specify) Unkn Ty knowledge, dea	OWN	d at the time, d	fice	281. LOCATION (Street a City or Town, State) Unkno	ond Number of DW II	r Rural Route Number,	stated
If Item 28 is marked, APLETED BY PH	1 Natural 5 Pending Investigation 3 Suicide 4 Homicide 6 Could not be datarmined 29a. CERTIFIER (Check only 1 CERTIFYING PHYS	28a. PLACE OF building, et	INJURY — At honic. (Specify) Unkn Ty knowledge, dea	OWN	d at the time, d	fice	28f. LOCATION (Street a City or Town, State) Unkno to the cause(s) and mar time, data and placa, an	DWN Ther as stated d due to the	r Rural Route Number,	
BE COMPLETED BY PH	1 Natural 2 Accident 3 Suicide 4 Nomicide 29a. CERTIFIER (Check only) 2 MEDICAL EXAMIN 29b. SIGNATURE IND TITLE OF CERTIFIE WATER 1 OF CERTIFIES 2 MEDICAL EXAMIN 29b. SIGNATURE IND TITLE OF CERTIFIES ACCIDENT 5 Pending Investigation 6 Could not be datarmined 8 Could not be datarmined 29a. CERTIFIER (Check only) 2 MEDICAL EXAMIN 29b. SIGNATURE IND TITLE OF CERTIFIES ACCIDENT 1 OF CERTIFIES ACCIDENT 2 MEDICAL EXAMIN 29b. SIGNATURE IND TITLE OF CERTIFIES ACCIDENT 20c. SIGNATURE IND TITLE OF CERTIFIES ACCID	26a. PLACE OF I building, eb	INJURY — At hor ic. (Specify Unkn ry knowledge, dea mination end/or in	OWN th occurrence of the occurrence of the occurrence	A dreet, factory, or dreet, factory	ate and place, and dua , death occured at the 29c. LICENSE NUM	28f. LOCATION (Street at City or Town, State) Unkno to the cause(s) and mar time, data and placa, an	DWN Ther as stated d due to the	Rural Route Number, I. cause(s) end manner as SIGNED (Month, Day, Yes	r)
COMPLETED BY PH	1 Natural 2 Accident 3 Suicide 4 Nomicide 29a. CERTIFIER (Check only 2 MEDICAL EXAMIN 29b. SIGNATURE OD TITLE OF CERTIFIS 30. MARK OF DORESS OF PERSON WI	26a. PLACE OF I building, et SICIAN: To the best of m NER: On the basis of axar	INJURY — At hor ic. (Specify Unkn ry knowledge, dea mination end/or in	OWN th occurrence of the occurrence of the occurrence	A dreet, factory, or dreet, factory	ate end place, end due	28f. LOCATION (Street at City or Town, State) Unkno to the cause(s) and mar time, data and placa, an	DWN Ther as stated d due to the	r Rurel Route Number, I. cause(s) end manner as	r)
BE COMPLETED BY PH	1 Natural 2 Accident 3 Suicide 4 Nomicide 29a. CERTIFIER (Check only 2 MEDICAL EXAMIN 29b. SIGNATURE OD TITLE OF CERTIFIS 30. MARK OF DORESS OF PERSON WI	26a. PLACE OF I building, eb	INJURY — At hor c. (Specify) Unkn y knowledge, dea mination end/or in OF DEATH (ITEM	OWD th occurrent vestigation 27) (Type,	treet, factory, of d at the time, d n, in my opinion	ate end place, end dual, death occured at the	28f. LOCATION (Street at City or Town, State) Unkno to the cause(s) and mar time, data and placa, an	OWn There as stated did due to the	I. cause(s) end manner as SIGNED (Month, Day, Yes 0 2 1 9 9	1
BE COMPLETED BY PH	1 Natural 2 Accident 3 Suicide 4 Nomicide 29a. CERTIFIER (Check only 2 MEDICAL EXAMIN 29b. SIGNATURE OD TITLE OF CERTIFIS 30. MARK OF DORESS OF PERSON WI	26a. PLACE OF I building, et SICIAN: To the best of m NER: On the basis of axar	INJURY — At hor c. (Specify U n k n y knowledge, dea mination end/or in OF DEATH (ITEM 1)	OWD th occurrent vestigation 27) (Type,	treet, factory, of d at the time, d n, in my opinion	ate end place, end dual, death occured at the	28f. LOCATION (Street at City or Town, State) Unkno to the cause(s) and mar time, data and placa, an	OWn There as stated did due to the	Rural Route Number, I. cause(s) end manner as SIGNED (Month, Day, Yes	1

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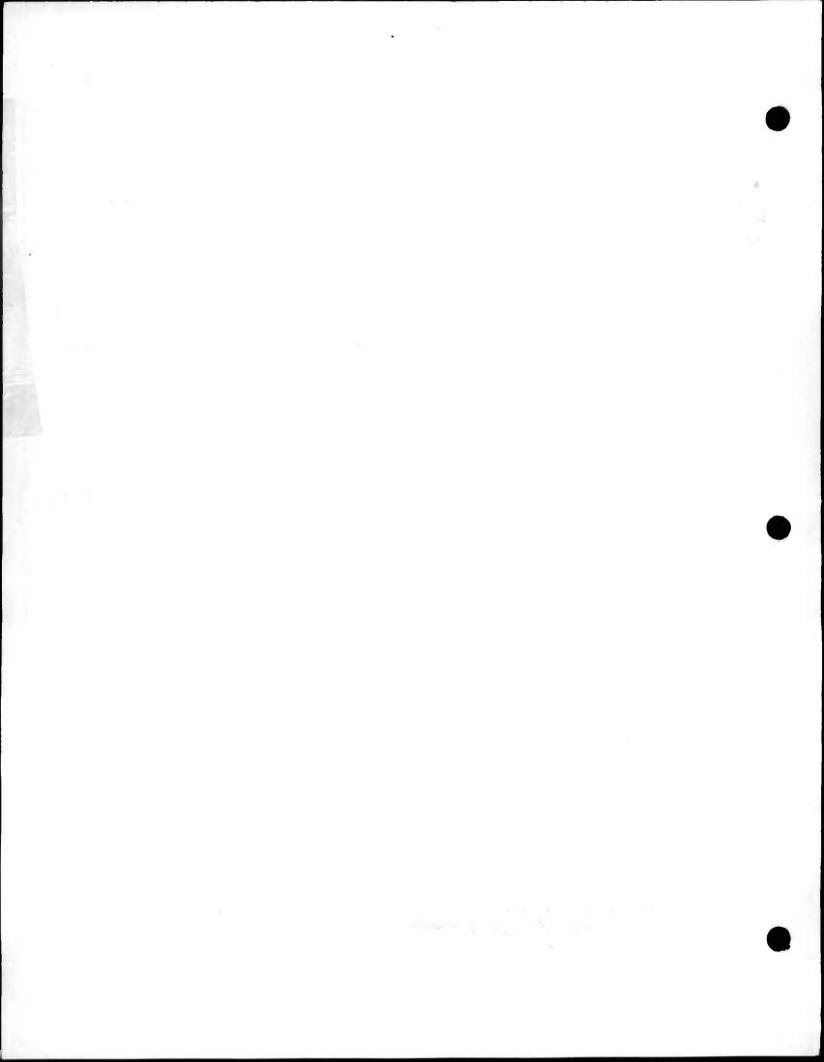
	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. N	O.			
	1. DECEDENT'S NAME (First, Middle, Last)	Deann	a E.			2. DATE OF DEATH MONTH	DAY 12	YEAR G	3. TIME OF DEATH	Н
	4. SOCIAL SECURITY NUMBER 21534 1988	1 0 M 2 D F	GE (In yrs. lest birthday) 7 3 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	38	8. BIRTHPL Country)	LACE (State or For	reign
DIRECTOR	98. FACILITY NAME (If not institution, give : BIA (T) MANA CO RESIDENCE OF DECEDENT		ا		or Location of DE			ACT		1
E C	10e. STATE 10b. COUNT	Υ		IOd. INSIDE CITY						
L DIR	Md. Ba	ltimore			erstown		1			NO
FUNERAL	11715 Reis	terstown Rd		10	1. ZIP CODE 21136		10g. CIT	U.S	· A .	
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YI IF YES, GIVE WAR OF	ES 2 NO	If yes, sp	CENDENT OF HISPAN Decity Cuben, Maxica 3 2 NO Specify	IIC ORIGIN? (Specify to n, Puerto Ricen, etc.)	fes or No—	14. RACE - Black, 1 Specify:	- American India White, etc. Whit	
윤	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	18e. DECEDENT'S	USUAL OCCUPATI	ON OSL OF WORKING	16b. KIND OF E	USINESS/INC	DUSTRY		
COMPLETED	Elementery/Secondary (0-12)	College (1-4 or 5 +)	Photog	se retired.)	St of Working	Ph	otogra	aphy		
	17. FATHER'S NAME (First, Middle, Last) Louis C.	Pomory			18. MOTHER'S NAI	ME (First, Middle, Meide Benson				
BE (19a. INFORMANT'S NAME (Type/Print)		19b, MAILING	ADDRESS (Street	and Number or Rural R	loute Number, City or R	own, Stata Zic	Code)		
2	Bernard J. Roch					., Reiste			. 21136	,
	20a. METHOO OF DISPOSITION 1	oval from State	20b. PLACE AND DATE Competery, Cremetory or Metro Cr	OF DISPOSITION (N		DATE 20c. I	OCATION —	City or Town		
	21. SIGNATURE OF FUNERAL SERVICE LIC			22. NAME A	ND ADDRESS OF FAC			320, 1	211:	
_	Try Cel	Mande		116	05 Reiste	erstown R	d. Ow:	ings 1	Mills,	Md.
	23. PART i. Enter the disesses, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Let constant	sed the death. Do in each line.	(00	227	aa cardiac or rea	piratory arr	reat,	Approxima Interval Ba Onset and	tween
NOI	Sequentially list conditions,	b. DUE TO (OR A	S A CONSEQUENCE O	n:	(12)					
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	c	S A CONSEQUENCE O							
ERTI	reaulting in death) LAST	d								
	PART ii. Other aignificant condition	e contributing to death	but not reaulting	In the underlyin	g cause given in I	Part I. 24e. WAS A	IN AUTOPSY	24b, W	/ERE AUTOPSY FIN	VDINGS
I: MEDICAL						1 TYES	2 NO	- Cr	WAILABLE PRIOR TO COMPLETION OF CA OF DEATH?	TO AUSE
Ž	25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE OF DEATH (Che	ck only one)				
S	EXAMINER? 1 YES 2 NO	HOSPITAL:	utpetlent 3 DOA	OTHER:						
PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJUR (Month, Day, Year	Y 28b. TIM	E OF 28c. INJ	URY AT RK?	28d. DESCRIBE HOW	INJURY OCC	CURED		
ED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJU- building, etc. (S	RY — At home, ferm, s			281. LOCATION (Stree City or Town, Stat	t and Number	or Rural Rou	rte Number,	
9	29e. CERTIFIER									
COMPLETED	(Check only	CIAN: To the best of my kn R: On the basis of examina							nd menner as sta	ated.
BE	29b. NIGHATURE AND TITLE OF CERTIFIER				29c. LICENSE NUM			E SIGNED (M	fonth, Day, Year)	
5	30. HAVE AND ADDRESS OF PERSON WH						1	1100	<u> </u>	
			Regtento.	un u	٧)	51136				
	OCT 15'91	Jan Day doon	on court							



SALIMONE, MANIENTE, MANIENTO	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, F.C. BOX 13149,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires this	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f be filed within 72 hours after death with the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows an

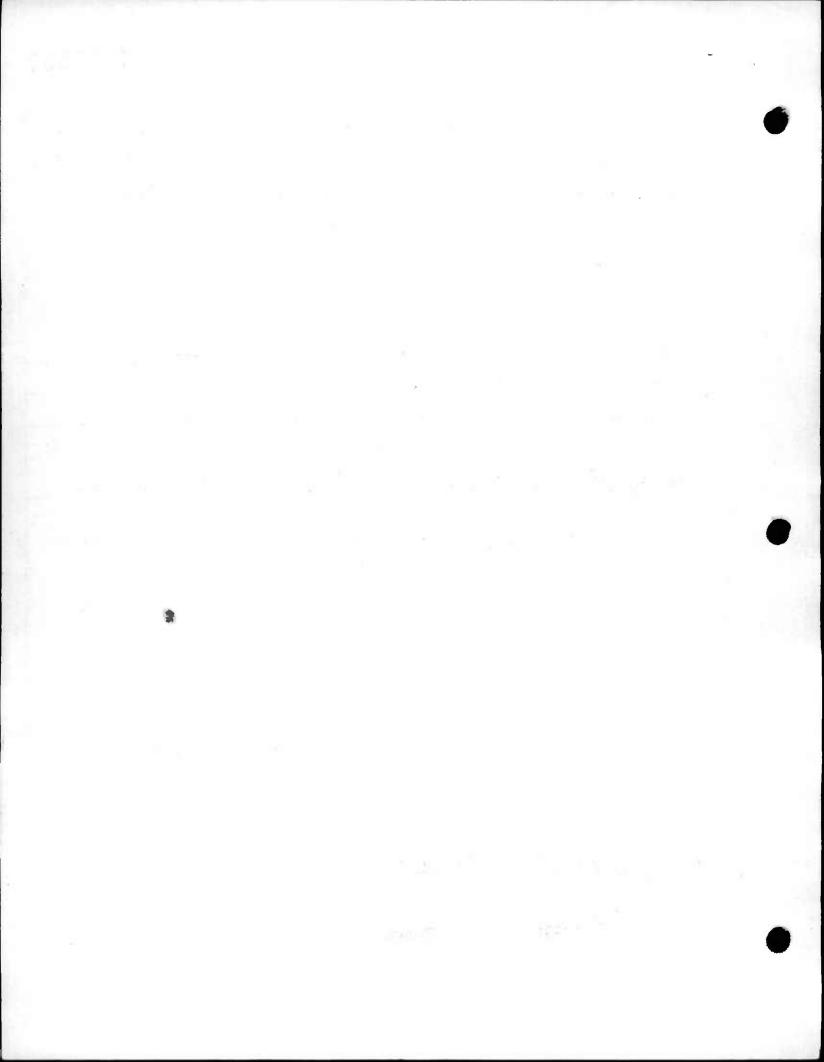
1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPAI CERTIF	RTMENT FICATE	OF HE	ALTH DEAT	AND I	MENTAL HYGIE REG. N			
1. DECEDENT'S NAME (First, Middle, La Wallace Van Cor								DAY 9	YEAR 91	3:20 P
4. SOCIAL SECURITY NUMBER 098–10–2600	1 📉 M 2 🗆 F	yrs. last birthday) 86 YRS.	IF UNDER		IF UNDER	24 HRS. MIN.	7. DATE OF BIRTN (Month, Day, Year) 5-5-05		6. BIRT	NPLACE (State or Foreign ry) New York
90. FACILITY NAME (If not institution, gill Laurelwood Nursi				town on	LOCATIO	ON OF DE	ATN		ecil	DEATN
RESIDENCE OF DECEDENT										
10e. STATE 10b. COL		10c. Cl	TY, TOWN O		ON					10d. INSIDE CITY LIMITS?
Maryland Cec	11		EIK	ton	ZIP CODE			10a Cf	TIZEN OF	1 YES 2 NO
62 Cami Way	Woodcrest Sho	orog			1921			100		MAI COOKING
11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. 1			F HISPAN	IC ORIGIN? (Specify)		USA 14. RAC	E — American Indian,
1 Never Merried 2 Merried 3 Wildowed 4 Divorced	2 NO	ieD 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify: If yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 1 VES 2 ANO Specify:						Spec	ck, White, atc.	
15. DECEDENT'S I (Specify only highest g		16a. DECEDENT	S USUAL OC	CUPATION	N t of workin	a	16b. KIND OF E	USINESS/IN	IDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT	use retired.)							
12	4	Acco	untan	t			Bankin			
17. FATHER'S NAME (First, Middle, Last)							ME (First, Middle, Maid	on Surname)		
Oscar Van Cor	tlandt Smith						Racey			
19e. INFORMANT'S NAME (Type/Print)					d Number	or Rural	Route Number, City or 1			21921
Elena Slaughter			ami W				T			arvland
20a. METHOD OF DISPOSITION 1 Burlal 2 ACremation 3 I	Removal from State	PLACE OF DISPO				atory or		LOCATION -		
4 Donetion 6 Other (Specify)	THE VIEW OF THE PARTY OF THE PA	A. Ferr	15 &	Comp	any	OF EA] Wes	St CH	este:	r, PA
· What	T. Chores	9	1	27 S	outh	Mai	Crouch in St. No	Fune orth	ral 1 East	Home , Maryland
Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that heldstade areas	b	CONSEQUENCE	OF):							
that initieted events resulting in death) LAST	d									
PART II. Other algorificant cond	trons continuing to death bu	it not reading	y in the di	loerlying	cause	jiven in	PERF	AN AUTOPS' ORMED? 2 \(\text{NO}\)		b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATN? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICA				26. PL	ACE OF D	EATN (C/	eck only one)			
EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outpe	Itlent 3 DOA	OTHER 4 % Nur		5 🗆 Re	sidence	6 Other (Specify)			
27. MANNER OF DEATN 1 Netural 6 Pending	26e. DATE OF INJURY (Month, Day, Year)	26b. Ti		28c. INJU WOR	JRY AT		28d. OESCRIBE HO	W INJURY C	CCURED	
2 Accident Investigat 3 Suicide 6 Could no 4 Homicide determine	28e. PLACE OF INJURY - building, etc. (Speci	— At home, farm	, street, fact	tory, affice			261. LOCATION (Stre City or Town, Str		per or Rura	Route Number,
one) 2 MEDICAL EXA	NYSICIAN: To the best of my knowle									(e) end manner as stated.
295 SIGNATURE AND TITLE OF CERT	IIFIER WY MY				29c. LICI	-	MBER 510	29d. D.	ATE SIGNE	D (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON	Provis Pl	ATN (ITEM 27) (Ty	pe, Print) G La	560	W	De	1970	2		
31. OATE FILED (Month, Day, Year) OCT 1 0 '9	32. RECHSTRAR'S SIGNA Lulia Davi			y	,					

		FOR 1 - STATE	STATE OF I					MENTAL HYGIEI	91	28956					
		REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)			CERTIFI	ICATE OF	DEATH	REG. NO).						
		FLORENCE	Е			SEIBERT			MY YE						
		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.		SELBEKI IF UNDER 1 YEAR	IF UNDER 24 HRS.			91 4:45 PM M DIRTHPLACE (State or Foreign					
-	1	212-34-1070	1 □ M 2 🕽 🗙	57	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)		Country)					
Г	1	9e. FACILITY NAME (If not institution, give s		1 21		9b. CITY, TOWN	OR LOCATION OF	08-08-31	9c. COUNTY	altimore, M					
	8	NORTH ARUNDEL H		ASSOCT	ATTON		N BURNIE								
-	-	RESIDENCE OF DECEDENT		1100001	allon	GLI	N DUNNII	4	A	.A. COUNTY					
200	DIREC	100. STATE 106. COUNTY		. 1		, TOWN OR LOCA			,	10d. INSIDE CITY LIMITS?					
A STREET, SALE			Arunde	<u>+</u>	Chu	rchtor				1 TES XX NO					
2	FUNERAL	10e. STREET AND NUMBER				1	of. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?					
	N N	5515 Baskin St	reet.				SA								
		1 Never Married 2 Merried	FORCES? 1	YES 2	ARMED	If yes, a	pecify Cuban, Maxi	ANIC ORIGIN? (Specify Yearn, Puarto Ricen, etc.)		RACE — American Indian, Black, Whita, atc.					
	B	3 Widowed 4 Divorced	IF YES, GIVE V	MAR OR DATES		1 🗆 YE	S 2 NO Spec	offy.		Specify: White					
3	ED	15. DECEDENT'S EDUCATION 180. DECEDENT'S USUAL OCCUPATION 18b. KIND OF BUSINESS/INDUSTRY													
	Щ	Elementary/Secondary (0-12)	College (1-4 or 5	+)	Iffe. Do NOT use		ost of working op. Mgr								
	MP	12	Reality												
опсе.	COMPL	17. FATHER'S NAME (First, Middle, Last)	C 1.1 /	,			18. MOTNER'S N	AME (First, Middle, Maide	Sumame)						
d at	BE	Geroge Everett	Suddut	ch			Vesta	Ione Day	/is						
notified	0	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (Street	and Number or Rura	A Route Number, City or To	vn, Stete, Zip Cod	00700					
be no	-	Paula L. Dickerson 19b. MAILING ADDRESS (Street and Number of Rural Route Number, City or Town, Stets, Zip Code) 5515 Baskin Street, Churchton, MD 20733													
must b		20e. METNOD OF DISPOSITION 1 Burlai 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of Computer Cremation of Computer Cremation of Computer Cremation of Computer Crematics of Computer Crema													
Ē		4 Donatton 5 □ Other (Specify) Cedar Hill Cemetery Suitland, MD													
or removal. medical examiner	21. SIGNATURE OF PUNERAL SERVICE CICEMBEE 22. NAME AND ADDRESS OF FACILITY Q RICGELY A														
exa		Thomash torollating Hardesty F. H. Anninglis mo 21401													
emov		23. PART I. Enter the diseases, or o	omplications tha	t council the	death. Do n	ot enter the m	ode of dyleg, au	ich aa cardiac or resp	iratory arrest.	Approximate					
		shock, or heart failure. IMMEDIATE CAUSE (Final	List only one cau	ise on each II	ine.				atter cray	Interval Between Onset and Death					
cremation.		disease or condition resulting in death)	. a	INTANIO	d Mil	testate	River I	Cancer		10 month					
		remuting in death)	DUE TO	(OR AS A CONS			131 Can	cancer		10 11111					
	z		b							İ					
orior to buria		Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONS	SEQUENCE OF):									
prio	RTIFICATION	CAUSE (Disease or Injury	c												
Hygiene or other	F	that initiated eventa reaulting in death) LAST	DUE TO	(OR AS A CONS	SEDUENCE OF):									
Mental Hygiene prior ijury, or other trau	CER	Totaling in dealing Exist	1												
	١,	PART II. Other aignificant condition	s contributing to	death but no	t reaulting is	n the underlylr	ng cause given i	n Part I. 24a, WAS AL	AUTOPSY	24b. WERE AUTOPSY FINDINGS					
any I	DICA	SPIRA	Chest	nam			<	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE					
WS 3	MED	Malic	next Y	11 0	lounch	0 9/4	won	1 TYES	2 11/110	OF DEATH?					
shows		- moving	Many 1	est 1	rewie	011	73.01-			1 YES 2 NO					
State Dept. of Health and Item 23 shows any I	SICIAN	25. WAS CASE REFERRED TO MEDICAL	/			26 P	LACE OF DEATH (C	Chack anti-one)							
State Item	Sic	EXAMINER?	HOSPITAL:] ED/Outnotlant		OTHER:									
death with the s marked, or	PHY	27. MANNER OF DEATN	28e. DATE OF		28b. TIME		JURY AT	8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCURE	D					
marked,		1 Netural 5 Pending	(Month, D	lay, Year)	INJU		DRK7		WOOM COOK						
s m	D BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE O	F INJURY — At	homa, farm, at	treet, factory, offi		28t. LOCATION (Street	and Number or Br	ural Bouta Number					
after 28	W	4 Nomicide determined	building,	etc. (Specify)				City or Town, Stete)	and House Warness,					
tem	E	290. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the heat at	- basuladar	4.40		1971-17 17-		1. v C						
be filed within 72 hours after IMPORTANT: If Item 28 Is	COMPL							ue to the cause(e) and me		use(s) and manner ee steted.					
TAN		29b. SIGNATURE AND TITLE OF CERTIFIER		/ /		, iii iiiy opinion,									
POR HE	BE	290. SIGNATURE AND THE OF DERTIFIER	-1	/			29c. LICENSE NI	The second second		NED (Month, Day, Year)					
≥ &	2	30. NAME AND ADDRESS OF PERSON WING	COMPLETED CALL	OF DEATH (I	TEM OT /3	Del-et	1/20	431	10-	8-91					
		DR.LONG. S. HSU	. M.D./3	00 HOSE	PITAL I	DRIVE/G	LEN BURN	TE. MD. 21	061						
		31. DATE FILED (MOON) DOX 10 1991						, 21	001						
ĺ		OCL TO 1991	7 maria	Wall and											



Σ	30	9
BALTIM	O THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Pag	O THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dis- a find within 72 hours after death with the State hent of Health and Mental Notherle nitro in burial. Centration or removal.
ď	after	y the
	hours	O THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fun- efuel writing 22 hours story death with the State Dent of Health and Mental Hyriane prior to burial cremation, or removal.
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	OR A	DIREC
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	THE	出
	0	0

	1. DECEDENT'S NAME (First, Middle, Las	")						2. DATE OF		AY.	YEAR	3. TIME OF DEATH							
- 8-		Opal	Marie		STEYER			Octo	ber 8	, 19	91	640 A							
H.	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.		MONTHS DA		MIN.	7. DATE OF (Month, L	Day, Year)		Country)								
њ	220-38-0164	1 M 2 XF	96	YRS.				Sept	. 13,	189		st Virgi							
	9e. FACILITY NAME (If not Institution, give					WN OR LOCATI		ATH		9c. COL	UNTY OF DE	ATH							
L	Garrett County M	emorial H	ospital	-	0	akland				Ga	irrett								
	10e. STATE 10b. COUN	nty		10c. CITY	r, TOWN OR LO	CATION					10d. INSIDE CITY								
	MD	Garrett			Deer	Park						LIMITS?							
Ī	10e. STREET AND NUMBER					101. ZIP COD	E			10g. Cl	TIZEN OF WI	HAT COUNTRY?							
	Rt. 3, Box 61					21	550					USA							
	11. MARITAL STATUS 1 Never Married 2 Married		TEVER IN U.S. YES 2	2 XNO It yes, specify Cuben, Mexican, Puerto Rican, etc.)						14. RACE Black, Specify	- American Indian , White, atc.								
	3 X Widowed 4 Divorced											White							
ı	15. DECEDENT'S Et (Specify only highest gra			16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working					IND OF BU	SINESS/IN	IDUSTRY								
Г	Elementary/Secondery (0-12)	College (1-4 or 6	+)		usewife Home														
1	8th			nous	sewile	,		111											
	17. FATHER'S NAME (First, Middle, Lest) Norman	Sh	illingb	nuro		16. MOT		ME (First, Mic	idie, Malden	Sumama)	R:	iley							
F	19a, INFORMANT'S NAME (Type/Print)	311			g Jenny Ri MALING ADDRESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code)						rey								
	Frances L. Steyer Rt. 3, Box 61, Deer B																		
20s. METHOD OF DISPOSITION 20s. PLACE OF DISPOSITION (Name of complete or complete or									_		- City or Tow	wn. State							
Ш	1 🔀 Buriel 2 🗆 Cremetion 3 🗆 Re 4 🗆 Donation 6 🗀 Other (Specify)	moval from State	Whit	e Chur	ch Cer	neterv	, 0					Marylar							
1																			
	DI- Fel A	N M	1 min	1						,	100	0.1550							
32 S. Second St., oakland, MD 21550 23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate																			
shock, or heert fellure. List only one cause on aech lina.																			
	IMMEDIATE CAUSE (Final disease or condition				wo a t							onset and sudder							
	resulting in desth)	D	pulmon									Suddel							
					•							days							
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. deligible for as a consequence of): deligible for as a consequence of): day day the initiated events of injury that initiated events resulting in death) LAST												days							
Н	If sny, leading to immediate cause. Enter UNDERLYING											days							
	If sny, lasding to immediata cause. Enter UNDERLYING	_ probah	re sep	that initiated events DUE TO (OR AS A CONSEQUENCE OF):															
	If sny, lasding to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events				F):			resulting in death) LAST											
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	If sny, lasding to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO	OR AS A CON	SEOUENCE OF		lying ceuse	given in	Part I. 2	14a. WAS AN	I AUTOPS\	y 24h	WERE AUTOPSY FIN							
	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	dons contributing to	OR AS A CON	SEOUENCE OF		tylng ceuse	given in		PERFO	RMEO?	y 24b.	AMAILABLE PRIOR 1 COMPLETION OF CA							
	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	dons contributing to	OR AS A CON	SEOUENCE OF		lying ceuse	given in		PERFO	RMEO?		AWAILABLE PRIOR 1 COMPLETION OF CO OF DEATH?							
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	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions are conditions. Severe organically as a severe organically was case referred to medical	dons contributing to	OR AS A CON	SEOUENCE OF	in the under	fying ceuse			PERFO	RMEO?		AWAILABLE PRIOR 1 COMPLETION OF CO OF DEATH?							
	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions are severe organical conditions.	dons contributing to	o death but no	ot resulting i	In the under	8. PLACE OF	DEATH (Ch	eck only one)	PERFO	RMEO?		AWAILABLE PRIOR 1 COMPLETION OF CO OF DEATH?							
	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions are considered as a condition of the condition of the cause of	ons contributing to brain sy HOSPITAL: 1 N Inpatient 2	o death but no vndrome	ot resulting i	other:	8. PLACE OF (DEATH (Ch	eck only one)	PERFO	RMEO?		AWAILABLE PRIOR 1 COMPLETION OF CO OF DEATH?							
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	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions are considered as a condition of the condition	DUE TO	o death but no produced to death but no produc	ot resulting i	OTHER: 4 Nursing E OF 28c	8. PLACE OF 6 Home 5 R . INJURY AT WORK? YES 2	DEATH (Ch	eck only one) 6 Other (28d. DESC	PERFO	RMEO? NO INJURY O	CCURED	AMALABLE PRIOR I COMPLETION OF C OF DEATH? 1 YES 2 N							
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	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions are supported by the conditions of the conditions are supported by the conditions of the conditions are supported by the cause of the conditions of the co	DUE TO d. ons contributing to brain Sy HOSPITAL: 1 N Inpetient 2 26e. DATE O (Month.) 1 26e. PLACE building	o death but no produced by death but no produced by death but no produced by no p	ot resulting in the second of	OTHER: 4 Nursing E OF 26c URY M 1 street, factory,	8. PLACE OF 6 Home 5 R. INJURY AT WORK? YES 2 office data end placeon, death occur	DEATH (Chiesidence NO	eck only one) 6 Other (28d, DESC 28f, LOCAI City or	PERFO 1 VES: Specify) RISE HOW TION (Street Town, State	INJURY O	CCURED oer or Rural A tened. the cause(s)	AMALABLE PRIOR I COMPLETION OF CO OF DEATH? 1 YES 2 N N Noute Number, and menner se st (Month, Day, Year)							
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	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions are severe organically organized to the conditions of the condit	DUE TO d. ons contributing to c brain sy HOSPITAL: 1 M inpatient 2 26s. DATE O (Month.) 1 26s. PLACE building VSICIAN: To the best of INER: On the basis of	De control of the con	28b. TIM INJ	OTHER: 4 Nursing E OF 26c RURY M 1 street, factory, ed at the time, on, in my opini	Home 5 Final Research	NO a, and dua ared at the	eck only one) 6 Other (28d. DESC 28f. LOCAT City or to the caus- time, data e	PERFO 1 VES: Specify) RISE HOW TION (Street Town, State	INJURY O	CCURED oer or Rural A tened. the cause(s)	AMALABLE PRIOR I COMPLETION OF CO OF DEATH? 1 YES 2 N N Noute Number, and menner se st (Month, Day, Year)							



FOR

	1 - STATE REGISTRAR		SINIE UF	MAILLEA	CERT	IFIC	CATE OF	DEA	TH	MENI	REG. NO			
	1. DECEDENT'S NAME (First,	Middle, Last)					-				E OF DEATN			3. TIME OF DEATH
	Wil	LIA	m N.	SEC	MFOO	56	_			MON		AY C	YEAR	0305 M
	4. SOCIAL SECURITY NUMBER		5. SEX	8. AGE (III	yrs. last birthd		F UNDER 1 YEAR	IF UNDER	9 24 HRS.	7 DATE	E OF BIRTH		8. BIRTHP	LACE (State or Foreign
	218-32-409		1 M 2 □ F	86	YR	s.	ONTHS DAYS	HOURS	MIN.	3/	8/190	5	Country)	
	9a. FACILITY NAME (If not ins					9	b. CITY, TOWN	R LOCATI	ON OF D				NTY OF DE	
OB	Carroll Co	unty	Gen. H	lospi	tal		West	mins	ster			C	arro	7.7
E	RESIDENCE OF DEC	10b, COUNT	Υ		100	CITY	TOWN OR LOCAL	101						
DIRECTOR	MD		roll		100.	OH I,			- do				- 1	10d. INSIDE CITY LIMITS?
7	10e. STREET AND NUMBER	OCLI	1011			-	West	ZIP COD				140-0174		1 YES 2 NO
ER/	3481 Union	town	Road					2115						IAI COUNTRY?
S	11. MARITAL STATUS		12 WAS DECEDED	NT EVER IN	U.S. ARMED					NIC ORIG	IN? (Specify Ye	U.S		- American Indian,
BY FUNERAL	1 Never Married 2 🔏 I 3 Wildowed 4 Divor		FORCES?	YES	2 NO		If yes, sp	city Cube	ın, Mexica	in, Puerto	Rican, etc.)	or No=	Black, Specify	White, etc.
G	15, DECE	OENT'S EDU	CATION		16s. DECEOEN	T'S US	BUAL OCCUPATION	ON .		16	b. KINO OF BU	SINESS/IND		пте
ET	(Specify only Elementary/Secondary (0-	highest grade	College (1-4 or 5		(Give kind life. Do NO	of wor	k done during mo	st of world	ng	"		311123371112	OSTAT	
AP.					Hucks	te	r/pro	duce			prod	lice		
COMPLETED	17. FATNER'S NAME (First, Mic									ME (First,	Middle, Maiden			
BE (William G	luy S	egafoos	е				Id	a P	ear	1 McC	alli	ster	
0	19e. INFORMANT'S NAME (Ty				19b. MAIL	ING A	ODRESS (Street a							
	Mrs. Hele				348	1	Union	town	Rd		Westm	inst	er.	MD 21157
	20 METNOO OF DISPOSITION OF Burial 2 Cremation	DN n 3 □ Rem	oval from State	20b.1	PLACE AND DA	TEOF	DISPOSITION /A/a	moof		0.0	75 20- 10	CATION	Otto T.	
	4 Donation 6 Other (OCA (OCC	_ Me	thodi	st	Chur	ch C	em.	10	/16 U	nion	town	. MD.
							Pri-	ts	Fun	era	l Hom	2 &	Chan	٥٦
	Robert	K. P.	ritts,	Sr.			1 412	Was	hin	gto	n Rd.	. We	etmi	nster. MD
	23. PART I. Enter the dis	esses, or e	complications the	t ceused	the desth. D	o not	enter tha mo	de of dy	ing, suc	h es csi	dlec or resp	iretory err	est,	Approximate
	iMMEDIATE CAUSE (Fine disease or condition				,		Λ.							Interval Between Onset and Death
	resulting in desth)	→					4 An	nes	T					
				1 He	CONSEQUENCE	/-	1 . 1							
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PA.	if eny, iseding to immed csuse. Enter UNDERLYIN	NG		-	-	,								
Ē	CAUSE (Diseese or Injur that initisted events		OUE TO	(OR AS A C	ONSEQUENCE	OF):						19		
EH	resulting in death) LAST		d	-										
0	PART II. Other significan	nt condition	a contributing to	deeth but	t not resultin	on In I	the underlying	COURD	aluen In	Don't I			T	
DICAL					-	·9 ····	are underlying	cause y	Aram III	Part I.	24a. WAS AN PERFOR		1	WAILABLE PRIOR TO
8										_	1 TES 2	NO	(OF DEATH?
≥					-								1 1	TES 2 NO
PHYSICIAN: ME	25. WAS CASE REFERRED TO	MEDICAL				-	28. PL	ACE OF D	EATN (Ch	ock only o	noe)			
Sic	EXAMINER?	_	HOSPITAL:	ER/Outpat	lent 3 DOA		THER:							
ξ	27. MANNER OF DEATN		28e. DATE OF	INJURY	28b. 1	TIME O	F 28c, INJ	JRY AT	Perdenca		SCRIBE NOW I	NJURY OCC	URED	
BY F	1 Natural 5 P	ending restigation	(Month, A	A Poars		INJUR		RK?	NO					
ED E	3 Suicide 6 C	ould not be	28e. PLACE C	F INJURY -	At home, ferr	m, stre	et, factory, office)		28f. LO	CATION (Street	and Number	or Rural Rou	rte Number,
	4 Homicide de	etermined		(0,000,000,000,000,000,000,000,000,000,						City	or Town, State)			
COMPLET	29e. CERTIFIER (Check only	FYING PNYSI	CIAN: To the best of	my knowled	dge, death occi	urred a	it the time, date	end place,	and due	to the ce	use(e) end mer	mer se state	id.	
O	one) 2 MEDIC	AL EXAMINE	R: On the beele of e	xamination (end/or investiga	ation, i	in my opinion, de	eath occur	ed at the	time, data	end place, en	d due to the	ceuse(e) e	and manner as stated.
BE C	296. SIGNATURE AND TITLE								NSE NUN					Aonth, Day, Yeer)
	1-Komas				no			D	On	660)	> 1		191
2	30. NAME AND AODRESS OF		O COMPLETED CAUS	SE OF OEAT	'N (ITEM 27) (7)	ype, Pri	int)	,	-					
	31. DATE FILEO (Month, Day, Ye		MLVIN	ma	54	2	MSH	ING	NOT	ns		NEST	. mo	21157
		5 'Q1	32. REGISTRA	wha Do	widson-	Pano	lell-							

Salts reported to go to the first to

BALTIMORE, MARYLAND 21203-3146	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within eurs after death. Page 6 may be retained by the hospital or attending physici	
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13146,	acuted within	
C BOX	sertificate be e	
), P.	death o	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	requires that the	
FAL F	The law	
OF VI	PHYSICIAN:	
NOISINI	OR ATTENDING	

ours after death. Page 6 may be retained by the hospital or attending physician.	filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Page	on, or removal.	ne medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Eurs after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Page	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Month, Day, Year)

19	1. DECEDENT'S NAME (First,						DEAT			DAY	YEAR	3. TIME OF OEATH
- 11	Edward (10 1	1	991	7:00 p M
	4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yrs. last	t birthday)	IF UNDER 1 YEAR	IF UNDER 2		7. DATE OF BIRTH (Month, Day, Year)		8. BIRTH Countr	IPLACE (State or Foreign
- 1	188-40-778	34	XXM 2 □ F	97	YRS.	MONTHS DAYS	HOURS	MIN.	8-02-189	911		nsylvania
	9a. FACILITY NAME (If not ins	stitution, give	street and number)			9b. CITY, TOWN	OR LOCATION			_	UNTY OF D	
OR	Longview		ing Hom	е		Manc	heste	er		Ca	rrol	1
DIRECTOR	RESIDENCE OF DEC	10b. COUNT	ТҮ		10c. CIT	Y, TOWN OR LOCA	TION					10d. INSIDE CITY
DH	Maryland	Carr	oll		Mi	llers						1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER					10	1. ZIP CODE			10g. C	ITIZEN OF V	WHAT COUNTRY?
3	4834 Hoff	ากอาร	ille Ro	6a			2110	7		TT	.S.A	
ξ	11. MARITAL STATUS	TITETTI	12. WAS DECEDEN		MED	13. WAS DE			IIC ORIGIN? (Specify			E — American Indian,
à	1 Never Married 2 1 1 3 Widowed 4 Divor		FORCES? 1	YES 2 N		If yes, s	ocify Cuban, 3 2 NO	Maxica	n, Puerto Rican, atc.)		Speci	k, Whita, atc.
0		EDENT'S EDI		18a, DE	CEDENT'S	USUAL OCCUPAT	ON		16b. KIND OF E	USINESS/I	NDUSTRY	
	(Specify only Elementary/Secondary (0-		e completed) College (1-4 or 5 -	(Gi	ive kind of Do NOT u	work done during m sa retired.)	ost of working					
2	Liamontally, Secondary (o-	-12)	College (1-4 or 5 4		Parm	ien			I I	armi	ner	
COMPL	17. FATHER'S NAME (First, Mi	ddle. Last)			CALL II	101	18 MOTHE	D'S NA	ME (First, Middle, Maid			
	Charles		rd Ster	er					Elizabet		·	Storen
2	19a, INFORMANT'S NAME (%		a a 5006					4	Route Number, City or 1			preger
2												
	Richard H.								Rd. Mil:			
П	20a METHOD OF DISPOSITION OF BURIES 2 Cremation	ON n 3 □ Rer	noval from Stata	20b. PLACE (OF DISPO	sition (Name of co	metery, creme	tory or	20c.		— City or To	
	4 Donation 5 Other			New	Lut	heran	Cemet	er	TT M	neh	a et a	r. Md.
	21. SIGNATURE OF FUNERAL					2202 011	0 08120 0	0.2	y 111	ALIO11.	02001	2 2 2 2 2
		L SERVICE L	ICENSEE	111		ECKh.	ND ADDRESS	S OF FA	citity nerel Cl	AMA	1	
	D 9. 12	SERVICE	CENSEE A	land	*	dckh	ardt	Fu	neral Ch	ape:	1	
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CAUSE OF DEATH (ITEM 27) (Type, Print)

4D 3223 11

32 REGISTRAR'S SIGNATURE
Julia Davidson Randell

na 20 and the second . . . 202

		CER		ATE OF	DEATH	MENTAL HYGIEN REG. NO		
1. DECEDENT'S NAME (First, Middle, La	isl)			01	DEAITI	2. DATE OF DEATH		3. TIME OF DEATH
JULIA A. S	CHAEFER	2				MONTH D	YEAR	1957 M
4. SOCIAL SECURITY NUMBER		8. AGE (In yrs. lest birti		MDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	S. BIR	THPLACE (State or Foreign
215328111	1 🗆 M 2 💢 F	94 4	rrs. Mon	THE DAYS	HOURS MIN.	11-23-1	896 M	D'
9a. FACILITY NAME (If not institution, gi					R LOCATION OF DE		9c. COUNTY OF	DEATH
RESIDENCE OF DECEDENT		HOSP171	AC G	06571	2101576	M. MD	CAR	ROLL
10a. STATE 10b. COU				WN OR LOCAT		,		10d. INSIDE CITY
MD CA	RROLL			1	Westmin	ster		LIMITS?
10e. STREET AND NUMBER				10f.	ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
723 Washingto	on Rd.				21157	•	U.S.	
11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARMED		13. WAS DEC	ENDENT OF HISPAN	IC ORIGIN? (Specify Ye	a or No — 14. RA	CE — American Indian,
1 Never Married 2 Married 3 X Widowed 4 Divorced	IF YES, GIVE WA	R OR DATES	- 1		2 NO Specify	n, Puarto Rican, atc.)	1,100	ick, White, atc.
15. DECEDENT'S E	DUCATION	16a DECEDI	ENT'S HOU	AL OCCUPATIO				hite
(Specify only highest gr Elementary/Secondary (0-12)	rade completed)	(Give kii	ind of work d NOT use retir	done during mos	st of working	166. KIND OF BU	SINESS/INDUSTRY	
8	College (1-4 or 5+)	Но	omema	aker		n/a	3.	
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NAI	ME (First, Middle, Maiden	Surname)	
Ben F. Gist					Sarah		,	
19a. INFORMANT'S NAME (Type/Print)		19b. MA	AILING ADD	RESS (Street as		loute Number, City or Tow	n, State, Zip Code)	
Mrs. Ella M.		10	7 Ela	aine	Ave., W	estminst	er. Md	. 21157
20s. METHOD OF DISPOSITION Burial 2 Cremation 3 R	amovat from State	20b. PLACE AND E					CATION - City or	
4 Donation 6 Other (Specify)		Evergre	een 1	Memor	ial Gdr	DATE 20c. LO	Finks	burg, MD
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE			Prit.	TS Fine	ral Home	& Cha	nel
Robert K.	Pritts.	Sr.		412	Washing	ton Rd	Westm	inster, MD
23. PART I. Enter the diseases, of	or complications that	coused the deeth.	Do not e	nter the mod	de of dying, euch	ss cerdlec or reep	retory errest,	Approximate
IMMEDIATE CAUSE (Finel	re. Liet pniy pne ceuse	e on eech line.						Intervsi Between Onset end Death
disease or condition resulting in death)	· Re	Brect	CHEN	Con	an al	and to	0	
	DUE TO	AR A COMPENIEN	or on				A SUV	7-4
		M AS A CONSEQUEN	ICE OF):		Laca	ilun	- 20 N	month
Sequentially list conditions.	a ar	Terria	J.C	lero	lica	ine to	eva-	- nent
Sequentially list conditions, If any, leading to immediate	b. OUE TO (O	AS A CONSEQUEN	ICE OF):	lere	Lic a	ilune e ardi	6 V12-	- yeary
If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	b. DUE TO (O	R AS A CONSEQUEN	ICE OF):	lere	dic a	earde cots	i va	- yely
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permoder find within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

OCT 15 '91

Julia Davidson-Randall

DHMH-16 Rev 1/89

BALTIMORE, MARYLANI	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	IMPORTANT: if Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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32. REGISTRAN'S, SIGNAPURE

31. DATE FILED (Month, Day, OCT

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ı	WALTER ME	RVIN	SHR	IVER			JAN			LOUS			SMITH	
ľ	19e. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS	(Street en							3M11n	17
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ı	20g. METHOD OF DISPOSITION 1X Burlel 2 Cremetion 3 Rem	novel from State		CE AND DATE		TION (Nam	ne ol		DATE	20c. LO	CATION —	City or To	wn, State	
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TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans and within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND M CERTIFICATE OF DEATH	IENTAL HYGIE		21	
ast)		2. DATE OF DEATH MONTH	DAY	YEAR	3.

1 - FOR STATE REGISTRAR		STATE OF N	IARYL	AND / DEP	ARTMEN	T OF I	HEALTH	AND	MEN	TAL HYGIEN			4000
1. DECEDENT'S NAME (First	t, Middle, Last)									ATE OF DEATH			3. TIME OF DEATH
Edwin S	choen]	Ly								ct. 6.	790	YEAR	1530 M
4. SOCIAL SECURITY NUM		5. SEX	6. AGE	(In yrs. last birthd	MONTHE	R 1 YEAR	IF UNDER	R 24 HRS.	7.04	TE OF BIRTH		a Dipor	101 100 101
155-09-0497 90. FACILITY NAME (# not in		1 X M 2 - F		93 YR	3.				0c	tober 2	2,189	7 Ne	ew Jersey
Southern			Con	tor		v, town	t On	ION OF D	EATH		9c. COL	INTY OF	DEATH
RESIDENCE OF DE	CEDENT	pricar	cen	rer		7.711	COII				Pr	ınce	George's
10a. STATE	10b. COUNTY				CITY, TOWN		TION						10d. INSIDE CITY LIMITS?
New Jersey	Ocean			La	akewo	od							1 YES 2 X NO
10e. STREET AND NUMBER				****		10	. ZIP COD						WHAT COUNTRY?
301 E. Melv		West Li					0870		_			S.A.	
1 Never Married 2 2		FORCES? 1	YES	2 NO	13	If yes, ap	ecify Cubi	in, Mexico	m, Puer	IGIN? (Specify Yes	or No-	14. RACI Blac	E — Americen Indian, k, White, atc.
3 Widowed 4 Divo	orced	WW I	N ON D	AIES		1 [] YES	₩X NO	Specif	y:			Spec	white
15. DEC (Specify onl	EDENT'S EDUCA y highest grade co	ATION ompleted)		16a, DECEDEN (Give kind	of work done	during me	ON ast of working	na	T	16b. KIND OF BUS	INESS/IN	DUSTRY	
Elementary/Secondary (0	0-12)	College (1-4 or 5+		life. Do NO	T use retired.;				- 1.	Bound I			
17. FATHER'S NAME (First, M	liciciin I nati			Manage	er					Bearing		any	
William E.		shoon1								st, Middle, Maiden			
19a. INFORMANT'S NAME (Type/Print)	noenry		19b. MAII	ING ADDRES	\$ /Street	Des	ssie	C.	Quigle	7		
Marilyn E.	Courtot									sda, MD.			
20a. METHOD OF DISPOSIT	ION		20b	PLACE AND DA	TE OF DISPO	SITION (N		Del				0817 City or To	wn Siste
4 Donation 5 Other	(Specify)		cen	tropoli	or other place			, 10	1	/91 Ale			
THE STATURE OF FUNERA	L SERVICE LICE	N90E					ID ADDRE	SS OF FA	CILITY				land Rd.
200	Ma /	1 / Le	el	Back	_ R	bert	Ε.	Wilh	nelm	n,Inc.	300 Suit.1	and.	MD. 20746
23. PART I. Enter the di	seesa, or co	mplications that	Caused	tha death. D	o not anta	tha mo	da of dvi	ing, suc	h as c	ardiac or reani	ratory an	rest	Approximata
IMMEDIATE CAUSE (Findisease or condition resulting in death)	Tolliero. Li	SED	S)	ech una.								,	interval Batwean Onset and Death
		DUE TO	OR AS A	CONSEQUENCE	OF):								2/
Sequentially list conditi		PNIC	MU	CONSEQUENCE									2days
If any, leading to immed cause. Enter UNDERLY		# DOE 10 (UR AS A	CONSEQUENCE	OF):								0
CAUSE (Diseasa or Inju that initiated aventa	ry C.	DUE TO (OR AS A	CONSEQUENCE	OF):								
reaulting in death) LAS	T d.												
PART II. Other significa	nt conditions	contributing to	laath h	at not reculate	- In Ab	4.41							
ASC	1/1	Alche	2100	ON S	6 (00	deriying	cause g	given in	Part I.	24s. WAS AN A PERFORE		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
110	13	11100	111	000	7/27	15			_	t - YES 2	KNO		DF DEATH?
													1 TES 2 NO
25. WAS CASE REFERRED TO	MEDICAL					26. PL	ACE OF DI	FATH (Ch	ock only	(Ope)			
EXAMINER?		HOSPITAL:	ER/Outp	ntient 3 DOA	OTHE A Num	R:				ther (Specify)			
27. MANNER OF DEATH		28a. DATE OF I (Month, Day	NJURY	26b. 1	IME OF	28c. 1NJ	JRY AT			DESCRIBE HOW IN	JURY OC	CURED	
	Pending investigation	(month, ba)	, reary		NJURY M		RK? ES 2	NO [
	Could not be	28a. PLACE OF building, e	INJURY	— At home, farn	n, atreet, fac	ory, office			281. LC	OCATION (Street as ity or Town, Stete)	nd Number	or Rural A	toute Number,
	datarmined									ny or lown, stelle)			
29a. CERTIFIER (Check only one)	IFYING PHYSICIA	AN: To lhe best of n	y knowl	edga, death occu	irred at the I	lme, data	and place,	and due	lo the o	cause(a) and man	ver an stat	ed.	
2 MEDI	CAL EXAMINER:	On the besis of exe	mination	and/or investigs	tion, in my	pinion, d	ath occur	ed at the	time, di	sta and placa, and	dua to Ih	a cause(a)	and manner as stated.
296. SIGNATURE AND THE	OF CERTIFIER						29c. LIGE	NSE NUM	BER		29d. DATI	SIGNED	(Montip, Day, Year)
- CAN)							119	45		•	10/6	0/9/
30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUSE	OF DEA	TH (ITEM 27) (Ty	pe, Print)	1	1.	1	11-1	1 . 1			
31. DATE FILED (Month, Day,)	MAN /	32. REGISTRAR	11	UXAN T	וות	2	OXI	W 1	71/	1, Md	20	174	
OCT 1	1 91			idson-Ran									
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	1 - STATE ///24/ REB REGISTRAR THEM: 7. DE	STATE OF I	MARYLAND	DEPAR	ITMENT	OF H	IEALTH	AND I	MENTAL	HYGIEN			2000	0
	1. DECEDENT'S NAME (First, Middle, Last) DAVID			SAVA					2. DATE	OF DEATN		YEAR	3. TIME OF DEATH	Ри
	4. SOCIAL SECURITY NUMBER 217-70-6900	5. SEX	6. AGE (In yrs. In		IF UNDER	t YEAR DAYS	IF UNDER	24 HRS. MIN.		DE BIRTH 8	1991	8. BIRTN Count	IPLACE (State or Fore	
TOR	9a. FACILITY NAME (If not institution, give structured by ASHINGTON COUNTRESIDENCE OF DECEMENT		PITAL				STOW		ATN			NTY OF O	-	
FUNERAL DIRECTOR	10a. STATE 10b. COUNTY	e George	's		y, TOWN C		TON						10d. INSIDE CITY LIMITS? 1 YES 2 X N	10
NERAL	9104 Hobart Street					tof	207					ZEN OF V	VHAT COUNTRY?	
BY	t1. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS OECEDEN FORCES? 1 IF YES, GIVE V	YES 2 A	RMED NO	13.	WAS DEC	ENGENT O	F NISPAN n, Maxicas Specify	IC ORIGIN n, Puarlo R	(Specify Yes	or No		— American Indian, k, White, atc.	١,
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5	·) #	ECEOENT'S Give kind of vie. Do NOT us	work done of retired.)	during mo:	ON st of workin	g		KIND OF BUS				
COM	17. FATNER'S NAME (First, Middle, Last)			anasc	aper				ME (First, M	iddle, Maiden		9		
BE	William F. Savage	Sr.	T.			Vin. Size				alker				
2	William Savage									ry AD	n, State, Zip 217	-		
	20a. METNOD OF DISPOSITION 1A Burlai 2 Cremation 3 Ramon 4 Donation 5 Other (Specify)			y l'and	the Nace	iona	1 Ce		OATE	Lau			wn, Stata Yland	
	21. SIGNATURE OF FUNERAL DELIVICE LICE	r Consi	1011			7601	San	dy S	prin	ue Inc	Laur	el,	11D 20707	
	23. PART I. Enter the diseases, or coahock, or heart fallure. L' IMMEDIATE CAUSE (Final disease or condition resulting in death)	Intra	se on each lin	S l her	norrh		da of dyl	ng, such	ss card	ac or reapi	ratory srr	eat,	Approximate interval Bate Onset and I	ween
CERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	due to	O VASCU	lar ma	alfor	rmat	ion							
CERTIF	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSE	EQUENCE OF	F):									
PHYSICIAN: MEDICAL	PART II. Other significant conditions	contributing to	daeth but not	resulting i	n the Un	dariying	ceuse g	Ivan In I		24a. WAS AN PERFOR 1 YES 2	MEO?	24b.	WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION DF CAU OF DEATN? 1 YES 2 NO) USE
IAN	25. WAS CASE REFERRED TO MEDICAL			-		26. PL	ACE OF DE	ATN (Che	ck only one	1				
YSIC		HOSPITAL:	ER/Outpetient	3 DOA	OTHER	:			6 Other					
	27. MANNER OF OEATN 1 Natural 5 Pending	26a, DATE OF (Month, D.		26b. TIM	E OF URY	28c. INJU	RK?	1110	26d. OE\$0	RIBE NOW II	NJURY OCC	UREO		
red BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Nomicide detarmined	28e. PLACE O building,	F INJURY — At he	ome, farm, s	treet, facto		ES 2	NO	26f. LOCA City o	TION (Street a Town, State)	nd Number	or Rural R	oute Number,	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSICI	AN: To the best of	my knowledge, d	eath occurre	nd at the fli	me, data	and placa,	and dua I	to the caus	e(a) and man	ner as atate	ed. cause(s	and manner as state	ed.
BEC	296 SIGNATURE AND TITLE OF GERTSFIER	7					29c. LICE						(Month, Day, Year)	
10	38. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAR	- M	144 0 m / *	D/-12		0.0	С.М.	Ε.		oca	COBE	R 4,199	1
	MARIO F. GOLL					PEN	N S7	г. В	ALT	IMORE	, MI). 2	1201	
	31. DATE FILED (Month, Day, Year) 1 9	32. REGISTRA	s signature								,			

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

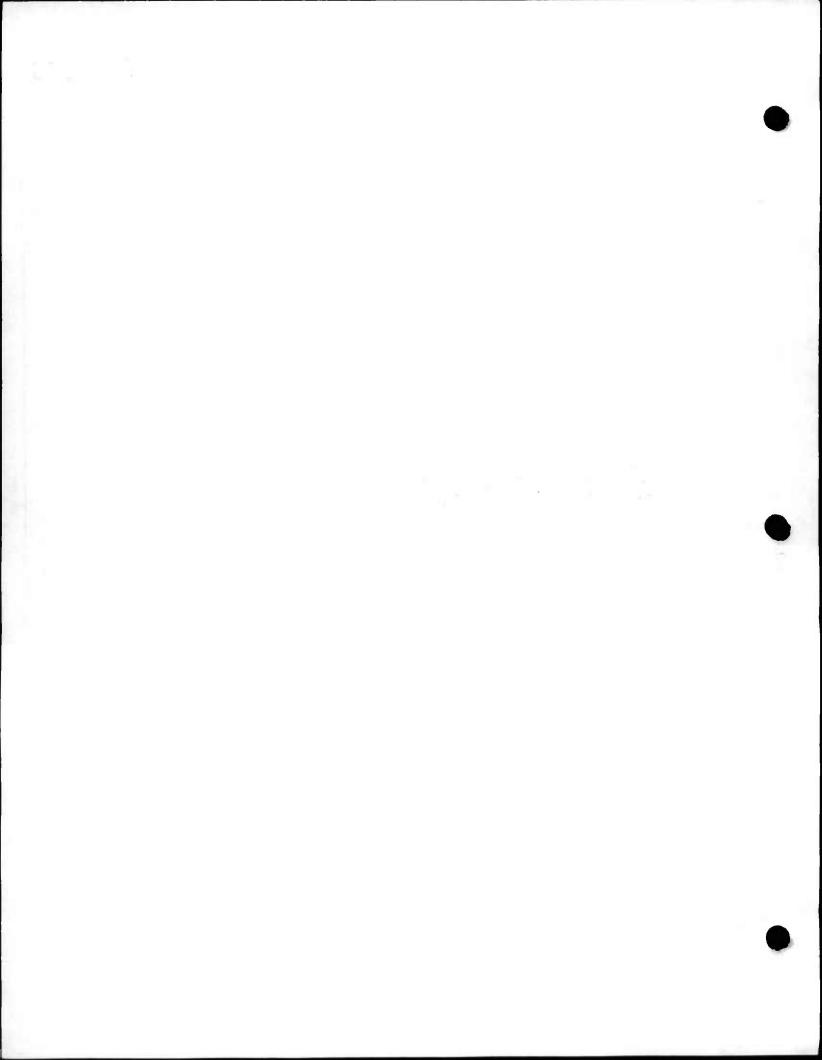
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IN: The	ficate h	State	ltem.
HYSICIA	is cert	vith the	ed, or
DING P	After th	death v	s mark
ATTENI	ECTOR:	s after	1 28 ls
AL OR	AL DIR	72 hour	If Item
HOSPIT	FUNER	within ,	TANT
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be relained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
-	5	7	\

1. DECEDENT'S NAME (First, Middle, Last)	1	22.11	IFICATE (1	2. DATE OF DEATH		3. T	IME OF OEATN
Virmal	Singh					Oct.	Table 1975	91	4:48 P
4. SOCIAL SECURITY NUMBER	200	E (In yrs. last birthd		EAR IF UNDE	R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	6	. BIRTHPLAC	CE (State or Foreign
219-90-3695	1 💢 M 2 🗆 F	83 YR	S. MONTHS D.	ATS HOURS	Mile.	Jan 1, 19	80	India	1
9e. FACILITY NAME (If not institution, give s	treet and number)	/ 11 .	14	WN OR LOCAT	ION OF DE	ATH		Y OF DEATH	
DAGU Grove RESIDENCE/OF DECEDENT	It dventis	T HOSPIT	ROC	kville			Hont	gomer	у
10e. STATE 10b. COUNTY	1	10c.	CITY, TOWN OR I	OCATION				10d	. INSIDE CITY
Haryland Honto	omery		North	Potoma	0			10	LIMITS?
10e. STREET AND NUMBER				101. ZIP COE				N OF WHAT	COUNTRY?
11732 Owens Glen					378			ndia	
11, MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EVE FORCES? 1 2	ES 2 NO	If ye	es, specify Cub	en, Mexican	IC ORIGIN? (Specify Ye 1, Puerto Rican, atc.)	e or No— 1	4. RACE — A Bleck, Wh	America <i>n</i> Indien, lite, etc.
3 Widowed 4 Divorced	IF YES, GIVE WAR OF	RDATES	1 [YES 2 A NO	Specify	:		Specify: India	ın
15. DECEDENT'S EDU (Specify only highest grade		16a. DECEOEN	IT'S USUAL OCCL	PATION	<i>'</i>	16b. KIND OF BU	SINESS/INDU		
Elementery/Secondary (0-12)	College (1-4 or 5+)	life. Do NO	of work done duri Of use retired.) Owner /	Rook	ong Salla	20 0 1 0 5			
12	U		Uwner /					ed	
17. FATNER'S NAME (First, Middle, Last) Sunder Singh					rher's nai khia i	ME (First, Middle, Meider Devi	Surname)		
190. INFORMANT'S NAME (Type/Print)		10h MAII	INO ADDRESS (S			Poute Number, City or Tox	on Chata Tip C	n del	
Baldev Singh						N. Potoma		20878	3
20a. METHOD OF DISPOSITION		20b. PLACE OF DIS	SPOSITION (Name	of cemetery, cre	metory or	20c. L0	OCATION — CH	ty or Town,	State
1 Buriel 2 December 3 Rem 4 Donation 6 Other (Specify)	oval from State	Bartetones)	Wash Cr	emator	y		Laurel	, Har	yland
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE /	7	22. NA	ME AND ADDR	ESS OF FAC	Home In	<u> </u>		
1 Sale	Juleapl	eil				pring Rd		AD	20707
23. PART I. Enter the diseeses, or									Approximate
shock, or heart failure. IMMEDIATE CAUSE (Final	List only one cause of	eacu-mor 7						i	Interval Between Onset and Dear
disease or condition resulting in deeth)	End st	reje Rosal	Discare						
		S A CONSEQUENC					_		
Sequentially list conditions,		S A CONSEQUENCE							
if sny, lesding to immediate cause, Enter UNDERLYING		me charic		eciztio	<u> </u>			į	
CAUSE (Diseese or Injury that initieted events	c	S A CONSEQUENC							
resulting in death) LAST	d.								
PART II. Other significant condition	ne contributing to deet	h hut not regulti	ing in the unde	rhilan seuse	alma la	Part I. 24a. WAS AI	AIPPORCY	OAL WE	RE AUTOPSY FINDING
THIN II. Ottor organical constitution	- dollar batting to doct	ii but not result	ing in the thoe	mying cadee	Aisen III	PERFO	RMED?	AVA	ILABLE PRIOR TO MPLETION OF CAUSE
				-		1 🗆 YES	2 NO	OF	OEATH?
						-		'	YES 2 NO
25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF	DEATH (C/x	eck only one)			
EXAMINER? 1 YES 2 NO	HOSPITAL: 1 1 Inputient 2 ER/0	Outpetient 3 🗆 DC	OTHER:	g Nome 6 🗆 f	Residence	6 Other (Specify)			
27. MANNER OF OEATN	28e. DATE OF INJU- (Month, Day, Yel	RY 28b.	TIME OF 28	Ic. INJURY AT WORK?		26d. DESCRIBE HOW	INJURY OCCU	PRED	
1 Natural 6 Pending 2 Accident Investigation			М	1 YES 2	□ NO				
	28e. PLACE OF INJ building, etc. (URY — At home, fa Specify)	rm, atreet, fectory	, office		28f. LOCATION (Street City or Town, State	end Number o	r Rural Route	Number,
3 Suicide 8 Could not be									
4 Nomicide determined						to the sounds and -	nner en etete	d.	
4 Nomicide determined 29e. CERTIFIER (Check only) 1 CERTIFYING PHYS	ICIAN: To the best of my k								
4 Nomicide determined 29e. CERTIFIER (Check only) 1 CERTIFYING PHYS	ER: On the beele of examin			nion, death occ		tima, date end place, e	and due to the	ceuse(e) en	d manner ee stated.

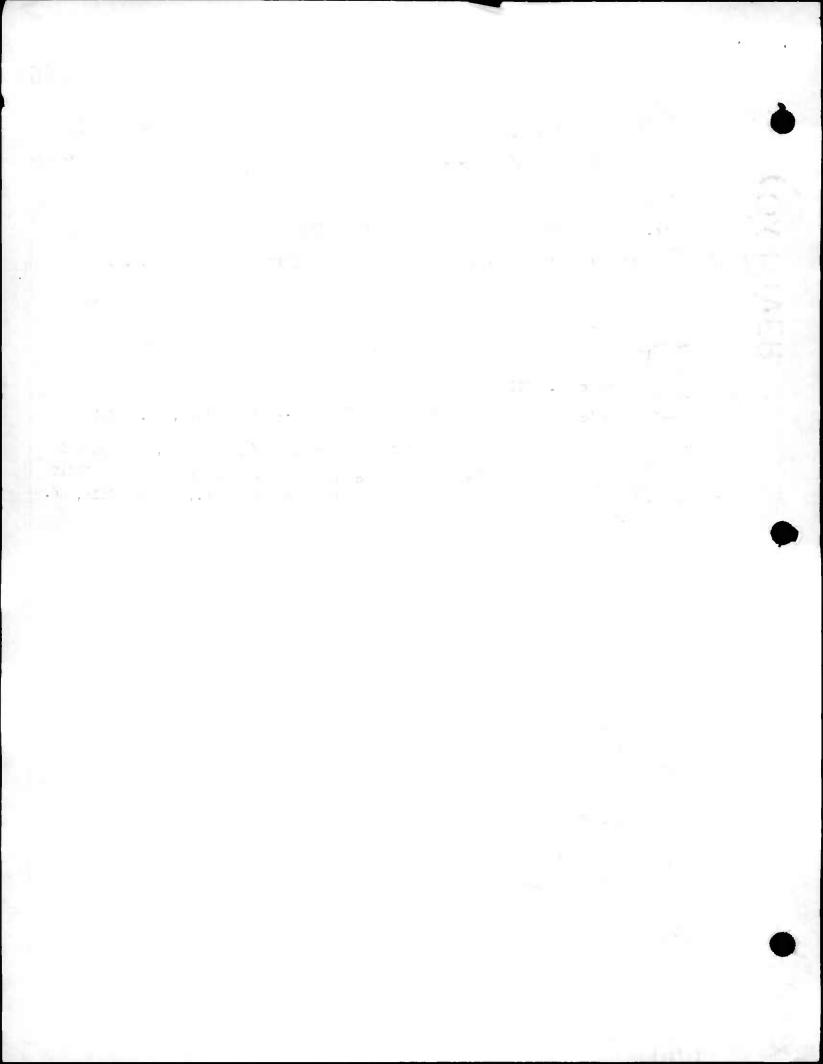
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Bent of Health and Mental Houlene prior to burial, cernation or removal	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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SIC	/ TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dent of Health and Mental Houlene prior to burial. cremation or removal	d,
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BALTIMORE, MARYLAND 21215-0020

	REGISTRAR		CERTIF	ICATE O	F DEATH	REG. N	10.				
	1. DECEDENT'S NAME (First, Middle, Last) Ola V. Sapp Ola V. Sapp 2. Date of Death Month Oct. 9 1991 3. Time of Death 5:30 A.N										
	4. SOCIAL SECURITY NUMBER 259-07-1019		(In yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS		7. DATE OF BIRTH (Month, Day, Year, May 3 1	900 S. BIRTHPLACE (State or Foreign Country) Georgia		ete or Foreign		
	9e. FACILITY NAME (If not institution, give str	9b. CITY, TOW	OR LOCATION OF D		9c. COUNTY OF DEATH						
FUNERAL DIRECTOR	12314 Starlight I	ane		Bowi	e	· · · · · · · · · · · · · · · · · · ·	Prince Georges				
3	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d.										
L DI	Maryland Princ 100. STREET AND NUMBER	e Georges	Boy		IOI. ZIP CODE		40.00	LIMITS? 1 X YES 2 NO 10g. CITIZEN OF WHAT COUNTRY?			
ER/	12314 Starlight L	ane			20715			ted Stat			
5	11. MARITAL STATUS	13. WAS D		NIC ORIGIN? (Specify							
BY	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES	2X NO ATES NO	It yes, specify Cuben, Mexicen, Puerto Rican, etc.) 1 ☐ YES 2 🖔 NO Specify: NO					ite		
COMPLETED	15. DECEDENT'S EDUC. (Specify only highest grade of	ATION COMPONENTS		USUAL OCCUPA		16b. KIND OF	BUSINESS/INDU	USTRY			
	Elementary/Secondery (0-12)	College (1-4 or 5+)	life. Do NOT us	work done during i se retired.)	nost of working						
MP.	12 -		Seams	tress		Hos	spital				
8	17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, Maid	en Surname)				
BE	James M. Buchanan	1				Lashley					
10	190. INFORMANT'S NAME (Type/Print) Van Holland Sapp					Bowie Man					
	20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Remo 4 Donation 5 Other (Specify)	val from State cen	PLACE AND DATE OF THE PROPERTY	ther place!		1	LOCATION — City or Town, State				
	21. SIGNATURE OF FUNERAL SERVICE LICE		0	22. NAME	AND ADDRESS OF FA	CILITY					
	* Kobert E	E burn	2. Tres	/ 160	00 Annapo	Funeral H lis Rd. B	owie M	arvland	20715		
	23. PART I. Enter the diseases, or co	omplications that cause	the daeth. Do	not enter the n	ode of dying, suc	ch ae cerdiac or re-	plratory arre	st, App	proximate		
	shock, Dr heart fellure. Liet Drily one cause Dri eech line. IMMEDIATE CAUSE (Final disease Dr condition resulting in death)										
		DUE TO (OR AS A	CONSEQUENCE OF	f):					veek.		
S S	Sequentially list conditions,	Sequentially list conditions									
TA.	tif any, leading to immediate cause. Enter UNDERLYING										
임	CAUSE (Disease or injury that initiated evente	DUE TO (OR AS A	CONSEQUENCE OF	f):							
CERTIFICATION	resulting in deeth) LAST										
	PART ii. Other eignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Pert I. 24e. WAS AN AUTOPSY FINDINGS										
EDICAL	PERFORMED?								E PRIOR TO ION OF CAUSE		
MEC	1 YES 2 NO OF DEATH?										
								I TES	2 110		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			28.	PLACE OF DEATH (Ch	neck only one)					
)S		HOSPITAL: 1 Inpatient 2 ER/Outp	etlent 3 DOA	OTHER:	me 5 🗆 Residence	8 Other (Specify)					
ξI	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. IP	JURY AT	28d. DESCRIBE HON	V INJURY OCCU	URED			
BY	1 Natural 5 Pending 2 Accident Investigation	(World, Day, Hear)	1113		YES 2 NO		3333,25				
a	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	street, factory, off				net end Number or Rural Route Number, ate)				
91	20e. CERTIFIER										
COMPLET	(Check only 1 Cheri Prival Prival CAR): To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) end menner ee ateted.										
8	2 MEDICAL EXAMINER: On the beele of exemination end/or investigation, in my opinion, death occured at the time, date end piece, end due to the cause(e) end menner se steted.										
띪	296. SIGNATURE AND TITLE OF CERTIFIER	29c, LICENSE NUMBER			29d. DATE SIGNED (Month. Day, Year)						
2	The Mark and Stone	non mu			DOZ 193 DOR. 9, 199				991		
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE									
	31. DATE FILED Warth, Day, Year)	32. REGISTRAR'S SIGN		7	_			·			
	חרי ז ז ים י			00							
	UI. [] J	guha Davy	dson-Randa	56					1 MM 40 D 4055		
		-						D	HMH-18 Rev 1/89		



	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTME			MENTAL	HYGIENE REG. NO.					
	1. DECEDENT'S NAME (First, Midd) Last					OF DEATH	91	ar 3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER 205421486 9a. EACILITY NAME (If not institution, give	5. SEX 1 M 2 D F 8 street and number) ACUS CENT HOW	7. DATE O (Month), 3	BIRTH Boy, Yoak 3/06	9c. COUNTY	Pennsylvani OF DEATH						
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT	OR LOCATI	tentown; md. Baltimore									
DIR	Md. B	altimore		wings	Mills			LIMITS? 1 ☐ YES 2 🛣 NO				
ERAL	100. STREET AND NUMBER 13 White	13 White Willow Court					101. ZIP CODE 21117					
COMPLETED BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3/1/3/Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, OIVE WAR OR DAT	U.S. WRIMED 2 NO TES	If yes, spe		NISPANIC ORIGIN? (Specify Yea or No— Maxican, Puerto Rican, etc.) Specify: White						
	15. DECEDENT'S ED (Specify only highest grade) Elementary/Secondary (0-12)	18a. DECEDENT'S USUA (Give kind of work of life. Do NOT use retin	one during mos ed.)	ATION 166. KIND OF BUSINESS/INDUSTRY								
BE COM	17. FATHER'S NAME (First, Middle, Last) Lawrence			Anna	Kerns							
2	190. INFORMANT'S NAME (Type/Print) Doris Gipprich		196. MAILING ADDI	e Will	ow Ct.,(Houte Numb Wing	er, City or Town	State, Zip Coo	21117			
	20a. METHOD OF DISPOSITION 1. Burlel 2 Cremetion 3 Re 4 Donation 8 Other (Specify)	moval from State of o	PLACE AND DATE OF D									
	22. NAME AND ADDRESS OF FACILITY Eckhardt Funeral Chapel 11605 Reisterstown Rd., Owings Mills, Md.											
0	23. PART I. Enter the diseases, Dahock or heart failure immediate CAUSE (Final disease or condition resulting in deeth)	a. List only one couse on ea	ch line.		N. A. STORY S. P.				, Approximata interval Between Onset and Death			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):											
MEDICAL CERT	PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PERFORM 1 VES 2							MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? 1 YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (C)	neck only on	0)					
IXSI	1 TYES 2 NO 27. MANNER OF DEATN	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 DOA OTHER: 28a. DATE OF INJURY 28b. TIME OF INJURY AT WORK? 28a. DATE OF INJURY 28b. TIME OF INJURY AT WORK?										
ВУ РН	1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	JRY AT RK? 'ES 2 NO	28d, DEŞCRIBE HOW INJURY OCCURED								
	3 Suicide 6 Could not be detarmined 26e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 26e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State)											
COMPLETED	anal anny	YSICIAN: To the best of my knowle							ause(a) and menner as stated.			
BE	296. SIGNATURE AND TITLE OF CERTIF	TILR D	~)		29c. LICENSE NUMBER			29d. DATE SIGNED (Month, Day, Year)				
2	30. NAME AND ADDRESS OF PERSON	WNO COMPLETED CAUSE OF DE	TN (ITEM 27) (Type, Print		Rent	~ +	\ \ \ \ \ \ \	, nd	21131			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE			•		1				

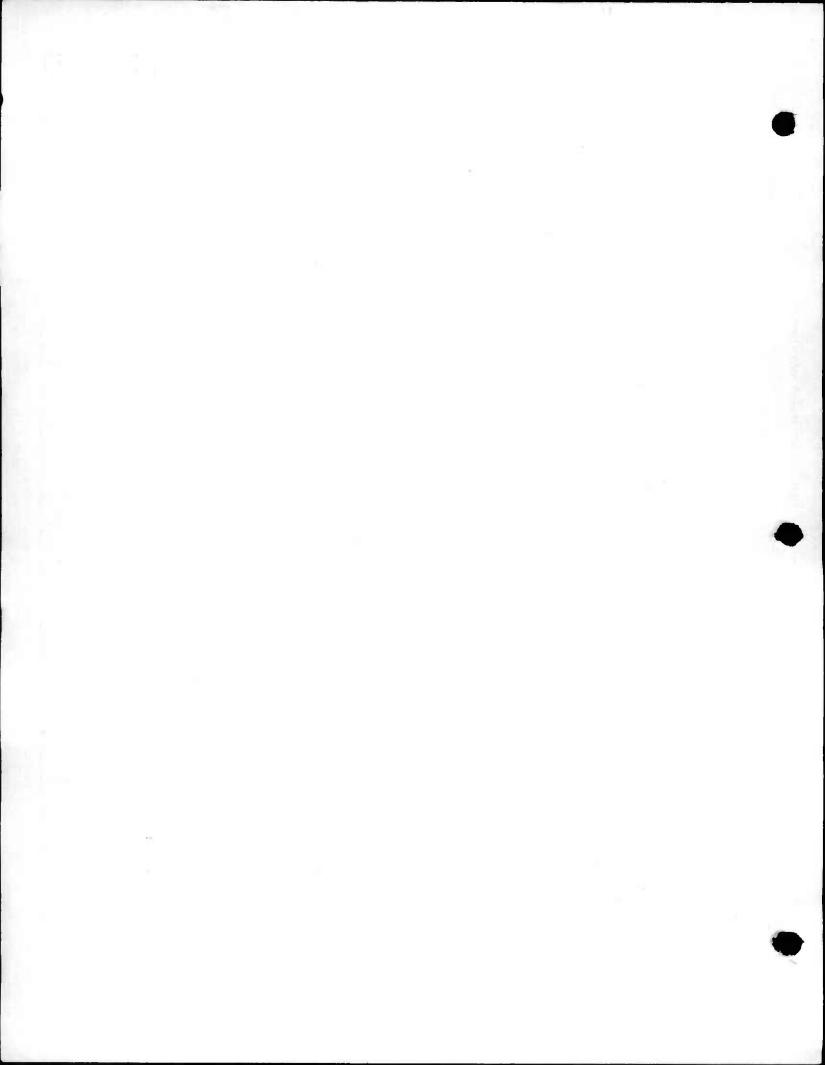


DNMH-16 Ray 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

FOR

	REGISTRAR		CERT	IFICAT	E OF	DEATH	R	EG. NO.				
	1. OECEOENT'S NAME (First, Middle, Last) Anne Thompson 2. DATE MONTO Oct								1991	3. TIME OF DEATH 9:15 AM M		
	4. SOCIAL SECURITY NUMBER 213 90 1499	5. SEX 1 M 2 X F	8. AGE (In yrs. lest birthdo 28 YRS	MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF E (Month, De Feb.	14 19	8. BIRTHPLACE (State or Foreign Country) 1963 Maryland			
	9a. FACILITY NAME (If not Institution, give s	treet and number)		9b. CIT	Y, TOWN	OR LOCATION OF DE	ATH	9c. COUNTY OF DEATH				
TOR	2546 Lavall Cou	D	avid	sonville			Anne .	Arundel				
입	10a. STATE 10b. COUNT	Y	10c.	CITY, TOWN	OR LOCA	TION				10d. INSIDE CITY		
HO.	Maryland Anne	David					LIMITS? 1 YES 2 NO 100. CITIZEN OF WNAT COUNTRY?					
FUNERAL DIRECTOR	100. STREET AND NUMBER 2546 Lavall Cour		10	21035				States				
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	13	If yes, sp	ACE — American Indian, lack, Whila, atc. Decify: White								
0	15. DECEDENT'S EDU	CATION	16a. DECEDEN	T'S USUAL	OCCUPATI	ON	16b. KIN	ID OF BUSINE	ESS/INDUSTR			
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind	of work done IT use retired.	during me	net of working	1000 1111					
2	Elementary/Secondary (0-12)	1	Cler	k				Retai	1 Food			
8	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA						
BE C	Harold Paul Matt	ers Jr.				Margare			rianis,			
	19a. INFORMANT'S NAME (Type/Print)		19b. MAIL	INO AODRE	SS (Street	and Number or Rural	Floute Number, (City or Town, S	State, Zip Code))		
2	Harold P. Matter	s Jr.	2546	Lava	a11 C	Court Dav	idsonv	ille 1	Maryland 21035			
- 1	20a, METHOD OF DISPOSITION		20b. PLACE OF DIS	POSITION (Name of ce	metery, crematory or		20c. LOCAT	TION — City o	r Town, Stata		
	1 X Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from Stata	Ii11 (Cemet	ery		Suitland Maryland					
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE				NO ADDRESS OF FA						
	*KMLet E.	CIMMO	Prop			-Evans F				vland 20715		
	23. PART i. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such se cerdisc or respiratory errest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final									Approximate interval Between Onset and Daeth		
CERTIFICATION	disease or condition resulting in death) a. Brain times - Glioblastoma Multifurme But to (or as a consequence of): b. Increased intraccomial pressure b. Increased intraccomial pressure DUE TO (or as a consequence of): c. b. Cous he mut in DUE TO (or as a consequence of):											
RTI	resulting in death) LAST	that initiated events DUE TO (OR AS A CONSEQUENCE OF):										
Ö	PART II Other significant condition	ne contribution to	do oth hut not mould	na in the	and a alada	- sausa alusa la	Post I as					
EDICAL	PART II. Other significant conditions contributing to daeth but not resulting in the underlying cause given in Part I.							PERFORMED?		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?		
Σ		1 U YES 2 DAGO										
N												
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 1 Inpatient 2 ER/Outpettent 3 DOA 4 Nursing Home 5 M Residence 6 Date (Specify)											
48	27. MANNER OF DEATH	1				ne 5 Residence			IBV OCCUBE			
BY PI	1 Natural 5 Pending 2 Accident Investigation								DESCRIBE HOW INJURY OCCURED			
ED	3 Suicide 8 Could not be 4 Homicide 8 Could not be detarmined 28a. PLACE OF INJURY — Al home, farm, street, factory, office building, stc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)											
COMPLET	29a. CERTIFIER (Check only One) 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the lime, data and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the lime, data and place, and due to the cause(a) and menner as stated.											
BE	29c. LICENSE NUMBER 29d. DATE SIONED (North, Day, Year)											
5	39 NAME AND ADDRESS OF PERSON WI	HD COMPLETED CAUS				000	1	0	1+	7 7 2 2 2 2 2 5		
	John J Laterra m.D. 707 N. Broadway Balt. mD 21205 31. DATE FILED (MONTH), Day, Mary) 32. BEGISTRAR'S SIGNATURE											
	OCT 1 1 '91	Julia D	avidson-Randa	23								



FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG, NO.										
1. DECEDENT'S NAME (First, M DO		y Hutchins Underwood				2. DATE OF DEATH MONTH OCTOBER				3. TIME OF DEATH 10:45 A.
4. SOCIAL SECURITY NUMBER 219–30–6696	1[5. SEX 6. AGE (In yrs. least birthday) 1 \(\text{M} \) 2 \(\text{T} \) F 6. AGE (In yrs. least birthday) 1 \(\text{M} \) 8						OF BIRTH h, Day, Year) .5,1928	8. BIR Cour Ma	THPLACE (State or Foreign arry)
99. FACILITY NAME (# not institution, give street end number) Carroll County General Hospital RESIDENCE OF DECEDENT						estminst			9c. COUNTY OF Carro	
					OWN OR LOCAT	dbine				10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 830 Morgan Station Road					10	2179	7		10g. CITIZEN OF	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES					If yes, sp	ENDENT OF HISPA ecify Cuban, Mexic ZONO Speci	en, Puerto I	i? (Specify Yee o	Bia	CE - American Indian, sick, White, etc.
15. DECED (Specify only in Elementary/Secondary (0-12 12 YYS		N leted) llege (1-4 or 5+) NOne	(0	ECEDENT'S USIGNED WORK B. Do NOT use re	done during mo stired.)	DN st of working			NESS/INDUSTRY	;
17. FATHER'S NAME (First, Midd Howard Olive		hins				18. MOTHER'S N. Carrie		Middle, Meiden S Musgrov		
	Underwo	od, Jr.	11	0576 G	aterid	nd Number or Rural ge Rd. (Route Numb	ysville	State, Zip Code) Md • 2	21030
20e. METHOD OF DISPOSITION 12G Burlal 2 Cremation 4 Donation 5 Other (S)	3 Removal 1			AND DATE OF DEPARTMENT OF OUT OF OUT OF OUT OF OUT OF OUT OF OUT OF OUT OF OUT OUT OF OUT OUT OUT OUT OUT OUT OUT OUT OUT OUT	Cemete	ry	19/17		Airy, I	Town, State Maryland
21. SIGNATURE OF FUNERAL S	le de	3m	ien,	(m)	Burr	ier Fune ield, Mā	eral !	Home nd. 217	784	
IMMEDIATE CAUSE (Final disease or condition resulting in dasth) Sequantially list condition if any, lasding to immedia cause. Entar UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in dasth) LAST	a na,	DUE TO (OI DUE TO (OI DUE TO (OI	ute	OUENCE OF): OUENCE OF): OUENCE OF): S1P	may c tepa Hai	gho titis	ref	,		Onset and Deat
PART II. Other significant	conditions cod	ntributing to da	ath but not	resulting in t	ha underlying	g cause given in	Part I.	24e. WAS AN AV PERFORM 1 YES 2	EO?	Ib. WERE AUTOPSY FINDINGS AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEXAMINER?	но	SPITAL:	R/Outpatient		THER:	ACE OF DEATH (C				
	nding watigation	28e. DATE OF IN. (Month, Day,	JURY	28b. TIME OI INJURY	F 28c, INJ WO				JURY OCCURED	
3 Suicide 8 Co	uld not be ermined	28e. PLACE OF II building, atc	JURY — At he . (Specify)	ome, farm, stree	it, fectory, offic		28f. LOCA City of	ATION (Street and or Yown, Stete)	d Number or Rural	Route Number,
						and place, and du				(e) end manner ee stated.
296. SIGNATURE AND TITLE OF	CELEVACIEN	М	D			29c. LICENSE NU	MBER 391	5	29d. DATE SIGNE	(Month, Day, Year)
30. NAME AND ADDRESS OF P		REIJ			ndes	1 84	- u	JEST	MINS	TERHO
31. DATE FILED (MORITI, Day, Year OCT 1 5	"'91	32. REGISTRAR'S	SIGNATURE Davidson	Andel	e.					

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIANE 1. SOOM SECRET VALUE SERVING 2.17-64-1051 1. SERVING AND PART ARE IDEAS OF SERVING SE	1	FOR STATE REGISTRAR	STATE OF MAR	YLAND / DEP CERT	ARTMENT OF I	HEALTH AND N	TENTAL HYGIEN	E	
2.17-64-1051 1 m y CK 36 YMS. 2001 2001 2002 2003 2003 2004 2004 2005 2004 2005 2004 2005 2004 2005 2004 2005 2		DIANE				ERGERCROO	2. DATE OF DEATH DA	00	<u> </u>
NORTH ARINDEL HOSPITAL ASSOCIATION GLEN BURNIE A.A. COL TOTAL STORY INC. STORY AND ON STORY AND ON COUNTY MD AND ON COU		217-64-1051	1 M 2 XF		MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 05-28-55	Ba	ltimore, M
AND STATE ON COUNTY MIN DISCOUNTY	g/_		HOSPITAL A	SSOCIATI				30. COOK!	A.A. COUNTY
The street of the diseases, of compileations that caused the glessh per not enter the mode of dying, such as cardiac or respirebby streat. 22. PART I. Enter the diseases, of compileations that caused the glessh per not enter the mode of dying, such as cardiac or respirebby streat. 23. PART I. Enter the diseases, of compileations that caused the glessh per not enter the mode of dying, such as cardiac or respirebby streat. 23. PART I. Enter the diseases, of compileations that caused the glessh per not enter the mode of dying, such as cardiac or respirebby streat. 24. PART I. Enter the diseases, of compileations that caused the glessh per not enter the mode of dying, such as cardiac or respirebby streat. 24. PART I. Enter the diseases, of compileations that caused the glessh per not enter the mode of dying, such as cardiac or respirebby streat. 25. PART I. Enter the diseases, of compileations that caused the glessh per not enter the mode of dying, such as cardiac or respirebby streat. 25. PART I. Enter the diseases, of compileations that caused the glessh per not enter the mode of dying, such as cardiac or respirebby streat. 26. PART II. Other significant conditions. 27. PART I. Enter the diseases, of compileations that caused the glessh per not enter the mode of dying, such as cardiac or respirebby streat. 28. PART I. Enter the diseases, of compileations that caused the glessh per not enter the mode of dying, such as cardiac or respirebby streat. 28. PART II. Other significant conditions. 29. PART II. Other significant conditions. 29. PART II. Other significant conditions. 20. TOTHER STAND. 20. TOTHER STAND. 20. TOTHER STAND. 20. TOTHER STAND. 21. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 29. PART II. Other significant conditions. 20. TOTHER STAND. 20. TOTHER STAND. 20. TOTHER STAND. 20. TOTHER STAND. 20. TOTHER STAND. 20. TOTHER STAND. 20. TOTHER STAND. 20. TOTHER STAND. 20. TOTHER STAND. 20. TOTHER STAND.	10	a. STATE 10b. COUNTY				TION			
The process of process		e. STREET AND NUMBER			10				OF WHAT COUNTRY?
18. SECREPT SECRETION 18. AGEORGAPY (9-12) 18. AGEORGAPY (9-12	100 100	. MARITAL STATUS Never Married 2X Married	12. WAS DECEOENT EVE FORCES? 1 Y	ES 2 NO	13. WAS DE	CENDENT OF HISPANI	C ORIGIN? (Specify Yas , Puerlo Rican, etc.)	or No 14.	RACE — American Indian, Black, White, atc.
The Intromement of Name (Properhied) The Intromement of Name (Properhied) The Intromement of Name (Properhied) The International Name (Pro		(Specify only highest grade	completed)	(Give kind life. Do NO	"S USUAL OCCUPATE of work done during m use retired.)	ON ost of working			
The MALING ADDRESS (Street and Number or Rural Route Number, City or Town, State, 2p Code) Christopher D. Crook 20 Bar Harbor Road, Pasadena, MD 21 21 Burlat 2 & Streetation 3 Removal from State 1 Durlate 2 & Streetation 3 Removal from State 1 Durlate 2 & Streetation 3 Removal from State 1 Durlate 2 & Streetation 3 Removal from State 1 Durlate 2 & Streetation 3 Removal from State 1 Durlate 2 & Streetation 3 Removal from State 1 Durlate 2 & Streetation 3 Removal from State 2 Durlate 2 & Streetation 3 Removal from State 2 Durlate 2 & Streetation 3 Removal from State 2 Durlate 2 & Streetation 3 Removal from State 2 Durlate 2 & Streetation 3 Removal from State 2 Durlate 2 & Streetation 3 Removal from State 2 Durlate 2 & Streetation 3 Removal from State 2 Durlate 2 & Streetation 3 Removal from State 2 Durlate 2 & Streetation 3 Removal from State 2 Durlate 2 & Streetation 3 Removal from State 2 Durlate 2 & Streetation 3 Removal from State 2 Durlate 2 & Streetation 3 Removal from State 2 Durlate 2 & Streetation 3 Removal from State 2 Durlate 3 & Streetation 3 Removal from State 2 Durlate 3 & Streetation 3 Removal from State 2 Durlate 4 & Durlate 3 Removal from State 2 Durlate 4 & Durlate 4 Durlate 5 Dur	Ш					16. MOTHER'S NAM			
20. PLATE II. Other algnificant conditions, in any leasting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the undertying cause given in Part I. 24s. WAS ANAIJTOPSY PERFORMEDT IN YES JEN NO COMPETED WILLIAM STORY IN NO. CALLES (Prince World) ANAISE (Prince W	104		Wildberg		NG AOORESS (Street				0)
21. SIGNATURE OF SIMERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY TO GOLD THE PART I. Enter the diseases, of complications that caused the destin, be not enter the mode of dying, such as cardiac or respiratory arrest, interval Jonesta Madding or heart failure. List only one cause on each line. Approximately independent on the cause of the destin of the cause of the destin of the cause of the destin of the cause of the destin of the cause of the destin of the cause of th	20-	a. METHOD OF DISPOSITION Burial 2 Seremation 3 Ramo		220 20b. PLACE AND DA	Bar Ha:	rbor Roa	DATE 20c. LOC	lena,	MD 21122 or Town, State
22. PART I. Enter the diseases, of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretbry arrest, shock, or heart failure. List only one cause on each line. Approximate Approxi	-	SIGNATURE OF FUNERAL SERVICE LIC	1 Jours	leste i				dgel	1 fue
PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. State Plac	ilv di re	MMEDIATE CAUSE (Final sease or condition autiting in death) sequentially list conditions, any, leading to immediate luse. Enter UNDERLYING AUSE (Disease or Injury at Initiated events	DUE TO (OR A	IS A CONSEQUENCE	Laclen op: ier Ma	Se			Interval Between Onset and Da
29a. CERTIFIER CHARTING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Yea 29d. DATE SIGNED (Month, Day, Yea 29d. DATE SIGNED (Month, Day, Yea 29d. DATE SIGNED (Month, Day, Yea 29d. DATE SIGNED (Month, Day, Yea 29d. DATE SIGNED (Month, Day, Yea 29d. DATE SIGNED (Month, Day, Yea 29d. DATE SIGNED (Month, Day, Yea 29d. DATE SIGNED (Month, Day, Yea 29d. DATE SIGNED (Month, Day, Yea 29d. DATE SIGNED (Month, Day, Yea 29d. DATE SIGNED (Month, Day, Yea 29d. DATE SIGNED (Month, Day, Yea 29d. DATE SIGNED (Month, Day, Yea 29d. DATE SIGNED (Month, Day, Yea		to dialiets	a contributing to death	n but not resulting	in the underlying a new of a	g cause given in P leave Z Lelegen	PERFORM	IED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 P NO
2 Accident investigation 28a. PLACE OF INJURY — At homa, farm, street, factory, sine 28i. LOCATION (Street and Number or Rural Route Number, City or Yown, State) 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the ilms, data and place, and due to the cause(s) and manner as stated, one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the ilms, data and place, and due to the cause(s) and manner as 29b. SIGNATURE AND TITLE OF CERTIFIED 30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DIGHT (ITEM 27) (Type, Print) BAYINNAH SHABAZZ, M.D./7231 RITCHIE HIGHWAY, #D-1/GLEN BURNIE, MARYLAND 2	25.	EXAMINER?		Pulpatiant 3 🗆 DOA	OTHER:				
29a. CERTIFIER Check only 29a. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year Death of the cause) 30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DIGHT (ITEM 27) (Type, Print) BAYINNAH SHABAZZ, M.D./7231 RITCHIE HIGHWAY, #D-1/GLEN BURNIE, MARYLAND 2		Natural 5 Pending	(Month, Day, Yea	r)	IME OF 28c. INJ	URY AT		JURY OCCURE	D
29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Yea 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DIGHT (ITEM 27) (Type, Print) BAYINNAH SHABAZZ, M.D./7231 RITCHIE HIGHWAY, #D-1/GLEN BURNIE, MARYLAND 2		4 Homicide detarmined	28e. PLACE OF INJU building, alc. (S	JRY — At homa, larn specify)	, atreet, factory, and	11	BI. LOCATION (Street an City or Town, State)	d Number or Ru	iral Route Number,
30. NAME AND ACCORDS OF PERSON WHO COMPLETED CAUSE OF DI ATH (ITEM 27) (Type, Print) BAYINNAH SHABAZZ, M.D./7231 RITCHIE HIGHWAY, #D-1/GLEN BURNIE, MARYLAND 2		(Check only one) 2 MEOICAL EXAMINER	IAN: To the best of my kn	owladge, death occurrence and/or investige	rred at the time, data tion, in my opinion, d	eath occured at the Ili	ms, data and place, and	dua lo tha cau	
BAYINNAH SHABAZZ, M.D./7231 RITCHIE HIGHWAY, #D-1/GLEN BURNIE, MARYLAND 2		2)allenno	COMPLETED CAUSE OF	DIEATH (ITEM 27) (IV	1 ()	NZU	1-92	D8	01791
OCT 1 0 1991 Julia Day don North Day 1997	31.	BAYINNAH SHAB			CHIÉ HIGH	WAY, #D-1	/GLEN BURN	IIE, MA	ARYLAND 2106

A-4 car -- 1 1177

3. TIME OF DEATH

1. DECEDENT'S NAME (First, Middle, Last)

,		Sho	The same
			-
		1, 2	
	W.	te has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 1 shot	Q'S
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BALTIMORE, MARYLAND 21203-3146	E.	를	
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TAL RECORDS, P.O. BOX 13146,	The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physical content of the control of	the a	Mer
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2, DATE OF DEATH 138 DAY YEAR garge S. WATKINS 8. BIRTHPLACE (State or Foliage Country) 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH JE UNDER 1 YEAR IF UNDER 24 HRS. 223-36-7292 62 4/14/1929 Virginia 9a. FACILITY NAME (If not institution, give str. Sh. CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF GEATH 8300 Roce Timek Rd. Bowie DIRECTO RESIDENCE OF DECEDENT 10c CITY TOWN OR LOCATION 10e STATE 10h COUNT 10d. INSIDE CITY 1 YES 2 NO Bowie Maryland
100. STREET AND NUMBER Prince George's FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 10f 7JP CODE 8300 Racetrack Road United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11 MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuban, Maxican, Puerto Rican, atc.)

1 YES NO Specify: 14. RACE — American Indian Black, White, etc. 1 Never Married 2 Married Specify: BY 3 Widowed 4 Divorced Black COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Specify only high (Give kind of work done life. Do NOT use retired.) Elamentary/Secondary (0-12) College (1-4 or 5+) 7th Grade Maintenance Racetrack 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Unknown notified at BE Blondine Watkins 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number City or Town, State Zio Code) 2 1825 Maryland Ave., N.E. Wash. D.C. Wayne A. Watkins, Sr. must be 20 METHOD OF DISPOSITION
1 Burial 2 Cremation 3 Rec 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, Stata Maryland Veterans Cemetery 4 Donation A Other (Specify)

21. SIGNATURE FUNERAL SERVICE INCENSEE Cheltenham, Maryland examiner Stewart Funeral Home 4001 Benning Rd., N.E. Wash. D.C. \mathbf{m} medical 23. PART Ventar the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiretory arrest, Approximate ock, or heart fellure. List only one cause on each line. Interval Between IMMEDIATE SAUSE (Finel disease a condition **Onset and Death** the CArdine DeAth resulting in deeth) 23 shows any injury, or other traumatic event, Orterio scleratio Cardiviros colon Disease PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events regulting in death) LAST PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 - YES 2 00 OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Hem EXAMINER? HOSPITAL: OTHER: this certificate ng Home 5 Residence 8 - Other (Specify) 1 | Inpatient 2 | ER/Outpatient 3 | DOA HOSPITAL OR ATTENDING PHYSICIAN: DIVISION OF VI marked, or the 27 MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 5 Pending Investigation 1 Natural 1 YES 2 NO : After ti BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide L OIRECTOR: A hours after de item 28 is 60 ED 8 Could not be 4 🔲 Homicide determined H COMPL 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. FUNERAL (IMPORTANT: If 2 MEDICAL EXAMINER: On the beels of on and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year, BE 五五百 lucing 10 2 223 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month, Day, Your) 91 manlboro Linna Whith 3 21772 32. REGISTRAN'S SIGNATURE Julia Davidson-Randall

[11]

BALTIMORE, MARYLAND 21215-0020	yours after death. Page 6 may be retained by the hospital or attending physician.	d in by the funeral director, page 5 should be detached for use as the hurial-transit nermit	or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the human-raner nermal	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation. or removal.	IMPORTANT: It Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTA CERTIFIC	IENT OF HEALTH AN ATE OF DEATH	ID MENTAL HYGII		20311	
1. DECEOENT'S NAME (First, Middle, Lest) LARRY	u	IIL CH		2. DATE OF DEATH		3. TIME OF CEATH	
4. SOCIAL SECURITY NUMBER 577-16-0726 9a. FACILITY NAME (If not institution, give si	1 ☑ M 2 ☐ F 3	fn yrs. last birthday) F 5 YRS. MO	UNDER 1 YEAR IF UNDER 24 HOURS INITIAL CITY, TOWN OR LOCATION OF	N. SEPT, 2	56 a. 1	IRTHPLACE (State or Foreign	
3900 Hemlock S	treet		Temple Hil			e Georges' (
Maryland P.G. 10e. STREET AND NUMBER	Co.		OWN OR LOCATION DIE Hills 101. ZIP CODE		10g. CITIZEN	10d. INSIDE CITY LIMITS? 1 YES 2 NO OF WHAT COUNTRY?	
3900 Hemlock S 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 ☐ YES IF YES, GIVE WAR OR DA	2 NO	20748 13. WAS DECENDENT OF HIS If yes, specify Cuban, Ma 1 YES 2 NO S	ixican, Puarlo Rican, etc.)		ARACE American Indian, Black, While, alc. Specify:	
15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	Coffege (1-4 or 5+)	16a. OECEDENT'S USE (Give kind of work life. Do NOT use re ACCOU	done during most of working ired.)		BUSINESS/INDUST	RY	
17. FATHER'S NAME (First, Middle, Last)	College	ACCOU		Tax NAME (First, Middle, Maid	Examin	er	
Joseph Perry 19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AO		die	Wi	lcher	
20a. METHOD OF DISPOSITION	ilcher	1501	Fairlake P.	lace,Mitc	hellvi	lle,Md 20716	
1 Burlat 2 Cremation 3 Remo 4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE	val from State come	PLACEAND DATE OF o etery, cremetory or other p	em. Park	10/7/91	Landove	er, Md.	
Comes E	1 Dieen	Curi	4804 Georg	Vann	& Will:	iam Funeral	
IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):	piratory	arres	1	interval Between Onset and Death	
PART II. Other eignificent conditions	contributing to deeth bu		a underlying ceuse given		AN AUTOPSY ORMED?	WERE AUTOPSY FINOINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
	HOSPITAL:	ОТ	26. PLACE OF DEATH	(Check only one)			
27. MANNER OF OEATH	1 Inpatient 2 ER/Outpa 28a. DATE OF INJURY (Month, Day, Year)	tlant 3 DOA 4 DOA 1NJURY	Nursing Home 5 Residen 26c. INJURY AT		V INJURY OCCURE		
1 Metural 5 Pending 2 Accident Investigation 3 Suicide Provident	1-0-0		M 1 YES 2 NO				
4 Homicide detargation building, atc. (Specify) building, atc. (Specify) building, atc. (Specify) City or Town, State)							
29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	IAN: To the beat of my knowle : On the basis of exemination	dge, death occurred at and/or investigation, in	the time, data and place, and my opinion, death occured at	dua to the cause(a) and π the time, data and place,	tenner as stated. and due to the cau	se(a) and manner as stated.	
29b. SIGNATURE AND TITLE OF CERTIFIER	all ni	0	29c. LICENSE			NED (Month, Day, Year)	
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEAT	1070	1 TRAFTON	JOR L	ercon	10 20772	
31. DATE FILEO (Month, Day, Year) OCT 08 '91 Au	32. REGISTRAR'S SIGNAT			/			

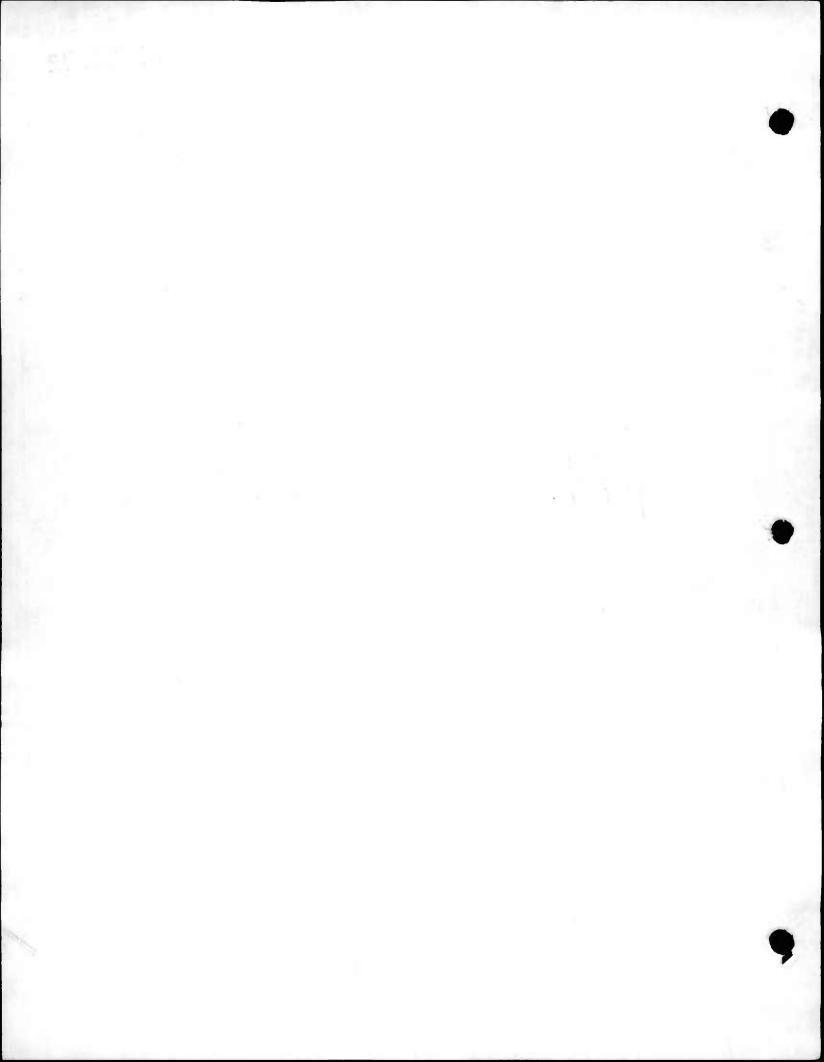
1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEOENT'S HAME (First, Middle, Last) 2. DATE OF DEATH 2. TIME OF DEATH YEAR MEREDITH 21:50 WEST 10 91 4. SOCIAL SECURITY HUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH (Mogth, Day, Mar) 29 - 29 IF LINDER 24 HRS 8. BIRTHPLACE (State or Foreign 579 34 8504 1 M 2 F 61 HOURS West Virginia Se. FACILITY NAME (If not institution, give street and number 96. CITY, TOWN OR LOCATION OF DEATH Sc. COUNTY OF DEATH WASHINGTON ADVENTIST HOSPITAL TAKOMA PARK MONTGOMERY RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. IHSIDE CITY a Maryland Montgomery Silver Spring permit. 1 KWES 2 | HO FUNERAL 10e. STREET AND HUMBER 10f. ZIP CODE 10g, CITIZEH OF WHAT COUNTRYS DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit 733 Sligo Avenue, Apartment #106 20910 United States 11. MARITAL STATUS 12. WAS DECEOEHT EVER IN U.S. ARMED FORCES? 1 YES 2 HO IF YES, GIVE WAR OR DATES BALTIMORE, MARYLAND 21215-0020 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or Ho-14. RACE — American Indian, Black, White, etc. MX Hever Married 2 Married If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 HO Specify: BY 2 Widowed 4 Divorced Specify: Yes, Korean NO Caucasian 16e. OECEDENT'S USUAL OCCUPATION

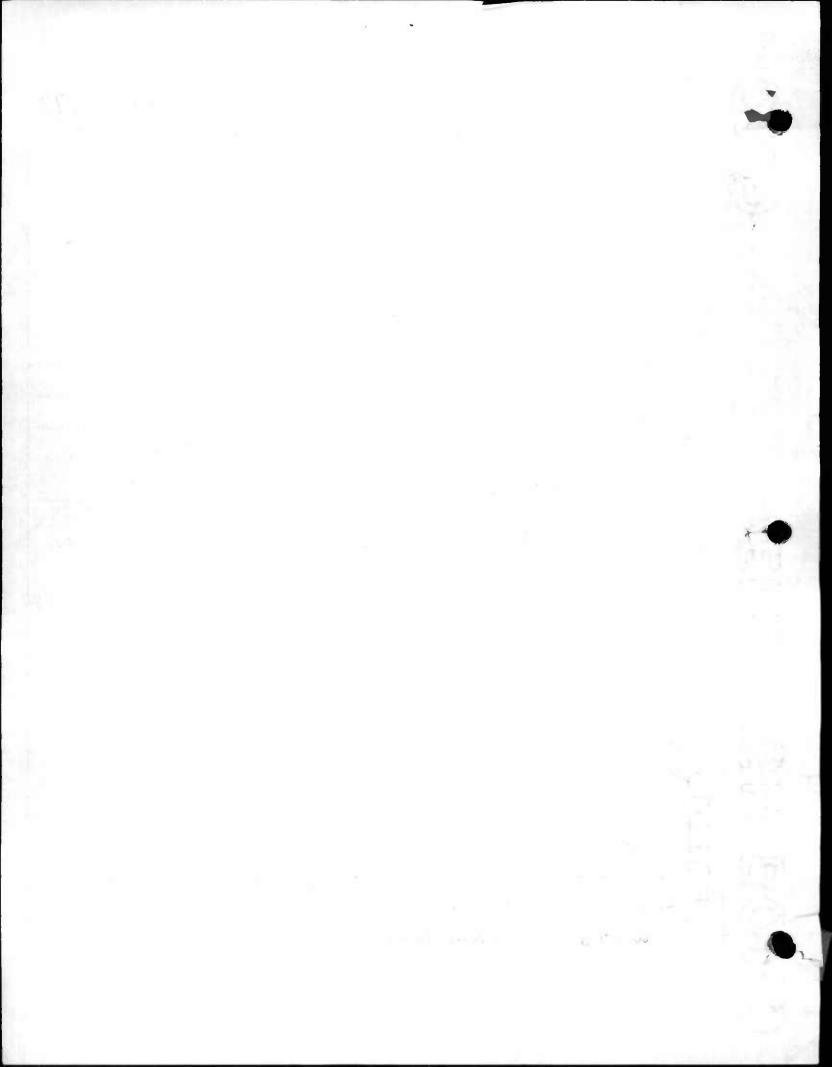
That of work done during most of working COMPLETED 15. DECEDENT'S EDUCATION (Specify only high 16b. KIHD OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 12th Auditor Hotel 17. FATHER'S HAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname, Gilson M. West be notified at BE Mabel A. Edwards 19a. INFORMANT'S HAME (Type/Print) 19b. MAJLING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Benjamin C. West 3612 Gramby Street, Hyattsville, Maryland 20784 20s. METHOD OF DISPOSITION 1 D Burlai 2 N Cremetion must 20b. PLACE AHO OATE OF DISPOSITIOH (Name 20c. LOCATION - City or Town, State OATE Metropolitan Crematory 10-06-91 Alexandria, Virginia OF FUNERAL SERVICE & examiner 22. HAME AND ADDRESS OF FACILITY FRANCIS GASCH'S SONS FUNERAL HOME, P.A. 4739 BALT. AVE., HYATTSVILLE, MD. or removal medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fellure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final the attending physician and completely filler Mental Hygiene prior to burial, cremation, the disease or condition resulting in death) Cardiac event, RECORDS, P.O. BOX 68760. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF) traumatic arterioscienosis CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury or other that initiated events DUE TO (OR AS A CONSEQUENCE OF) resulting in death) LAST Injury. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? has been signed by to Dept. of Health and shows any 1 - YES 2 NO OF DEATH? 1 TYES 2 THO PHYSICIAN: DIVISION OF VITAL 23 25. WAS CASE REFERRED TO MEDICAL certificate h the State d, or Item Item 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | DER/Outpatient 3 | DOA OTHER:
4 | Hursing Home 5 | Rasidence 6 | Other (Specify) YES 2 NO 28a. DATE OF INJURY (Month, Day, Year) 27. MAHHER OF DEATH this c 28b, TIME OF 28c, INJURY AT WORK? 28 is marked, 28d. DESCRIBE HOW IHJURY OCCURED Hatural 5 Pending Investigati After 1 BY 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) TO THE HOSPITAL DR ATTENDIN TO THE FUNERAL DIRECTOR: At De filed within 72 hours after de IMPORTANT: If Item 28 is 3 Suicide COMPLETED 6 Could not be determined 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAH: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 296. SIGHATURE AND TITLE OF DEFITIELER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) and 46 0 085 10-5 2 30. HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) pour Bhu 318 Misconsin 31. DATE FILED (MORE), Day Year) 32. REDISTRATIO SICHATURE RANGE

(5) (VA)

DHMH-16 Rev 1/89



1 - STATE REGISTRAR	SINIE OF MAN	CERTIFIC	ATE OF DEAT		0	1 28973			
1. DECEDENT'S NAME (First, Mide	CUMPTED	MOODLAI	ID	2. DATE OF DEATH MONTH	DAY G	AR 3. TIME OF DEATH			
4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR IF UNDER	24 HRS. 7. DATE OF BIRTH (Month, Day, Year)	8, 6	SIRTHPLACE (State or Foreign Country)			
214 76 417:		/ U YRS.		9/21/12		laryland			
9a. FACILITY NAME (If not instituti	on, give street and number) EMORIAL HOSPIT.		A PLATA	ON OF DEATH	9c. COUNTY CHARL				
RESIDENCE OF DECED	ENT				CHARL	10d, INSIDE CITY			
- 1	COUNTY	10c. CITY, TOWN OR LOCATION							
	narles	La	Plata 101, ZIP CODE		10g, CITIZEN	OF WHAT COUNTRY?			
1 Hickory La	ane Apt. 32	Ω	2064		USA				
5 11. MARITAL STATUS	12. WAS DECEDENT EV	ER IN U.S. ARMED	13. WAS DECENDENT OF	F HISPANIC ORIGIN? (Specify) , Maxican, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc.			
XX Never Married 2 Marr	FORCES? 1 1 1	OR DATES XX	1 TYES 2/TYNO			Specify:			
15. DECEDEN	IT'S EDUCATION	16a. DECEDENT'S US	IAL OCCUPATION	16b, KIND OF B	USINESS/INDUST	Black			
(Specify only high Elementary/Secondary (0-12) 8th 17. FATHER'S NAME (First, Middle,	college (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during most of working tired.)	g					
8th		Labore		Farm	ing				
	-			IER'S NAME (First, Middle, Maide					
Andrew Wo		10h MAII ING AD		ary M. Davi		dal			
Mary Tols				x 274, Hugh					
20a METHOD OF DISPOSITION		20b. PLACE AND DATE OF	DISPOSITION (Name		LOCATION — City				
X O Burial 2 Cremation 3 4 Donation 5 Other (Spe	cify)	St Mary s	Cath Ch (Cem 10/10/9	1 Brya	ntown, Md.			
21. SIGNATURE OF PUNERAL SE	RVICE LICENSEE		22. NAME AND ADDRES	ssoffacility Funeral Hom					
Coya	Meslex			o_Rd., Aqua					
disease or condition resulting in death) Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR	AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): AS A CONSEQUENCE OF):	de oversu	ver Disease		72006			
PART II. Other elgnificent of	onditions contributing to das	ith but not resulting in	ha undarlying cause g		AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
25. WAS CASE REFERRED TO ME EXAMINER?				EATH (Check only one)					
YES 2 NO	HOSPITAL:	/Outpatient 3 DOA 4		sidence 6 🗆 Other (Specify)					
27. MANNER OF DEATH	28a, DATE OF INJI (Month, Day, Y		WORK?	28d. DESCRIBE HOV	W INJURY OCCUR	ED			
2 Accident Inves	stigation 28s. PLACE OF IN	JURY — At home, farm, stre	M 1 YES 2		et and Number or i	Burnt Route Number			
Ш 4 ☐ Homicide deta	3 Sulcide 6 Could not be detarmined 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28s. LOCATION (Street and Number or Rural Route Number of Rural Route Numbe								
- 1	NG PHYSICIAN: To the best of my					ause(a) and manner as stated.			
296. SIGNATURE AND TITLE OF	CATIFIER C	c 0 11	29c. Lice	ENSE NUMBER	29d. DATE SI	GNED (Month, Day, Year)			
0 11001 119	RSON WHO COMPLETED CAUSE OF	O UNINH	TVC 8	41318	10	1791			
Hafr Po	Bar 1647 (valdert,	Mt 206	0					
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE WILLIAM AND AND AND AND AND AND AND AND AND AND							



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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x-riours after death. Page 6 may be retained by the hos	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely illed in by the funeral director, page 5 should be detache filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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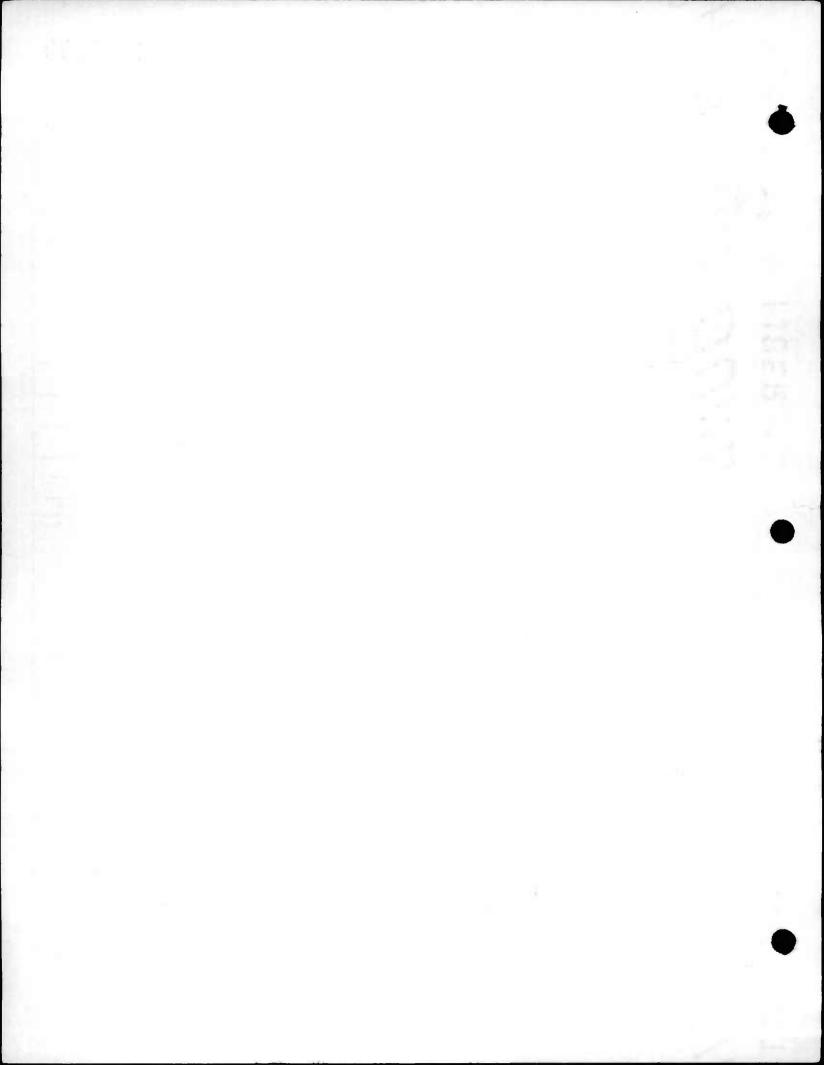
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32. REGISTRAN'S SIGNATURE
Julia Davidson

	REGISTRAR	STATE OF MARYLAND /		T OF HEALTH AND E OF DEATH	MENTAL HYGIEN REG. NO.	E					
	1. DECEDENT'S NAME (First, Middle, Last) OONALD	Ponald Gryint	lright		2. DATE OF DEATH DA		3. TIME OF DEATH				
	188-24-3033	6. AGE (In yrs. las	YRS. MONTHS	R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 10-21-30	Cou	THPLACE (State or Foreign ntry) ennsylvania				
DIRECTOR	9a. FACILITY NAME (if not institution, give stree Greater Laurel Bel RESIDENCE OF DECEDENT			y, town or location of durel	EATH	9c. COUNTY OF					
	Naryland Princ	e George's	10c. CITY, TOWN	Beruyn Heig	hts	40- 0777711 0	10d. INSIDE CITY LIMITS? 112 YES 2 NO What Country?				
FUNERAL	6217 Quebec Place			20740		USA	- WNAI COUNTRY?				
BY	11. MARRITAL STATUS 1 Never Married 2. Married 3 Widowed 4 Divorced	2. WAS DECEDENT, EVER IN U.S. AF FORCES? 1 (2. XES 2 (1) IF YES, GIVE WAR OR DATES Korean War	RMED 13.	WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 YES 2 WO Specif	NIC ORIGIN? (Specify Yes an, Puerto Rican, etc.) fy:	Bia	CE — American Indian, ack, While, etc. ecily: Uhite				
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor Elementary/Secondary (0-12)	ripleted) (G College (1-4 or 8+)	ecedent's usual of work done in Do NOT use retired.	during most of working	16b. KIND OF BUS	BINESS/INDUSTRY	771100				
BE COM	17. FATHER'S NAME (First, Middle, Laol) Jailles Irvin Yright		- Cui	18. MOTHER'S NA	AME (First, Middle, Malden	Surname)					
10	194. INFORMANT'S NAME (Type/Print) Jim Bright			d Ave. Berwy			1 20740				
	24a METHOD OF DISPOSITION 1 AVBurtal 2 Cremetton 3 Remove 4 Donation 5 Other (Specify)	20b. PLACE	OF DISPOSITION (A	lame of cemetery, cremetory or	20c. LO	CATION — City or					
	21. SIGNATURE OF FUNERAL SERVICE LICEN		/ 22	NAME AND ADDRESS OF FA	Fleck	Funeral	Home, Inc.				
	IMMEDIATE CAUSE (Final	it only one cause on such line	not ente	r the mode of dying, suc	ch ea cardiec or reepi		Approximate interval Between Onset and Death				
NOI	Sequentielly list conditions,	DUE TO (OR AS A CONSEQUENCE OF): Preumon: Due To (OR AS A CONSEQUENCE OF): Due To (OR AS A CONSEQUENCE OF):									
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): A. Non-Cardiac Pulmonary Edon-										
_	PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1										
PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:										
Y PHYS	27. MANNER OF BEATH 1 Natural 8 Pending	28e. DATE OF INJURY (Month, Day, Year)	28c. INJURY AT WORK? 1 YES 2 NO	9 8 ☐ Other (Specify) 28d. DE\$CRIBE HOW INJURY OCCURED							
TED BY	2 Accident Investigation 3 Suicide S Could not be 4 Homicide determined	28e. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, street, fa	ctory, office	201. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
COMPLETED	and and	N: To the best of my knowledge, d On the basis of examination end/or					e(e) and manner as stated.				
O BE C	Mes The Start	ley		29c. LICENSE NU D120		29d, DATE SIGN	ED (Month, Day, Year)				

DHMH-18 Rev 1/89

Landover Ma



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31. DATE FILED (Month, Day, Year)

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32. REGISTRAR'S SIGNATURE

Savidson-Randelle

24 hours after death. Page 6 may be retained by the hospital or attending physician.

BALTIMORE, MARYLAND 21215-0020

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			6

or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

3	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	RTMENT OF H	IEALTH AND DEATH	MENTAL	HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) Earl	Earl Dixor				2. DATE MONTH 1 0	OF DEATH	YEAR 91	3. TIME OF OEATH	
	4. SOCIAL SECURITY NUMBER 240-38-6460	5. SEX 6. AGE (In yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	1 2	DE BIRTH Dely, Veer) -1-29	8, BIRTI Count	HPLACE (State or Foreign ry) N.C.	
стоя	90. FACILITY NAME (If not institution, give shing to said the said to said the said to said the said to said the said to said the said to said the said to said the said to said the said to said the said to said the said to said the said to said the said to said the said to said the said to said the said to said the said the said to said the said to said the sai		A		nore Ci		9c.	COUNTY OF E	DEATH	
FUNERAL DIRECTOR	MD 10e. STATE 10b. COUNTY 10e. STREET AND NUMBER			Y, TOWN OR LOCAT	RE CITY	7			10d. INSIDE CITY LIMITS? YES 2 NO	
JNERA	5306 Eastbury	12 WAS DECEDENT EVED IN	LILE ADMED		21206		10g	U.S		
ВУ	XXNever Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES	2 TO NO	If yes, sp	ecify Cuben, Mexic 25 NO Speci	an, Puerto R	? (Specify Yee or No Icen, etc.)	14. RACI Blac Spec	E — American Indian, k, White, etc.	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementery/Secondary (0-12) 11th Grade	CATION completed) College (1-4 or 5 +)	18a. DECEDENT'S (Give kind of ville. Do NOT us	USUAL OCCUPATION work done during mose retired.)	DN st of working		KIND OF BUSINES			
∑ O	17. FATHER'S NAME (First, Middle, Last)				15. MOTHER'S N		ISN COI		ction Co.	
BE C	James E. Be	thea				nie	iudie, Melden Sume		Eachin	
10 B	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a			er, City or Town, Stee		2588	
F	Pauline S. Go								.C. 28311-	
	20a,METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Remo 4 Donetion 5 Other (Specify)	K	PLACE AND DATE	DE DISPOSITION /No	me of	CATE	20- LOCATIO	N Chu a Y		
	21. SIGNATURE OF FUNERAL SERVICE LICI	ENSEE		22. NAME AN	ID ADDRESS OF FA	ACILITY			ORTH AVE.	
	23. PART i. Enter the diseases, or co shock, or heart feilure. L	omplications that caused	tha death. Do r	not anter the mo	da of dying, auc	ch as cardi	ac or respirator	y arrest,	Approximata	
	IMMEDIATE CAUSE (Final			erof	-Liver,	Right	-ling, B.	ne	interval Batween Onset and Death	
NOI	disease or condition resulting in death) a. Mefastatic Concer of Liver, Rightling, Bone 9th 16. Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):									
CERTIFICATION	cause, Entar UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF	-):						
	PART II. Other significant conditions contribution to death but and southless in death but and southle									
PHYSICIAN: MEDICAL		Commouning to death of	it not resulting i	n tha underlying	cause given in		24a. WAS AN AUTON PERFORMED? 1 YES 2	,	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO	
<u>5</u>		HOSPITAL:		OTHER:	ACE OF DEATH (Ch					
₹	1 YES 2 NO	1 Inpatient 2 ER/Outpa 28a. DATE OF INJURY	tlant 3 DOA 28b. TIM	4 Nursing Home						
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	JRY AT RK? ES 2 NO		RIBE HOW INJURY					
ETED	3 Suicide 8 Could not be determined 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28a. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28t. LOCATION (Street end Number or Rural Route Number, City or Town, State)									
COMPLETED		IAN: To the best of my knowle) end menner es stated.	
TO BE	296 SIGNATURE AND TITLE OF CENTIFIER Ances A	Can mo			29c. LICENSE NUI	MBER 60	29d.	DATE SIGNED	(Month, Dey, Year)	
	Berea Clinic, 2	900 East 0	livenst	· Bal	h'more		Nd. 2	1213		
	OCT 24 1991	32. REGISTRAR'S SIGNA	TURE			1	34154			

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BALTIMORE, MARYLAND 21215-0020

TO THE MOSPUM. CALIFIAL G PROSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hos	detach		MPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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611	1-510 Item:	s:23 pa	art I & 1	[] per	MEO &	28a,	b,c	,d,ei				9	1 2	28977
	1 - STATE G-680 REGISTRAR	10/31,	/ Salaie ur i	MARTLANL	CERTIF	FICATI	OF B	DEA	AND I TH	MENTA	L HYGIEN REG. NO	E		
	1. DECEDENT'S NAME (First						-			2. DATE	OF DEATH	AY	YEAR	3. TIME OF DEATH
	LAWRENCE 4. SOCIAL SECURITY NUMBER		Lmon			WN S				10	18		991	8:15 A.M
	231-40-61		5. SEX	6. AGE (In yrs.	. last birthday) YRS.	IF UNDER	DAYS	HOURS	MIN.	7. DATE (Mont	OF BIRTH h, Day, Year)		8. BIRTH Countr	IPLACE (State or Foreign y)
	9a. FACILITY NAME (If not in			31	THO.	9b. CITY	11-03-33 VA.							
OR	HARBOR 17	00 BL		MES S	TREE	В		I MO		-AIN		96. 600	INIT OF D	EATH
EG	RESIDENCE OF DE	10b. COUNTY	Y		10c. CI	TY, TOWN	OR LOCAT	TION						10d. INSIDE CITY
딤	MD				ВА	LTI	10R I	CI	ΤY					LIMITS?
FUNERAL DIRECTOR	1504 N. V	VASHIN	GTON S	TREET				2120					U.S.	VHAT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 23	ARMED NO		If yes, sp	ecify Cubi	OF HISPAN In, Maxical Specify	n, Puerto	i? (Specify Yel Rican, etc.)	or No—	14. RACE Black Speci	- American Indian, t, Whita, etc.
TED	(Specify onl	EDENT'S EDUC y highest grade	CATION completed)	18a.	DECEOENT'S (Give kind of life. Do NOT u	USUAL O	CCUPATIO	ON ast of worki	ng	18b	. KIND OF BU	SINESS/INI	DUSTRY	
COMPLETED	8th Grade		College (1-4 or 5	+)	Rail					P	seth1	eh e m	Ste	eel Corp.
BE CO	17. FATHER'S NAME (Flist, M	THE REAL PROPERTY.	Brow	wn				18. MOT	_	ME (First,	Middle, Melden Mae	Surname)		Harris
TO B	19a, INFORMANT'S NAME (1										ber, City or Tow			
-	Lawrence		rown Jr		550	5 F	orce	e Ro	ad/l	Balt	imor	e, M	d. 2	21206
	20a. METHOD OF DISPOSIT 1 Burial 2 Cremetic 4 Donation 5 Donation	(Specify)		cemetery.	CEANO OATE	of DISPOS	Lot	me of		DAT		cation —		
	21. SIGNATURE OF FUNERA	SERVICE LIC	ENSEE					- 10170	SS OF FAC		1. 110	01 E	. NO	ORTH AVE.
CERTIFICATION	Interval Between									Approximate Interval Between Onset and Death				
PHYSICIAN: MEDICAL CER	PART II. Other algnificant conditions contributing to death but not a Schizophrenia					in the un					PERFORMED? 1 YES 2 NO NO AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO YES 2 NO			
SIC	EXAMINER?		HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER	1.		EATH (Che			A D D C	D T	N WATER
H	27. MANNER OF DEATH	,	28a. DATE OF	INJURY	28b. TIM	E OF	28c. INJ	JRY AT	sidence (CRIBE HOW II			N WALER
BY	1 Natural 5 12 Accident	Natural 5 Prending (Month, Day, Year) INJURY WORK?						¥NO	Unkı	nown				
	3 Suicide 8 Could not be 28s. PLACE OF INJURY — At home, farm, street, factory, office							281. LOCA	ATION (Street a	nd Number	or Rural A	oute Number,		
E	4 Homicide determined Water 1700 Blk. Thames St.								st.					
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDI	CAL EXAMINER	CIAN: To the beat of ax	my knowledge, aminstion and/o	death occurre	ed at the ti	me, date pinion, de	and place, asth occur	and dua t	to the cau	se(a) and men and place, an	ner as atat	led. ne cause(s)	and manner as stated.
BE C	2 SIGNATURE AND TITLE			- 11					NSE NUM					(Month, Day, Year)
TO B	whiteler	hell	ry b	00/				0.0	.м.	Е.				-1991
	DENNIS J.	CHUT!					C TT I	ח מים כ	D A	1 m T >	(OD 5	W A D ***		0.1001
İ	31. DATE EN ED (MINIT) Day 1		-	I'S SIGNATURE	P	E IV IV	211	XEE 1	BA.	LILI	TORE	MARY	LAN	0 21201
		1001	1	-										

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retained by the hospital or attending physician. 5 should be detached for use as the burial-transit BALTIMORE, MARYLAND 21215-0020 death. Page 6 may be

funeral director, page 5 should

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Pages 1, 2, 3 should

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VISION OF VITAL RECORDS, P.O. BOX 68760,

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E	INF MEDICAL THE THE THIS CONTINCATE has been signed by the attending physician and completely filled in by the	The Tall after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remova	Ì
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28978 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 19 AY 199Ĭ^{EAR} Nathaniel F. Best MONTH TU 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birthday) 8. BIRTNPLACE (State or Foreign IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 11-29-1919 MONTHS DAYS HOURS MIN. 218-03-5619 1 X M 2 - F N.C. 71 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Liberty Medical Center Baltimore RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 1 YES 2 NO Baltimore MdFUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? US 21216 A 3122 Belmont Avenue 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puarto Rican, etc.)

1 YES 2 NO Specify: BY 3 Widowed 4 Divorced B1 ack ETED. 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Aberdeen Proving Grounds COMPL 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Eugene Best Estelle Benjamin 19b. MAILING ADDRESS (Street and Number or Pural Route Number, City or Town, State, Zip Code)
3122 Belmont Avenue Baltimore, Md 21216 19a. INFORMANT'S NAME (Type/Print) 2 Best Emma 20c. LOCATION - City or Town, Sieta
Owings Mills, Md 20a. METHOD OF DISPOSITION
1) Burlal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name OATE of Garrison of Borest Veteran 102591 Donation 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY March F/H West aren 4300 Wabash Avenue 23. PART I. Enter the diseases, or combilications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Onset and Death IMMEDIATE CAUSE (Final disease or condition DUE TO (OR AS A CONSEQUENCE OF): resulting in death) CAMDIOMYOPAY CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algorificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL **AMILABLE PRIOR TO** COMPLETION OF CAUSE 1 TYES ZENO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO 25. PLACE OF OEATH (Check only one) HOSPITAL:
1 □ Inpatient 3 DOA OTHER: 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 28b. TIME OF 1 Natural
2 Accident 5 Pending Investigation 1 YES 2 NO BY 28a: PLACE OF INJURY — Al home, farm, street, factory, office building: atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 🔲 Suicide 8 Could not be COMPLETED 4 Homicide 29a CERTIFIER CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the lime, data and place, and due to the cause(e) and menner as stated.

2 MEDICAL EXAMINER: On the be

30. NAME AND ADDRESS OF PERSON WNO COMPLETED GAUSE OF DEATH (ITEM 27) (Type, Print)

296. SIGNATURE AND TULE OF CERTIF

31. DATE FILED (Month, Day, Year) OCT 24 1991 occured at the time, date and place, and due to the cause(a) and menner as stated.

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29c. LICENSE NUMBER

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BALTIMORE, MARYLAND 21215-0020	rescurse that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	remoneration to the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should me the strand Annal Hypiene prior to burial, cremotal,	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING MYSICIAN: THE ISM movins that the death certificate be executed within 24	TO THE FUNERAL DIRECTOR: And this company has been soned by the attending physician and completely fills be free within 72 hours after death, with the Standber, of Health and Mental Myglene prior to burial, cremation,	IMPORTANT: If item 28 is manned, or from 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF N	MAKYLANU / DEPA CERTI	RRIMENI				WENTAI	REG. NO			9
	1. DECEOENT'S NAME (First, Middle, Last) JULIE	RELT	01					2. DATE	OF DEATH	AY 9	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest birthde	y) IF UNDER	t YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH		8. BIRTH	PLACE (State or Foreign
	213-26-9298	1 - M 2 -	59 YRS	MONTHS	DAYS	HOURS	MIN.		25/32		Countr	th Carolina
	9a. FACILITY NAME (If not institution, give		,	9b. CITY	, TOWN C	R LOCATI	ON OF DE		207 02	9c. COU	NTY OF D	
OR	Liberty Medi	cal cer	nter		Balt	imor	e			Ba	ltimo	ore
딥	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT	TY	10c.	CITY, TOWN (OR LOCAT	ION			_			10d. INSIDE CITY
DIRECTOR	Md Balt	timore		Balt								YES 2 NO
FUNERAL	903 Druid Park	lako Dnis	10		101	212				16		HAT COUNTRY?
S	11. MARITAL STATUS	12. WAS DECEOEN	IT EVER IN U.S. ARMEO	13.	WAS DEC	Say of the	<u> </u>	IIC ORIGIN	7 (Specify Ye		I.S.	- American Indian.
BY	1 Never Married 2 Married 3 Widowed 4 X Divorced		YES 2 NO WAR OR DATES		If yes, sp	ecify Cubi		n, Puerto I	Rican, etc.)		Speci	, White, atc.
COMPLETED	15. DECEDENT'S ED (Specify only highest grad		16a, DECEDEN (Give kind	T'S USUAL O of work done If use retired.)	CCUPATIO	ON ast of world	ng	16b	KIND OF BU	SINESS/INC	DUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5	+)		•							
M	17. FATHER'S NAME (First, Middle, Last)		Bar	Maid								
	Johnnie Belton	1				A Property of		me (Floot, 1 Richl	Middle, Maider	Surname)		
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAIL	ING ADDRES	S (Street a					vn. State. Zh	Code)	
2	Ronald Singletar	·y		W. Ga				Bal-	timore	, Md	. 212	215
	20a. METHOD OF DISPOSITION 1	moval from Stata	of cemetary, crema Metro C	tory or other p	olace)	(Name		107	23 Ba	ltimo	ore.	wn, State Md .
	21. SIGNATURE OF FUNERAL SERVICE	JOENSEE	THE ELLO I.	22.	NAME A	AD ADDRE	SS OF FA	CILITY	Commu	m * +	Euro	eral Home
	1/1/me/s	roup			206	-08	W. No	oth /	lveB	altin	rune.	Md.21217
	23. PART I. Enter the diseases, or abook, or heart feliure IMMEDIATE CAUSE (Final disease or condition resulting in death)	e. List only one cau	at caused the death. Duse on asch line.			da of dy	ing, suc	h ss card	dac or resp	elretory ar	rest,	Approximate Interval Between Onset and Daath
NO	Sequentially list conditions,	b	CHF									
CERTIFICATION	If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disesse or injury	Ins	OR AS A CONSEQUENCE	bench	ent	, 4	Dia	bet.	e M	elli-	etur	
RTIFI	that initiated events reaulting in death) LAST	DUE TO	(OR AS A CONSEQUENCE	E OF):								
E		d	1422									
DICAL	PART II. Other significant condition	one contributing to	death but not resulti	ng in the u	nderlyin	g cause	given in	Part I.	24a. WAS AI PERFO	NAUTOPSY RMED?	24b	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
Dig								-	1 TYES	2 🗌 NO		OF DEATH?
ME		_						_				1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		A77.00		26 DI	ACE OF I	NEATH (C)	ack only or	201			
200	EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient 3 ☐ DO	OTHE	R:							
H	27. MANNER OF DEATH	28a. DATE OF	F INJURY 28b.	TIME OF	28c. INJ	JURY AT	esidence	6 Othe	CRIBE HOW	INJURY OC	CURED	
ВУ Р	1 Natural 8 Pending 2 Accident Investigation	(Month, L	Day, Year)	M		PRK? YES 2 [□ NO					
COMPLETED B	3 Suicide 8 Could not b	28e. PLACE (OF INJURY — At home, fail, etc. (Specify)	m, street, fac	tory, offic	e		28f. LOC City	ATION (Street or Town, State	and Numbe	r or Rural I	Soute Number,
Ë	29a. CERTIFIER Check only	/SICIAN: To the best o	f my knowledge, death oc	curred at the	time, date	and place	e, and due	to the ca	use(a) and ma	anner as sta	rted.	
8			examination and/or investig									a) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIF	IER	1000			29c. LIC	ENSE NUI	MBER		29d. DA	E SIGNED	(Month, Day, Year)
O BE	Anga da			311		1	115	97		•	13/20	191.
2	30. NAME AND ADDRESS OF PERSON V	HAW (A	ISE OF DEATH (ITEM 27) (Type, Print) 5 Kg	44.0				0.1	. 10.1	1	1
			AR'S SIGNATURE	819	17	al F	al	(CATE	7.		
	31. DATE FILED (Month, Day, Year)		in the									

R ATTENDING TOWN THE CONTROL OF THE	TDR: Auf mis certifice has been signed by th	after dem vin Te	im 28 is marked or yen 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TAL OR ATTENDING	TOR. ANS. TO	after delin w	APORTANT: If item 28 is marki
TO THE HOSP	TO THE FUNE	be filed within 72 hours	IMPORTANT

1. OECEDENT'S NAME (First, A	Aiddle, Last)					DEATH	REG. N			3. TIME OF DEATH
RAY FRAN	IKT.TN 1	RAKER					OCTOBER	10 10	YEAR	12.15P
4. SOCIAL SECURITY NUMBE 170181317	R		AGE (In yrs. les)	birthday) if i	INDER 1 YEAR THS DAYS	IF UNDER 24 HRS HOURS MIN.	7. OATE OF BIRTH			HPLACE (State or Foreign ry)
99. FACILITY NAME (If not inst SACRED HE RESIDENCE OF DECE				9b.		on Location of Limberlar	DEATH	9c. COU	NTY OF D	DEATH
	10b. COUNTY	erset			wn on Local	ersdale				10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER RD-3 Box	81				10	15552			Usa	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 0 N 3 Wildowed 4 Divorce		12. WAS OECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 NO		If yes, sp		PANIC ORIGIN? (Specify ticen, Puerto Ricen, atc.) acify:	es or No-	14. RAC Blac Spec	E - American Indien, ik, White, etc. offy: White
	DENT'S EDUCA highest grade of		(Glv life.	EDENT'S USU to kind of work Do NOT use ret inner	done during mo	DN st of working	186. KIND OF E			
17. FATHER'S NAME (First, Mid Henry E		er					NAME (First, Middle, Meld Elsie Hoens	,		
194. INFORMANT'S NAME (Type Sarah Bake				D-3 Bo			al Route Number, City or 1 lale, Pa.	own, Stele, Zij 1555		
20e. METHOD OF DISPOSITION 1 M Burlet 2 Cremetion 4 Donation 5 Other (5	3 🗌 Remo	val from State		ano oate of crematory or o		(Name	DATE 20c.			
21. SIGNATURE OF FUNERAL	SERVICE LICE	1 11.	11249	9	22. NAME A	R. Pri	ce Funeral	Home	, Ir	5552
23. PART I. Enter the dis shock, or he iMMEDIATE CAUSE (Fine disease or condition resulting in death)	ert feilure. L	let only one cause			in		A. L. S. C.	piratory an	reet,	Approximats interval Betwee Onset and Dea
Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injurithat initiated events	iste IG	DUE TO (O	AS A CONSEQ	UENCE OF):	le	n/le	Mich			wons
resulting in deeth) LAST										(ELE
PART II. Other significen	t conditions	contributing to de		equiting in the		g cause given	PERF	AN AUTOPSY ORMED? 2 NO	24	b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 1	MEDICAL	HOSPITAL:	R/Outpatient 3		HER:	LACE OF DEATH	(Check only one) ce 6 Other (Specify)	×		
E C PEUIDEIN	ending westigation could not be etermined	28a. DATE OF IN (Month, Day, 28a. PLACE OF I building, etc.	Year) NJURY — A1 hor	28b. TIME OI INJURY me, farm, street	M 1 🗆	JURY AT DRK? YES 2 NO	281. LOCATION (Stre City or Town, Str	et end Numbe		Route Number,

DEATH (ITEM 27) (Type, Print) SETON DRIVE

31. DATE FILED (Month, Day, Year)
OCT 24 1991

DHMH-16 Rev 1/89

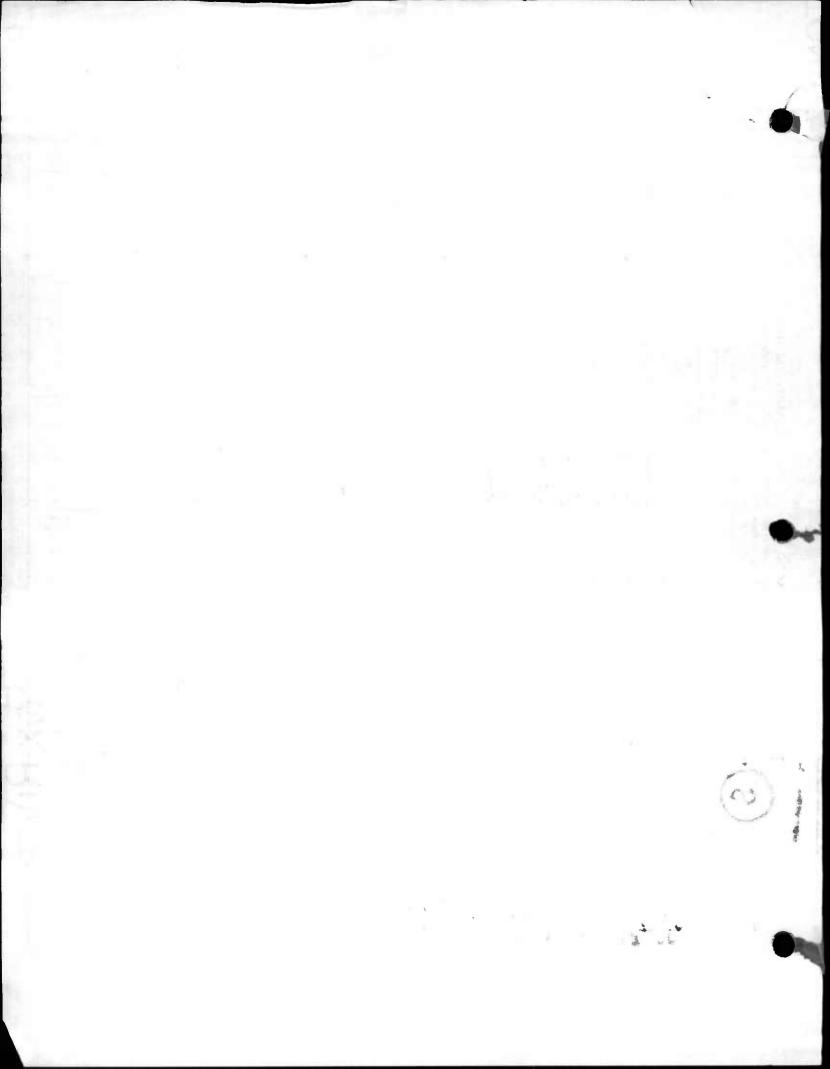
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		FOR
1	-	STATE
_		REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	riediotron			_			OATE	- 0.	DLA		HEG. N	U.		
	1. DECEDENT'S NAME (First										2. DATE OF OEATH	DAY	YEAR	3. TIME OF OEATH
	RALPH GERS	STELL I	BARRICK								OCTOBER	18,1	991	11:24 Am
	4. SOCIAL SECURITY NUME	BER	6. SEX	113000	In yrs. lest b	"	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. OATE OF BIRTH (Month, Day, Year)		8. BIRTH Countr	IPLACE (State or Foreign
	234466757		1 📉 M 2 🗆 F	5	8	YRS.	HONTHS	LIPITE	нооме	mers.	Dec 6, 1	932	WV	
	9a. FACILITY NAME (If not in	nstitution, give s	street and number)				9b. CITY	, TOWN	OR LOCATI	ON OF DE	EATH		UNTY OF D	
	SACRED HEA		SPITAL				CU	MBE	RLAND)		A	LLEGA	ANY COUNTY
F	RESIDENCE OF DEC	10b. COUNT	Υ			10c CITY	Y, TOWN (DR LOCA	TION					10d, INSIDE CITY
	WV		ineral			011								LIMITS?
-	W V		merar				кеу	ser	f. ZIP COD			40- A	TIZEN OF "	1 X YES 2 NO
	256 South M		root					.0		726				oooninii
ŀ	11. MARITAL STATUS	lain St	12. WAS DECEDER	MT EVED IN	HILE ADM	ED	12	WAS DE			NIC ORIGIN? (Specify		S.A.	- American Indian
ı	1 Never Married 2	Married	FORCES?	1 YES	2 NO			If yes, sp	ecify Cuba	n, Mexica	in, Puerto Rican, atc.)	100 01 110—		American Indian, r, White, etc.
ľ	3 Widowed 4 N Divo	orced	IF TES, GIVE	WAN ON DA	AIES			I L YES	2 (X NO	Specin	у:		Whi	
ľ	15. DEC	CEDENT'S EDU	ICATION COMPOSITOR		16a, DECE	OENT'S	USUAL O	CCUPATI	ON	200	16b. KIND OF I	BUSINESS/II	OUSTRY	
H	Elementary/Secondary (College (1-4 or 5	+)	life. D	NOT us	vork done se retired.)	uunng m	ost of worki	N/				
	12				Dis	oatc	her				WV Dep	tof	Highw	avs
	17. FATHER'S NAME (First, M	Aiddle, Lest)							16. MOT	HER'S NA	ME (First, Middle, Maid			
	Claud	Ε.	Bar	rick	Sı	c .			Ger	stel	11	(Be	an)	
	19a. INFORMANT'S NAME (Type/Print)			19b.	MAILING	ADDRES	S (Street	and Numbe	r or Rural	Route Number, City or	Town, State,	Zip Code)	
	Claude E. B	Barrick	t, Jr.		19	93 S	outh	Ma	in St	reet	Keyser	, WV	2672	6
	20s. METHOD OF DISPOSIT	TION	novel from State		b. PLACE A cemetary, c	NO OATI	E OF OISP	OSITION				LOCATION -		
1	4 Donation 5 Other		TOWN HOW STATE	_ Pc	otoma	c Me	emor.	ial	Gard	ens	10/21/9 K	eyser,	WV 2	26726
	21. SIGNATURE OF FUNERU	AL BEHVICE LA	CENSEE	11					ND ADDRE					
	► A (W	V							al Home		T 137	26726
╅	23. PART I. Enter the d	diseases, or	complications th	et coused	d the desi	th Do r	not enter	the m	ode of dy	Main	Street F	eyse	CWV	26726 Approximate
1	ehock, or h	haut failure.	List only one ca	use on e	ach line.				,	ing, out	,,, es co. alao o, ro	op.racory c		interval Between
H	IMMEDIATE CAUSE (Findisease or condition	Inai	A contr	DOMA	100.1	77	10	1						Onset and Death
	resulting in deeth)	→	. Acul	O COR AS A	CONSEC	IENCE O	5. Je	ull	w					
1			· Pre	14044	19011	Ence o	. /							
ì	Sequentielly ilet condit	tions,	b. DUE TO	O (OR AS A	CONSEQU	JENCE O	Đ:	_						1
	if any, leading to imme cause. Enter UNDERLY	ring	· SEPS	315			•							
	CAUSE (Diseese or Injuthet initieted events	ury	DUE TO	O (OR AS A	CONSEQU	JENCE O	F):			_				
ı	resulting in death) LAS	ST	CRIN	10 1	AND	1	eul	2 ,	Ren	el,	Ceului			
	DART II ON		-											
	PART II. Other signification	0.				sulting	in tha u	nderlyir	ng cause	given in	Part i. 24a. WAS PERI	AN AUTOPS FORMED?	Y 24b	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
		esely	m	uu	W	7	0 -				1 YES	2 NO		COMPLETION OF CAUSE OF DEATH?
	Rasal	C	ill Car	un	mo	/	ra				_		- 1	1 TES 2 NO
	Anen	ne.	Acu	G 8	Suph	yel	is							
	25. WAS CASE REFERRED TEXAMINER?	TO MEDICAL	HOSPITAL:		/	0	orus		PLACE OF I	DEATH (C	heck only one)			
	1 TYES 2 NO		1 Dinpatient 2	☐ ER/Outp	patient 3	DOA	OTHE 4 A Nu		me 5 🗆 R	asidence	8 Other (Specify)			
	27. MANNER OF DEATH		28a. DATE C (Month,	Day, Year)		28b. TIN	JURY	28c. IN	JURY AT		28d. DEŞCRIBE HO	W INJURY O	CCUREO	
۱	Natural 8 🖺	Pending Investigation					М	1 🗆	YES 2	□ NO			. 7	
		Could not be	28e. PLACE building	OF INJURY	r — At hom	ie, farm,	street, fac	tory, offi	ce		28f. LOCATION (Str. City or Town, St		ber or Rural	Route Number,
	4 Homicide	determined												
	29a. CERTIFIER (Check only	RTIFYING PHYS	SICIAN: To the best	of my know	viedge, des	th occurr	red at the	time, dat	and plac	e, and du	e to the cause(a) and	menner aa i	stated.	
		DICAL EXAMIN	ER: On the basis of	axaminatio	on and/or in	vestigation	on, In my	opinion,	death occu	red at the	e time, data and place	, and due to	the cause(a) and menner as stated.
	29b. SIGNATURE AND TITL	E OF CERTIFIE	ER						29c. LIC	ENSE NU	IMBER	29d. D	ATE SIGNE	(Month, Day, Year)
			Hed	W					1	265	07	•		9.53
-	30. NAME AND ADDRESS (OF PERSON WI	HO COMPLETED CA	USE OF OE	EATH (ITEM	27) (Type	, Print)	_	-	0 /	- [1 - 1	, ,
	DR. HARJIT							DO	AD C	TIMD	EDI AND M	0 215	02	
	31. DATE FILED (Month, Day		0 32. REGISTA	RAR'S SIGN	YATURE	OT M	וופתני	I NO	AU, (OPIDI	EKLAND. M	713	UZ	
	OCT 24	1991	Lina Day	land-Fr	dondel	-								



injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALT	H AND MENT	AL HYGIEN
CERTIFICATE OF DEA	ATH	REG. NO.

- A	1. DECEDENT'S NAME (First,	, Middle, Last)			-			DEN		2. DATE OF DEATH DO OCTOBER 2	Y 10	YEAR 3	. TIME OF DEATH
	4. SOCIAL SECURITY NUME	BER	VERYL L	8. AGE (In yrs. les		IF UNDER	1 VEAD	IF UNDER	24 MDC	7. DATE OF BIRTH	1, 19		7:22 P. M
	212-01-467		1 XXM 2 □ F	73	YRS.	MONTHS	DAYS	HOURS	MIN.	AUGUST 24	,1918	Country) MAR	RYLAND
E I	90. FACILITY NAME (If not in ST. AGNES					96. CITY		P LOCATI		ATH	9c. COUN	TY OF DEA	тн
5	RESIDENCE OF DEC	10b. COUNT	v										
DIRECTOR	MARYLAND	10B. COUNT			_	Y, TOWN O							Od. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	407 WEST G		OAD				101	zip cod	1229			U.S.A	AT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2XXX 3 Wildowed 4 Divo		12. WAS DECEDEN FORCES? X IF YES, GIVE W	T EVER IN U.S. ARI	MED IO		If yes, sp	ENDENT Code	n, Maxica	IIC ORIGIN? (Specify Yee n, Puerto Ricen, etc.)		14. RACE — Black, V Specify:	- American Indian, White, etc.
	15. DEC	EDENT'S EDU	CATION	16e. DE	CEDENT'S	USUAL O	CCUPATION	ON		16b. KIND OF BUS	SINESS/IND	USTRY	
COMPLETED	Elementary/Secondery (0		College (1-4 or 5		Ve kind of v Parko I vs NUFAC		ING	st of worki	ng	WESTIN	CHOIIC	F	
O	17. FATHER'S NAME (First, M	iddle, Last)			501	iik v .	NOC.	16. MOT	HER'S NA	ME (First, Middle, Maiden		10	
BE C	VERYL LEE	-	N SR.					7	CHERI	ESA WHITTY			
임	HELEN M. B		(WIFE	198	407	WES	S (Street &	ATE	OAD	BALTIM			ND 21229
	20a. METHOD OF DISPOSIT 1 X Youriel 2 Cremation 4 Donetion 5 Other	n 3 🗆 Rem	oval trom Stata	20b. PLACE A cernetery, cree MARY L	matery or of	of Dispos ther place	RITT	SON I	FORES	T DATE 20c. LO		NGS M	ILLS, MD.
1	21. SIGNATURE OF FUNERA	L SERVICE LI	CENSEE	1	1112	22. T. F.	NAME AI	ID ADDRE	SS OF FA	SSELL C. W			
	23. PART I. Enter tha di	, 6	The			16	30]	EDMON	IDSON	N AVENUE, CA	ATONS	VILLE	MD. 21228
CERTIFICATION	snock, or in immediate CAUSE (Fin idsaess or condition resulting in desth) Sequentially list condition if smy, leading to immediates. Enter UNDERLY! CAUSE (Disease or injuthat initiated events resulting in death) LAS	iona, diate	a. DUE TO b. DUE TO c.	aa on aach iina.	DUENCE OF	р V Э:				midlus			Interval Between Onset and Desth
	PART II. Other significa	est condition	o contribution to	double but one									
I: MEDICAL	stat	LS PC	ut r	1+1 6	uauking i	on that un	y (a	g causa (givan in	Part I. 24e. WAS AN PERFOR 1 TYES 2	MED?	CO	ERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION DF CAUSE F DEATH? YES 2 NO
Ž	25. WAS CASE REFERRED TO	O MEDICAL					26. PL	ACE OF D	EATH (Che	ick only one)			
Sic	EXAMINER?		HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER	₹:			6 Other (Specify)			
/ PHYSICIAN:		Pending	28a. DATE OF (Month, D	INJURY ay, Year)	26b. TIM INJ		28c. INJ WO			28d. DESCRIBE HOW II	NJURY OCC	URED	
ED BY	3 Suicide 8	Could not be detarmined	28e. PLACE O building,	F INJURY — At hor atc. (Specify)	me, farm, s	street, tect			,	28t. LOCATION (Street e City or Town, Stele)	and Number	or Rural Rou	te Number,
<u> </u>	A. A. A.												
COMPLETED	(Check only									to the cause(e) and men time, date end piece, and			nd manner ee stated.
BEC	296. SIGNATURE AND TITLE	OF CERTIFIE	1/2 4/2		-			29c. LtCl	ENSE NUM	BER	29d. DATE	SIONED (M	Ionth, Day, Year)
0	30. NAME AND ADDRESS OF	ERSON WH	O COMPLETED CAUS	SE OF DEATH (ITEN	1 27) (Type	Print)						12	2/4)
	Jang	s u	1214	nd.	71.780							ē	
	31. DATE FILED (Month), Day, OCT 24	991	A PERSONAL	A'S SIGNATURE	L								

(0)

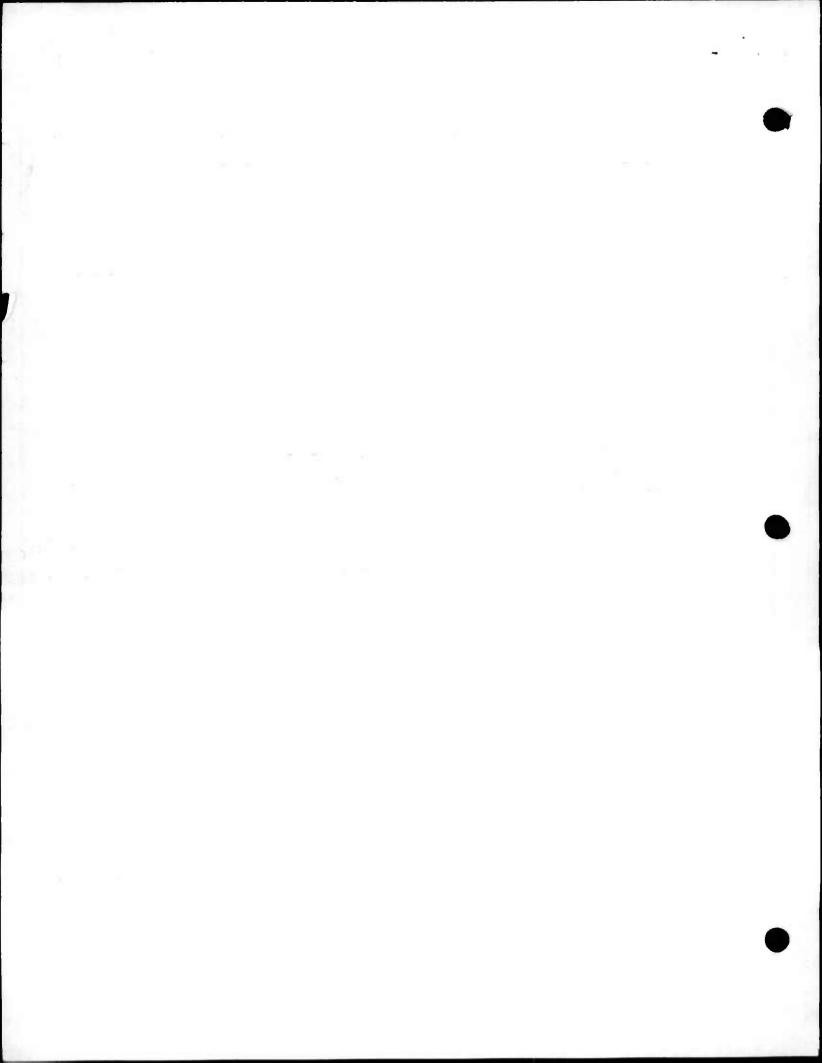
Carle market 19 19 19 19

BALTIMORE, MARYLAND 21215-0020	urs after death. Page 6 may be retained by the hospital or attending physical	in by the funeral director, page 5 should be detached for use as the burial	edical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physical	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burials be filled within 72 hours after death with the State Dept, of Health and Mental Hypiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

f. Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1 - FOR STATE REGISTRAR	STATE OF MARY			HEALTH AND	MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last					2. DATE OF DEATH	Y YEAR	
	4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS,	OCT. 22.	1991	19:00 p. M
	214-74-0469	1 - M 2 V F	99 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 8-15-1;892	Cou	NTUCKY
-	9e. FACILITY NAME (If not institution, give	street end number)			OR LOCATION OF E		Sc. COUNTY OF	
HECTOR!	3417 COURTWAY				UNDALK		В	ALTIMORE
UINE	10e. STATE 10b. COUN		10c. CITY	TOWN OR LOC				10d. INSIDE CITY LIMITS?
7	MARYLAND 100. STREET AND NUMBER	BALTIMORE		1	DUNDAL.	K	Ma CITIZEN OF	1 TYES 2 XXVIO
	3417 COURTWAY				212	22		U.S.A.
2	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EVER I FORCES? 1 YES	2 [2] NO	13. WAS DE	CENDENT OF HISPA	ANIC ORIGIN? (Specify Yee en, Puerto Ricen, etc.)	or No 14. RA	CE — American Indian,
	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	PATES' \	t 🗆 YE	S 2 X NO Speci	lfy:	Spe	WHITE
150	15. DECEDENT'S ED (Specify only highest grad	JCATION le completed)	18e. DECEDENT'S I (Give kind of w life. Do NOT use	ork done durina n	ION lost of working	16b. KIND OF BUS	INESS/INDUSTRY	
	8TH GRADE	College (1-4 or 5+)	1907 1900	HOME MA	KED		HOME	
5	17. FATHER'S NAME (First, Middle, Last)			TOME MIN		AME (First, Middle, Maiden	-	
1	JOHN BUSH 190. INFORMANT'S NAME (Type/Print)					A CURRY		
2	LAURA HOBEL			ADDRESS (Street COURTWA		Route Number, City or Town		21 222
	20e. METHOD OF DISPOSITION 1 Y Burlet 2 Cremetton 3 Rec	noval from State	. PLACE AND DATE O	F DISPOSITION (CATION - City or	21222 Town, State
	4 Donation 5 Ji Oglef (Specify)	O I H	OPEWELL (10-25-199		YSON, KI	ENTUCKY
1	V Jan	51/	0	DUDA-	NO ADDRESS OF FA	ERAL HOME O	F DUNDA	LK INC.
┥	23. PART I. Enter the discases, or	complications that cause	d the death. Do a	7922	WISE AVE	ENLIF DUMD	ALK MD	21222
	ahock, or heart fallers. IMMEDIATE CAUSE (Final	List only one cause on e	ach line.	or enter the m	ode or dying, aud	on as cardiac or reapli	retory arreat,	Approximate Interval Between Onset and Death
	disease or condition resulting in death)	· Respe	mate	N-1	Eril	0000	4	wed in A
	_	DUE TO OR AS	CONSEQUENCE OF	0		ere	200	
	Sequentially list conditions, if any, leading to immediate	b. DUE TO (OR AS	CONSEQUENCE OF	(CCC)	N			nounce
	CAUSE (Disease or Injury	· Bila o	al o	lev	val !	Equisi	on	OSe.
	that initiated events resulting in death) LAST	DUE TO (OR NO	CONSEQUENCE OF	i.		00		
	PART II. Other significant condition	ns contributing to death h	ut not resulting in	the underlyle				
	Lieakni	215 20	c Do't		ig cause givan in	PERFORI	MED?	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
		, , , ,		11		t 🗆 YES 2	□ NO	OF DEATH? 1 YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL							10 1411 10 111
	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outs		OTHER:	LACE OF DEATH (C			
	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	26b. TIME	OF 28c. IN	JURY AT	6 Other (Specify) 26d. DESCRIBE HOW IN	JURY OCCURED	
	1 Natural 5 Pending 2 Accident Investigation			M 1 🗆	YES 2 NO			
	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, ferm, st	reet, factory, offi	•	28f. LOCATION (Street er City or Town, State)	nd Number or Aural	Route Number,
	29e. CERTIFIER (Check only 1	ICIAN: To the beat of my know	ledge, death occurred	at the time, det	and place, and due	to the coursels) and man		
	one) 2 MEDICAL EXAMIN	ER: On the basis of examination	n end/or investigation	, in my opinion,	death occured at the	time, date end place, end	due to the couse	(e) end manner es stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE	B . 2 .			29c, LICENSE NUI	MBER	29d. DATE SIGNE	D (Month, Day, Yeer)
-	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Time I	Orint)	D-1	7202	>	0/23/91
	SISIDANG	A	10)	St 1.	Lelon	a Ano	Rall	mad
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN				2	- Acc	2/2/2
	001 24 193	11 June varid	son-Randall	ab .				'



TO THE HOSPITAL INFORMATION PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp TO THE FUNERAL Inference. The transfer of the page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Merital Hygere prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR		STATE OF I	MARYLAND	/ DEPAR	RTMENT OF	HEALTH	AND N	MENTAL HYGIEN	_	1 6	28984	
	1. DECEDENT'S NAME (First PASQUALE	, Middle, Last) J .	CI	CIAMPAGLIO						NY.	YEAR	3. TIME OF DEATH 08:50a M	
	4. SOCIAL SECURITY NUMBER 215 03 9216 5. SEX 1 □ M 2 □ F		1 💢 M 2 🗌 F		6. AGE (In yrs. lest birthday) IF UNDER 1 Y 77 YPS YRS. MONTHS D		-	MIN.	7. DATE OF BIRTH 7/9/19/19/14	Country		IPLACE (State or Foreign	
TOR	9e. FACILITY NAME (If not institution, give street and number) GBMC 6701 NORTH CHARLES ST					96. CITY, TOW TOWS		ION OF DE	EATH 9c. COUNTY			OF DEATH	
DIRECTOR	10a. STATE MD	10c. CITY, TOWN OR LOCATION BALTIMORE							10d. INSIDE CITY LIMITS? 1 YES 2 NO				
FUNERAL	100. STREET AND NUMBER 6142 DUNROMING ROAD						21239		10g. CITIZEN OF USA				
À	11. MARITAL STATUS 1 Never Merried 2 X 3 Widowed 4 Dive	T EVER IN U.S. ARMED YES 2 NO RR OR DATES 13. WAS DECENDENT OF HISPAN If yes, specify Cuben, Maxice 1 YES 2 NO Specify YES 2 NO Specify					NIC ORIGIN? (Specify Yee or No — 14. en, Puerto Ricen, etc.)			RACE — American Indian, Black, White, etc. SpecifyWhite			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 11 Years				ECCEDENT'S USUAL OCCUPATION Bive kind of work done during most of working Do NOT use relied.) Uto technician Hunt Valle							- Exxon	
BE COA	17. FATHER'S NAME (First, Middle, Lest) Giuseppe Ciampaglio					16. MOTHER'S NAME (First, Middle, Melden Surneme) Filomena Frate							
10	190. INFORMANT'S NAME (Type/Print) James Ciampaglio 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 15208 Jarrettsville Pike Monkton, Mi									, MD 21111			
	20e. METHOD OF DISPOSITION 1										wn, Stata		
	John & Volon					Johnson Funeral Home Baltimore, MD							
	23 PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, abook, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a consequence of):												
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST b. PRIMARY DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):												
MEDICAL	PART II. Other significa	nt condition	a contributing to	death but not	resulting i	in tha underly	ng cause ç	givan in P	ert i. 24e, WAS AN PERFORI	MED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			26. OTHER:	PLACE OF D	EATH (Chec	k only one)				
ву РНҮ	27. MANNER OF DEATH 1 Netural 5 Pending Investigation 28e. DATE OF th. (Month, Day.		INJURY	28b. TIME OF 18b.		INJURY AT WORK? YES 2 NO		8 Other (Specify) 26d. DE\$CRIBE HOW INJURY OCCURED					
	2 Accident investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At hor building, etc. (Specify)					treet, factory, of		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the bast of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated. MEDICAL EXAMINER: On the bast of axamination and/or investigation, to my opinion, death occurred at the time, data and place, and due to the cause(e) and manner as stated.												
TO BE C	29b. SIGNATURE TITLE	OF CERTIFIER	Xadoe	Hu)		29c. LICE	SS NUMB				(Month, Day, Year)	
	30. NAME AND ADDRESS OF	Anoth	COMPLETED ONUS	SE OF DEATH (ITE	MATI (BOO.	Print) Wen R	Jud.	强	Himore	(117	7 > 1	239	

31. DATE FILED (Month, Day, Year)
OCT 24 1991

32. REGISTRAR'S SIGNATURE

Manufacture of the second seco

TAL RECORDS, P.O. BOX 68760,

DIVISIO

31.000 TEZMIN, 1991

	1. DECEMENT'S NAME (First, Middle, Linst) 2. DAT 1. DECEMENT'S NAME (First, Middle, Linst) 2. DAT MON								2. DATE MONTH	REG. NO	DAY	47	3. TIME OF DEATH							
DIRECTOR	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la	st birthday)	IF UND	ER 1 YEAR	IF UNDE	R 24 HRS.	7. DATE O	O BIRTH	18	- /	2:05 p							
	215 46 1382	1 M 2 - F	4	4 YRS.	MONTHS	DAYS	HOURS	MIN.	(Month	28-4	7	Count								
	98. FACILITY NAME (If not institution, give street and number) UNIVERSITY HOSPITAL RESIDENCE OF DECEMENT 96. COUNTY O BALTIMORE										NTY OF D									
	10a. STATE 10b. COUNTY		BALTIMORE								10d. INSIDE CITY LIMITS? 1 X YES 2 NO									
FUNERAL	10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?																			
NE	1310 W. FRANKL			-				223					J.S.A.							
В	1 Never Married 2 Merried 3 Widowed 4 Divorced	ever Married 2 Merried FORCES? 1 YES 2					CENDENT pecify Cub S 2 X NO	en, Mexica	ANIC ORIGIN? (Specify Yes or No— 14. RA can, Puerto Rican, etc.) 14. RA Ble Specify:			14. RACE Black Speci	- American Indian, K, White, etc.							
ED	15. DECEDENT'S EDU (Specify only highest grade	CATION COmpleted	16a, DI	ECEDENT'S	USUAL	OCCUPAT	ION		16b.	KIND OF B	USINESS/IND	DUSTRY								
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+) ///	BORE	se retired.	a dunng m	iost of work	ing												
BE CO	17. FATHER'S NAME (First, Middle, Lest) ALONZO LEWIS 18. MOTHER'S NAME (First, Middle, Meiden Surname) BEATRICE DIGGS																			
5	198. INFORMANT'S NAME (TypesPrint) DIANA GARRIS 196. MAILING AOORESS (Street and Number or Furel Route Number of Town, String 7to Gode) APT. 603 755 W. LEXINGTON ST./BALTIMORE, MD 21.201																			
	20b. PLACE AND DATE OF DISPOSITION DATE 20c. LOCATION - City or Town, State																			
	A STATE AND ADDIES OF PACIFIC																			
	WM.C.MARCH F.H./1101 E. NORTH AVE.																			
	interval Bets											Approximata Interval Between Onset and Dast								
	disesse or condition reaulting in death)			20.4THMIA									35-45							
		DUE TO (OR AS A CONSEQUENCE OF): WNKNEUN ETIGLOGY											MINUTE							
2	Sequentially list conditions,		OR AS A CONSE			06	4													
CERTIFICATION	if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated aventa reaulting in death) LAST	cDUE TO (OR AS A CONSEQUENCE OF):																		
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS																			
2		PERFORMED?									AVAILABLE PRIOR TO COMPLETION OF CAUSE									
H MEDICAL	1 YES 2 NO DF DEATH? 1 YES 2 NO																			
SICIAN	25. WAS CASE REFERRED TO MEDICAL					26. P	LACE OF D	DEATH (Ch	eck only one)										
<u> </u>	EXAMINER?	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHE	R:			6 Other											
2	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY WORK? 1 YES 2 NO					28d. DESCRIBE HOW INJURY OCCURED													
РНУ		6 Could not be 28s. PLACE OF INJURY — At home, farm, street, factory, office 26t.						261. LOCA City of	61. LOCATION (Street and Number or Rural Route Number, City or Town, State)											
ETED BY PHYS		building, a	ita (opocny)						29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) end manner as stated. 2 MEDICAL EXAMINER: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) end manner as stated.											

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20124 1331 Shakaran Marie

BALTIMORE, MARYLAND 21215-0020	The death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	n, or removal. e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICA TIPE INVENTIONS THE INITIAL DEATH CERTIFICATE DE EXECUTED WITHIN 24	TO THE FUNERAL DIRECTOR: After the completely fine fine fine the attending physician and completely fine fine within 23 boundary down	DO HER WHITE IT IN THE TRANSPORT OF THE

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENT/ CERTIFICATE OF DEATH	AL HYGIENE REG. NO.	
DECEDENT'S NAME (First, Middle, Last)		E OF DEATN	

	REGISTRAR		CERT	IFICATE	OF	DEATH	F	EG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)	_									3. TIME OF DEATH	
	Michael	Ε.	Dick	еу			1 O	20	19	9 I	12:41	Ам
	4. SOCIAL SECURITY NUMBER 214-04-6474	5. SEX 6.	AGE (In yrs. lest birthd	By) IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS. HOURA MIN.	7. DATE OF E	BIRTN 147 Mar)		8. BIRTH Count	MPLACE (State or Fo	
DIRECTOR	9a. FACILITY NAME (If not institution, give s	street and number)		9b. CITY,	TOWN O	R LOCATION OF D		70	9c. COU			
	Sinai Hospital Baltimore Residence of Decedent											
R	10a. STATE 10b. COUNT	4	10c.	CITY, TOWN O		ЮН					10d. INSIDE CITY	,
	MD	BALTIM	ORE				1 X YES 2 .			NO		
BY FUNERAL	2808 QUANTICO AVE.			10f.	ZIP CODE 21215	10g. CITIZEN OF V				WNAT COUNTRY?		
	11. MARITAL STATUS 1 X Never Merried 2 Married 3 Widowed 4 Divorced	VER IN U.S. ARMED YES 2 NO OR DATES	2 NO If yes, specify Cuben,			HISPANIC ORIGIN? (Specify Yea or No— Maxican, Puerto Rican, atc.) Specify:			14. RACE — American Indian, Black, White, etc. Specify:			
	15. DECEDENT'S EDU	CATION									BLACK	
COMPLETED	(Specify only highest grade	(Give kind	18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY									
S	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First Middle	a Maidae S	2 manual			
BEC	DOLPHUS DICKEY					SHIRLE	EY MILBO	URNE				
2	199. INFORMANT'S NAME (Type/Print) SHIRLEY MILBOURNE	196. MAIL 2808 (19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2808 QUANTICO AVE. BALTO. MD. 21215									
	204 METNOD OF DISPOSITION 1 Burlet 2 Cremation 3 Rem 4 Donetion 5 Other (Specify)		PLACE AND DATE OF DISPOSITION (Name of ING "MEMORIAL" PARK 10			DATE 20c. LOCATION BLATO. M			N — City or Town, State			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WARCH FUNERAL—WEST											
_	1)won 1110	ngares	rose	1	4300	WABASH AV	E. BALTO	O. MD	2121			
	23. PART I. Enter the diseases, proshock, pr heart failure. IMMEDIATE CAUSE (Final disease pr condition resulting in death)	. Que	all	Vous	the mod	11	h as cardiac	Dr reapire	atory arr	eat,	Approxima Interval Be Onset and	etween
NO	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
RTIFICATION	CAUSE (Disease or Injury											
CERT	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST											
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part 1. 24s. WAS AN AUTOPSY FINDINGS											
N: MEDICAL	246. WERE AUTOPSY FINDINGS PERFORMED? PERFORMED? AMAILABLE PRIDE TO COMPLETION OF CAUSE OF DEATH? AVES 2 \(\text{NO} \) NO											
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				CE OF DEATN (Ch	ack only one)					
KSI	1 X YES 2 NO	1 Inpatient 2 XEF	N/Outpetient 3 DOA	OTHER:		5 - Realdence	8 Other (Spe	ecity)				
표	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF INJ (Month, Day, 1		TIME OF 2	28c, INJU WOR	RY AT	28d. DESCRIB	E NOW IN	JURY OCC	URED		
E I	1 Natural 5 Pending 2 Accident Investigation	10 19	1991 11	:50°P	1 YE	S 23 NO	Subje	ect	sho	-		
	3 Suicide 8 Could not be determined	28e. PLACE OF IN building, atc.	JURY — At home, ferr (Specify)	n, street, fector	ry, office		281. LOCATION	N (Street an			loute Number,	
<u>.</u>		on street 2800 blk. Quantico Ave.										
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, end due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basic of exemination end/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and menner as stated.											eted.
	296: SIGNATURE AND TITLE OF CERTURES				29c. LICENSE NUN				ATE SIGNED (Month, Day, Year)			
O BE	All tests	/				O.C.M			▶ 10	20	,	
= #	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE O	F DEATN (ITEM 27) (7)	pe, Print)		U.U.M	• E •		10	20	1991	
	FRANK J. PET	Ellin	1111	Penn	Str	eet. B.	altimo	ore	Mary	ılar	nd 2120	1
ľ	31. DATE FILED (Month, Day, Year) OCT 24 1991	32. REGISTRAR'S	SIGNATURE							- 41		

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incurrent the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. If the sum and the prior to build, cremation, or remoral. If the sum and the prior to build, cremation, or remoral. If the medical prior to build, cremation, or remoral.	
The Hospital or attending procedures in the Funeral Director: Air included within 72 hours after death with the Portant: If Item 28 is invaried.	

4. SOCIAL SECURITY NUMBER 3. SEX 219-16-5088 1 1 M 2 M F	. DASHIELLS			REG. N 2. DATE OF DEATH MONTH	DAY VE	3. TIME OF OEATH				
219-16-5088 11 M 2XXF	0.405			DCTOBER 2	3 1001	9:47 A.M.				
9e. FACILITY NAME (If not institution, give street and number)	67 YRS. MON	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) JAN. 17,	1924	BIRTHPLACE (State or Foreign Country) MARYLAND				
PC. COON IT O										
ST. AGNES HOSPITAL RESIDENCE OF DECEDENT 100. STATE 100. COUNTY MARYLAND BALTIMORE	INC. CITY, TOWN					10d. INSIDE CITY LIMITS? 1 YES 2XXNO				
1004 HARTMONT ROAD	228	U.S	of what country?							
1 Never Married 2 Merried FORCES? 1 FYES, GIVE WA	1 Never Married 2 Merried FORCES? 1 YES 2 XNO				13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yas or No— If yes, specify Cuben, Maxican, Puerto Rican, etc.) 1 YES 2 XXO Specify: WH I					
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 1. FATNER'S NAME (First, Middle, Last)	of working	16h KIND OF BUSINESS INDUSTRY								
WILLIAM RILEY BRINN	BROWN									
19a. INFORMANT'S NAME (Types/Print) DEBORAH REDDINGER (DAUGHTER) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 516 GRAYS CREEK ROAD, PASADENA, MARYLAND 21122 20a. METNOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of										
20. PLACE AND DATE 20. LOCATION - City or Town, Ste 20. PLACE AND DATE 20. LOCATION - City or Town, Ste 20. PLACE AND DATE 20. LOCATION - City or Town, Ste 21. SIGNATURE OF FUNETA SERVING LICENSEE 22. NAME AND ADDRESS OF FACILITY LEROY M. & RUSSELL C. WITZKE FUNERA 23. PART I. Enter the diseasea, or complications that daused the deeth. Do not anter the mode of dying, such as cerdiec or reapiratory arrest, shock, or heart feilure. Liet only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):										
PART II. Other significant conditions contributing to d				PERFO	2 NO	AWAILABLE PRIOR TO COMPLETION DF CAUS OF DEATH? 1 YES 2 NO				
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 1 No postion 2 1 s		HER:	CE OF DEATH (Ch							
27. MANNER OF DEATH 28s. DATE OF IN (Month, Day,	IJURY 26b. TIME OF	28c, INJUI WOR	TY AT	6 Other (Specify) 26d. DESCRIBE NOW	INJURY OCCURE	D				
2 Accident Investigation 3 Suicide 6 Could not be determined 26s. PLACE OF building, at	INJURY — At home, term, street, c. (Specify)				ON (Street and Number or Rural Route Number, own, State)					
29e. CERTIFIER RTIFYING PNYSICIAN: To the best of m	y knowledge, death occurred at a	my opinion, des	th occured at the	time, data and place,	and due to the ceu					
30. NAME AND ADDRESS OF DEDSON WITH COUNTY TO THE	het ME	-	O2	1356	29d. DATE SIG	NED (Month, Day, Year)				
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	UF UNATN (ITEM 27) (Type, Print)		11		1	1 1				

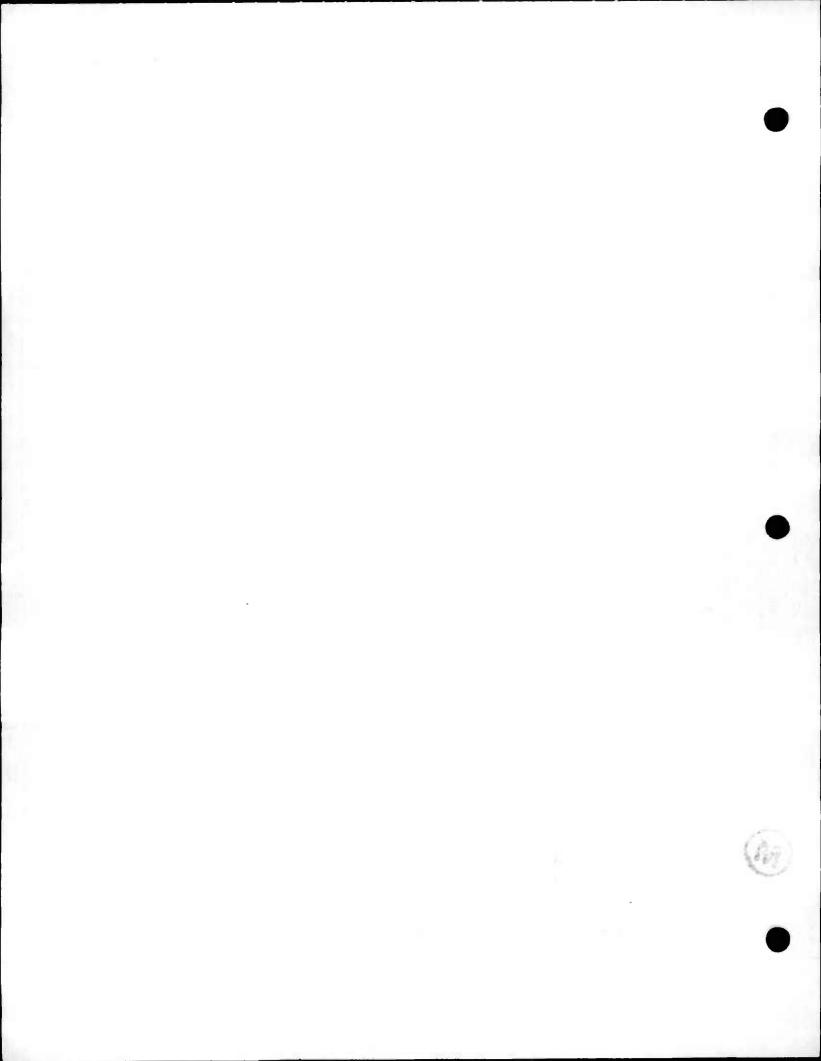
(0) 20124 1997 July See 45 100

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020	ther death. Page 6 may be retained by the hospital or attending physician,	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should	oval.	al examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
JUNISION OF VITAL RECORDS, P.O. BOX 68760,	TO TO ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO The American and completely filled in by	be 1 ent white 72 hours after death with the State Dept. of Health and Mental Hypiene prior to bunal, cremation, or removal.	IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTM	ENT OF HE	ALTH AND	MENTAL HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATN	
	JEAN CATHERIN	EISELE				MONTH DA	Y YEAR	1700	
	4. SOCIAL SECURITY NUMBER 5.	SEX 8. AGE (In yrs.	MDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	6. BIF	ITNPLACE (State or Foreign		
	11111701	□M2,ØF 65	THE DAYS	HOURS MIN.	Men. (Month, Day, Year) Country) New 1				
œ	Sa. FACILITY NAME (If not institution, give street				LOCATION OF D		9c. COUNTY OF		
DIRECTOR	HOLY CROSS HOSF	TAL	5	ILUER	SPETNO		MOUTE	morel	
REC	10a. STATE 10b. COUNTY		IOc. CITY, TO	WN OR LOCATIO	ON		4	10d. INSIDE CITY	
	MD MONTED	m Grzy	CH	EVURL	Y			LIMITS? 1 YES 2 NO	
RAL	3000 TRE MODEL	1		101. 2	ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?	
FUNERAL	1/20/100/	WAS DECEOENT EVER IN U.S.	ARMED	40 140 0 0000	20785	U	SIA		
	1 Never Married 2 Merried	FORCES? 1 YES 2 FYES, GIVE WAR OR DATES		II yea, spec	CE — American Indian, ack, White, atc.				
ВУ	3 Widowed 4 Divorced	1 TES 2	NO Specif	no	Sp	White			
TED	15. DECEDENT'S EDUCATION (Specify only highest grade com	ON 16e.	DECEDENT'S USUA (Give kind of work of life. Do NOT use retir	AL OCCUPATION	of working	16b. KIND OF BUS	INESS/INDUSTRY		
COMPLET	Elementary/Secondary (0-12) Co	ollege (1-4 or 5+)			•				
ME	17. FATHER'S NAME (First, Middle, Last)	<u>:</u>	Homema						
	Christian Maul				Beatri	ME (First, Middle, Maiden :	Surname)		
BE	19a. INFORMANT'S NAME (Type/Print)		19h MAII ING AOD	DESC (Street one		Ce Usher Route Number, City or Town	4005		
5	Clifton Eisele, Jr	Husband				, Cheverly,		785	
	20a. METHOD OF DISPOSITION Burlel 2 Cremation 3 Removal		CE AND DATE OF DIS	SPOSITION (Name			CATION — City or		
	4 Donation 5 Other (Specify)	- Comotory,							
	0. 1/11	Ronald Wade			ADDRESS OF FA	State	Anatomy		
\mathcal{A}	Janard ////	200 10-23		655 W.	Baltim	ore St, Bal	lto.,MD	21201	
*	22 PART I. Enter the diseasea, or comp shock, or heart feliure. Liet	Dicetions that ceused the	death. Do not en	nter the mode	of dying, euc	h es cardiec or reepir	retory arrest,	Approximate	
	IMMEDIATE CAUSE (Final	0	1	1.				Interval Between Queet and Death	
	disease or condition reaulting in death)	Grain			< mo				
	DUE TO (OR AS A CONSEQUENCE OF):								
ON	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):								
PA	If eny, leading to immediate cause. Enter UNDERLYING	,							
Ĕ	CAUSE (Disease or Injury thet initiated events	DUE TO (OR AS A CONS	SEQUENCE OF):						
CERTIFICATION	resulting in deeth) LAST								
	PART II. Other eignificant conditions co	ntributing to death but no	t requiting in the	a underiving	Cauca alven In	Part I as ung su	Limonou I.		
CAL		The state of the state of the	a reconting in the	s underlying (euse given in	Part I. 24s. WAS AN PERFORI		4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
E						1 YES 2	□ WE	COMPLETION OF CAUSE DF DEATN?	
. M						-		I TES 2 NO	
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			26. PLAC	CE OF DEATH (Ch	ack only one)			
Sic		SPITAL: Inpatient 2 - ER/Outpatient		HER:		8 Other (Specify)			
Ť	27. MANNER OF DEATN	26a. DATE OF INJURY	28b. TIME OF	28c. INJUR	Y AT	26d. DESCRIBE HOW IN	JURY OCCURED		
BY F	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	M 1 YES					
- 4	3 Suicide 6 Could not be	28e. PLACE OF INJURY — At building, atc. (Specify)	home, farm, street,	factory, office		261. LOCATION (Street ar City or Town, State)	nd Number or Rum	I Route Number,	
	4 Nomicide determined					ony or rown, state)			
교	29e. CERTIFIER (Check only	ner as stated.							
Significant States and Number or Rural Route City or Town, State) 281. LOCATION (Street and Number or Rural Route City or Town, State) 282. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, dasth occurred at the time, data and placa, and due to the cause(s) and menner as steted.									
29c. LICENSE NUMBER 29d. DATE SIGNED (Monjh, Day, Year)									
70	Heles Vi There	my			V-219	10	· 10/:	27/91	
	THE AND ADDRESS OF PERSON WHO CO	MPLETED CAUSE OF DEATH (I		rara	Dr.	Whonton	ind	20906	
	31. DATE FILED (Month) Day 1991	12. RASISTAAN'S SICHETURE		· u l u	UI.	Vy rieu jor	, , , , ,	20100	
	001 24 1331								



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	FOR STATE REGISTRAR	J.,	STATE OF M	MARYLAND C	/ DEPAR	RTMENT	T OF I	HEALTH A	ND M	ENTAL HYGIEN REG. NO.	E	9	28989
	1. OECEDENT'S NAME (First		WII	LLIAM	CARL	FRIC	CK			2. DATE OF DEATH MONTH DA	2,199		10:00 A.
	212-32-6910 XX M		5. SEX	6. AGE (In yrs. I	est birthday) YRS.	IF UNDER	DAYS	IF UNDER 24	HRS.	7. DATE OF BIRTH (Month, Day, Year) MAY 1, 19		8. BIRTHP Country)	LACE (State or Foreign YLAND
OR	9e. FACILITY NAME (If not institution, give street and number) 1311 BLACK FRIARS ROAD							OR LOCATION NSVILL		тн	9c. COU	RAT.T	IMORE
5	RESIDENCE OF DEC	SIDENCE OF DECEDENT STATE 10b. COUNTY										21121	ITIONE
L DIRECTOR	MARYLAND		ALTIMORE		10c. CITY, TOWN OR LOCATION CATONSVILLE							- 1	Od. INSIDE CITY LIMITS? YES 2 XXO
FUNERAL	1311 BLAC	K FRI	ARS ROAD					21228			10g. CITI		S.A.
BY	11. MARITAL STATUS 1 Never Married 2XX 3 Widowed 4 Divo		IF YES, GIVE WAR OR DATE			S. ARMED 13. WAS DECENDENT OF HISPAN It yee, specify Cuben, Mexicar 1 YES 2 NO Specify				ORIGIN? (Specify Yea Puarto Rican, atc.)	or No-	14. RACE - Black, Specify:	- American Indian, White, atc. WHITE
9	15. DEC	EDENT'S EDU	CATION completed)	18a, C	ECEDENT'S	USUAL O	CCUPATI	ON		16b. KIND OF BUS	INESS/IND	USTRY	
COMPLET	Elementary/Secondary (0	ilementary/Secondary (0-12) College (1-4 or 5 +)					RETAIL	STO	RE				
BE CO	17. FATHER'S NAME (First, MI WILLIAM E.							(First, Middle, Maiden S	Sumame)				
0	19a. INFORMANT'S NAME (7)	rpe/Print)		1	Sb. MAILING	ADDRESS	(Street a	and Number or	Rural Rou	ate Number, City or Town	. State. Zip	Code)	
-	DAVID M. FRICK (SON) 102 MAIDEN CHOICE LANE, BALTIMORE, MARYLAND 21228												
	20a METHOD OF DISPOSITE 1 X Surfet 2 Crematio 4 Donation 5 Other	(Specify)		MARYI.	AND O'V	ETER	ANS	CEMET	ERY	10/25/91 0	WING	S MIL	LS.MARYLAN
	21. SIGNATURE OF FUNERAL	ace e	CENSEE CO	L		LEE	ROY	M. & R	OF FACIL RUSSI	ELL C. WITAVENUE, CAT	TZKE	FUNE	RAL HOMES
CERTIFICATION	23. PART i. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, and proximate interval Between Onset and Death Approximate interval Between Onset and Death DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
MEDICAL	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO								MED?	At Co	ERE AUTOPSY FINDINGS MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO		
E I	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL					26. PL	ACE OF DEAT	H (Check	only one)			
5	1 TYES 2 NO		HOSPITAL: 1 Inpatient 2	ER/Outpatient	H-DOA	OTHER		e 5 🗆 Reside	ence 6	Other (Specify)			
PHYSICIAN:	27. MANNER OF DEATH		28e. OATE OF (Month, De		28b. TIME	OF	28c. INJ	URY AT	-	Bd. DESCRIBE HOW IN	JURY OCCI	URED	
B	1 Natural 5 F	Pending nvestigation				М	1 🗌 Y		0				
		Could not be intermined	28e. PLACE Of building, a	INJURY — At he itc. (Specify)	ome, farm, s	treet, tecto	ery, office		26	81. LOCATION (Street an City or Town, State)	d Number o	or Rural Rout	e Number,
COMPLET	29a. CERTIFIER (Check only one) 1 CERTI 2 MEDIC	FYING PHYSIC	CIAN: To the best of s	my knowledge, de aminetion end/or	eath occurre	d at the tir	me, date	end place, and	d due to t	the cause(s) and mann	er es atate	d. cause(s) ar	nd manner as stated.
10 BE	Hom v	Afr	an-					D268	50		▶ 16		191
1	Havry Me	tarr	*	Armo	M 27) (Type,	Print) Dac	e	Ba	et.	md :	2120	1	
	OCT 24	1991	32. REGISTRAF	'S SIGNATURE	we							-	

and have about the

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		C	ERTIF	ICATE	OF	DEA	TH	MENIAL	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF	DEATH			3. TIME OF DEATH
	LENORA P	FUKA							M975H/	14/99	AY	YEAR	1235 pm M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le	st birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF	BIRTH		8. BIRTI	IPLACE (State or Foreign
	216-01-2699	1 🗆 M 2 🔭 F	75	YRS.	MONTHS	DAYS	HOURS	MIN.	SEPT	2 6	1016	Count	ARYLAND
	9a. FACILITY NAME (If not institution, give :			9b, CITY	TOWN	OR LOCATI	ON OF D		20,		NTY OF D		
R	ST. AGNES HOSPITAL BALTIMORE												
5	RESIDENCE OF DECEDENT												
DIRECTOR	10a. STATE 10b. COUNT	Υ		10c, CIT	Y, TOWN O	R LOCAT	TION		A	-			10d. INSIDE CITY
1	MARYLAND BA			CAT	ONS	VILL	E					1 YES 2 NO	
ĭ.ĕ.	10e. STREET AND NUMBER				101	. ZIP COO	E			10g. CIT	IZEN OF V	WHAT COUNTRY?	
單	7 CASEY COURT						212	28				U. S	S.A.
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AI	RMED	13. 1	NAS DEC	ENDENT (F HISPA	NIC ORIGIN? (Spectfy Yes	or No-	14. RACE	E — American Indian, k, Whita, atc.
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE W	AR OR DATES	Į.			ZXXNO		nn, Puarto Rici	en, atc.)		Speci	My;
		<u> </u>											WHITE
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	completed)	(0	ECEDENT'S	work done o	CUPATIO	ON ast of working	ng	16b. K	ND OF BU	SINESS/INE	DUSTRY	
"	Elamentary/Secondary (0-12)	College (1-4 or 5	.)	Do NOT u									
N N	17. FATHER'S NAME (First, Middle, Last)			HOME	MAKER		_			_	WN HO	OME	
		D							ME (First, Mid		Sumame)		
띪	ARTHUR CARSON, S. 19a. INFORMANT'S NAME (Type/Print)	к.							UDE HA				
입	BRENDA L. STEMBL	ED (DAMA							Route Number,				
		ER (DAUGE						ROAD	, FULLE	_			
	20a. METHOD OF DISPOSITION 1 N Burlat 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemelery, crematory or other place) 20c. LOCATION — City or Town, State												
	1 N Burist 2 Cremetton 3 Removal from State 4 Donation 5 Other (Specify) LOUDON PARK CEMETERY 10/18/91 BALTIMORE, MARYLAND 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LEROY M. & RUSSELL C. WITZKE FUNERAL HOMES												
		1	· 1		LE	ROY	M.	RU	SSELL	C. W	ITZKE	E FUN	NERAL HOMES
	Lussole	en.	Te	4									E,MD.21228
	23. PART i. Enter the diseases, or	compilcations tha	t chused the de	eth. Do	not enter	the mo	de of dy	ing, suc	h as cerdia	or reepi	ratory arr	reat,	Approximate
	ahock, or heart fallure. List only one cause on each line. IMMEDIATE CAUSE (Final Onset and Death												
	at and	Myocar	dial in	farct	s, r	ecer	nt ar	nd o	1 d				
	e. Myocardial infarcts, recent and old Due TO (OR AS A CONSEQUENCE OF):												
Z	Sequentially list conditions Coronary atherosclerosis												
CERTIFICATION	Sequentially list conditions, If any, leading to immediate OUE TO (OR AS A CONSEQUENCE OF):												
2	cause. Enter UNDERLYING CAUSE (Disease or injury	с											
브	that initiated events reaulting in death) LAST	OUE TO	(OR AS A CONSE	OUENCE O	F):								
ER	reading in death) LAST	d											
2	PART ii. Other algolficant condition	a contributing to	death but not	reaulting	in the un	deriving	Cause (niven in	Part i 24	a. WAS AN	AUTOROV	1 245	WERE ALTERDA CALIFORNIA
DICAL		_				activity (1)	y cadae y	given in		PERFOR	MED?	240.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
									1	YES 2	□ NO		OF DEATH?
ME												1	1 X YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL												
PHYSICIAN:	EXAMINER?	HOSPITAL:	come trans		OTHER		ACE OF D	EATH (Ch	eck only one)				
ΥS	1 TYES 2 XNO	1 X Inpatient 2		1	_			aldenca	8 Other (S				
	1 Natural 5 Pending	28a. OATE OF (Month, Di		28b. TIM INJ	URY		RK?		28d, DESCR	IBE HOW II	NJURY OCC	CURED	
B	2 Accident Investigation	00-01-05-0					ES 2	NO					
8	3 Suicide 8 Could not be 4 Homicide determined	building,	F INJURY — At he atc. (Specify)	ome, tarm, s	street, facto	ry, office			28f. LOCATH City or 7	ON (Street a fown, State)	and Number	or Rural R	loute Number,
<u> </u>													
COMPLETED	29a. CERTIFIER (Check only one)	CIAN: To the best of	my knowledge, de	eth occurre	ed at the tir	ne, data	and place,	, and due	to the cause	a) and man	ner as stati	ed.	D.
ő	2 MEDICAL EXAMINE	R: On the beals of as	amination and/or	investigatio	n in my or	inlen, de	ath occur	d at the	tind, date and	d place, and	days to th	a cause(s) and mannar as stated.
ш	296. SIGNATURE AND TITLE OF CERTIFIE	0-041	0 .0	1	7000		29c. LICE	NSE MUN	ABER /	1112	29d. DATE	E SIGNED	(Month, Day, Year)
8	Geller	Y Wie	en, &	nD.				964	1018	810	▶10	/15/	91
2	30. NAME AND ADDRESS OF PERSON WH							/	100	317			
	William J. Hicke	n, M.D.,	St. Agı	nes H	ospi	tal,	900	Cat	on Av	e., I	Balto	., M	d. 21229
	31. DATE FILEO (Month, Day, Year) 0CT 24 1991	A DECHELON	T'S SIGNATURE	-									

It attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should and Hygiene prior to burial, cremation, or removal. Institute the leach certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. any injury, or other traumatic event, the medical examiner must be notified at once,

BALTIMORE, MARYLAND 21215-0020

CORDS, P.O. BOX 68760, DIVISION OF VITA TO THE HOSPITAL OR ATTENDING PHYSICIAN: IT THE FUNERAL DIRECTOR: After this conflict be filed within 72 hours after death with the SIGN IMPORTANT: If Item 28 is marked, or lest

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	offin	ď.	K!	DRIANT If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medic
r	5	ш	w.	2
10	ne d	慝	ā	5
	NO.	4	3	E
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO STITE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours at	the strength. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by	Thours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or rem	害

	1 - FOR STATE OF MAR	RYLAND / DEPAI CERTIF	RTMENT	OF HEALTH AND			28991			
	1. DECEDENT'S NAME (First, Middle, Last) N. Frica	(GORDON	1 M. 1	FRIEDMAN)	2. DATE OF DEATH MONTH	DAY	YEAR 1:35AM M			
	4. SOCIAL SECURITY NUMBER 5. SEX 1 3 - 14 - 34/5 1 M 2 F 9a. FACILITY NAME (If not institution, give street and number)	AGE (In yrs. lest birthdey) 69 YRS.	MONTHS	DAYS HOURS MIN.	7. DATE OF BIRTH (Morth, Day, Year) OCT-10,19	22 1	BIRTHPLACE (State or Foreign Country) MARYLAND			
DIRECTOR	828 N. EUTAW ST.			TOWN OR LOCATION OF O	DEATH	9c. COUNT	Y OF DEATH			
	MARYLAND BALTIMORE			R LOCATION BALTIMORE			16d. INSIDE CITY LIMITS? 1 YES 2 XNO			
FUNERAL	25 STONEHENGE CIR. #6			101. ZIP CODE 21208		U	EN OF WHAT COUNTRY? SA			
B≺	11. MARITAL STATUS 1 Never Married 2 K Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVIET FORCES? 1 X Y	11	MAS DECENDENT OF HISPA I yes, specify Cuban, Maxic YES 2 NO Specify	an, Puerto Rican, etc.)	s or No — 1	4. RACE — American Indian, Black, Whita, etc. Specify: WHITE				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5 +)	ise retired.)	CUPATION furing most of working	BALTO		CITIZENS C. RETIRED				
BE COM	17. FATHER'S NAME (First, Middle, Last) JACOB L. FRIEDMAN									
10	19a. INFORMANT'S NAME (Type/Print) MRS. FREDA FRIEDMAN	D 21208								
	20a. METHOD OF DISPOSITION 1 [X] Burlal 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	20b. PLACE AND DATE of cemetery, crematory or of BETH ET. M	other place)	TION (Name of			ry or Town, Stata			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE LUCY	nson	22. N	SOL LEVINSO	ON & BROS.	INC.	. MD 21215			
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such se cardisc or respiratory street, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) S. Metastatic Catcinoma from the mode of dying, such se cardisc or respiratory street, and proximate interval Between Oneat and Death Oneat and Death Out To (OR AS A CONSEQUENCE OF):									
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury	If any, leading to immediate cause. Enter UNDERLYING								
CERTIF	that initiated events resulting in death) LAST d	AS A CONSEQUENCE OF	F):							
PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing to deat	h but not resulting i	In the und	derlying cause given in	Part i. 24a. WAS AN PERFO		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
HAN:	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (Ch	neck only one)					
HYSIC	EXAMINER? 1 YES 2 NO 1 Inpetient 2 ER/C			ng Home 5 🗌 Residence	6 Other (Specify)	Hosp	10			
E I	1 Netural 5 Pending (Month, Oay, Yes	ar) INJ	JURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW					
ETED	4 Homicide determined				251. LOCATION (Street City or Town, State)					
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my known one) 2 MEDICAL EXAMINER: On the best of examination of examination of examination of the best of the best of the best of the best of the best of examination of the best o	iowledge, dasth occurre	ed at the time.	ne, data and place, and due inion, dasth occured at the	to the cause(a) and mai	nner as stated.	ause(a) and manner as stated.			
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER JULY 30. NAME AND/ADDRESS OF PERSON WHO COMPLETED CAUSE OF	layin	- MA	29c LICENSE NUM	MBER 268		10NED (Month, Oay, Year)			

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUS 31. DATE THE OCT 24 1991

200 15 100 July 100 15 100

BALTIMORE, MARYLAND 21215-0020	HYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. HYSICIAN: The law requires that the death certificate be executed within 24 hours after death of the death of the death of the second of the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.	n, or removal. e medical examiner must be notitied at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 TO THE THE EARL, IMPECTOR: After this certificate has signed by the attending physician and completely fill the certificate has been signed by the attending physician and completely fill the certificate has been certificated by the attending physician and completely fill the certificate has been certificated by the attending physician and completely fill the certificate has been completely fill the certificate the certificate has been completely fill the certificate and completely fill the certificate has been completely fill the certificate	TIMPOPTANT: It liem 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notitied at once.

	1 - STATE STATE OF MARY	LAND / DEPAR	TMENT OF H	EALTH AND			28992			
	1. DECEDENT'S NAME (First, Middle, Last) Adam Edward Glowack	2. DATE OF DEATH	3 91	YEAR 3. TIME OF DEATH						
		(In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	08	B. BIRTHPLACE (State or Foreign Country) New Mexico			
DIRECTOR	96. COUNTY OF DEATH 5/1 South Luzerne Avenue Baltimore 9c. COUNTY OF DEATH									
	10a. STATE 10b. COUNTY 10a. STREET AND NUMBER		Baltimore				10d. INSIDE CITY LIMITS? 1 X YES 2 NO			
FUNERAL	5// South Luzerne Avenue 11. MARITAL STATUS 12. WAS DECEDENT EVER			2/22	4	U	S.A.			
ВУ	1 Never Married 2 Married FORCEST 1 TYPES OF THE PROPERTY OF T	2 NO	If yea, ape	ENDENT OF HISP city Cuban, Maxic 2 Spec	ANIC ORIGIN? (Specify Year, Puerto Ricen, etc.)	es or No-	14. RACE American Indian, Black, White, atc. Specify: White			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	life. Do NOT use	ork done during mos	N t of working	16b. KIND OF B					
E COM	17. FATHER'S NAME (First, Middle, Lest) Stanislaus Glowacki	Jeg-e	трходеа	18. MOTHER'S N	AME (First, Middle, Maide					
TO B	19a. INFORMANT'S NAME (Type/Print) Bonnie Mooney	19b, MAILING /	ADDRESS (Street ar	nd Number or Rura	Route Number, City or To	wm, State, Zip C	Code)			
	4 Donation 5 Other (Specify)	b. PLACE AND DATE OF	F DISPOSITION (Nat	ne of	DATE 20c. L		ty or Town, Stata			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Chula D. Zeile		Charle	S.Ze	ler & Son	Inc.	5224 Fastern Ave.			
	shock, or heart failure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE DF):									
AL CER	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS									
PHYSICIAN: MEDICA			- die diederying	Cause given in	Part I. 24a. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inputiant 2 ER/Out		OTHER:	CE OF DEATH (C						
	27. MANNER OF DEATH 1 Natural 5 Pending 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJU RY WOR	RY AT K?	8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCU	RED			
TED BY	2 Accident Investigation 3 Suicide 8 Could not be defarmined 28a. PLACE OF INJURY building, etc. (Spe	/ — At home, farm, str city)	M 1 YES 2 NO			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my know one) 2 MEDICAL EXAMINER: On the basis of examination	riedge, death occurred	at the time, date a	nd place, and du	to the cause(a) and ma	nner se stated.				
TO BE C	29h. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NU		,	HIGNES (Month, Day, Year)			
F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, F	Print)				10-///			
	31. DATE FILED (Month, Day, Year) OCT 24 1991	YURE								

Willes 1881 Schoolsen Speller

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Pages 1, 2, 3 should

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRA
1. DECEDENT'S
Kevi
4. SOCIAL SECU
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Front
919 WE
10a. STATE
Md.
10e. STREET AN

91-6073-510

STATE OF MARYLAND / DEPARTMENT O		MENTAL HYGIENE
CERTIFICATE (OF DEATH	REG NO

	MEGISTHAH			JERHIF	ICALE	OF	DEAT	ГН	F	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last								2. DATE OF MONTH	DEATH		YEAR	3. TIME OF DEATH	
	Kevin 4. SOCIAL SECURITY NUMBER		D.		Gamb		11		10	17			12:46	AM
		5. SEX	6. AGE (In yrs. 22	last birthday) YRS.	IF UNDER 1	YEAR DAYS	IF UNDER	24 HRS.	7. DATE OF I	BIRTH ny, Ybar)		8. BIRTI	HPLACE (State or Fore	e/gn
	217-84-4884		1/29/69 Md.											
Œ	99. FACILITY NAME (If not institution, give Front steps of	street and number)			96. CITY,	TOWN O	R LOCATE	ON OF DE	ATH		9c. COUN	ITY OF D	DEATH	
2	919 Washingtor	Boulev	ard		Bal	tir	nore							
EC	10a, STATE 10b, COUN			10c. CIT	Y, TOWN OR	LOCAT	ION					-	10d. INSIDE CITY	
5	Md.				Baltimoee 1.1/E yes 2 \(\sigma \) No								10	
AL	10e. STREET AND NUMBER				·	101. ZIP CODE 10g. CITIZEN OF WHAT COUNTE								
ÉH	1228 Ba	yard St.			21230						US	SA		
FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDEN	T EVER IN U.S.	ARMED	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No — 14. RACE — America If yea, specify Cuban, Mexicen, Puerto Rican, etc.)							E — American Indien	١,	
ВУ	3 Wildowed 4 Divorced	IF YES, GIVE Y	WAR OR DATES	FILO			SIT NO			n, etc.)		Spec	elfy:	
	15. DECEDENT'S ED	ICATION	100	DECEDENT'S	1101111 001							~	. America	n
COMPLETED	(Specify only highest grad	e completed)		(Give kind of a life. Do NOT us	voric done du	iring mos	st of workin	g	16b. KIN	ID OF BUSI	NESS/IND	USTRY		
<u>P</u>	clementary/secondary (0-12)	College (1-4 or 5	•)											
S S	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	ER'S NAM	ME (First, Middl	le Melden S	(mame)			
BE C	Harry Bar	ney				- 1		endo			bri1	1		
10 B	19e, INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (Street ar	nd Number	or Rural R	loute Number, (City or Town,	State, Zip	Code)		_
۲	Gwendolyn Gam	brill							T3rra				. 21217	
	20a. METHOD OF DISPOSITION 1 Durial 2 Cremation 3 Ref	noval from State		EAND DATE		ION (Na	me of		DATE	20c. LOC/	TION — C	City or To	own, Stata	
	d Donetion 5 ☐ Other (Specify)		M Cemetery,	t. Zic	ner place) N		10	/22/	91	Lan	sdow	ne.	Md.	
	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE	100		-22, N		D ADDRES	S OF FAC	YILITY					
	licel C	100	COV						ers F					
	23. PART I. Enter the diseases, or	complications the	t caused the	daeth. Do n	ot enter ti	he mod	de of dyl	ng, auch	sa cerdiec	or reepira	tory srre	et.	Approximete	
	ahock, or heert fellure. IMMEDIATE CAUSE (Finel	Liet only one cau	ise off each II	ne.									Intervel Bet	ween
	disease or condition resulting in deeth) • MUTPLE GUISHOT WOUNDS DUE TO (OR AS A CONSEQUENCE OF):													
	DUE TO (OR AS A CONSEQUENCE OF):													
N	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):													
AT	If any, leeding to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONS	EOUENCE OF):									
CERTIFICATION	CAUSE (Disease or Injury	C	(OR AS A CONS	FOLIENCE OF										
E	that initiated eventa reculting in death) LAST		(on no n oons	LOOLNOL OF	1-								Ì	
8		d												
MEDICAL	PART II. Other significent condition	ns contributing to	deeth but not	raculting i	n tha und	erlying	cause g	iven in F	Part I. 24a	. WAS AN AL		24b	WERE AUTOPSY FIND	DINGS
음									1 d	YES 2		1	COMPLETION OF CAL OF DEATH?	
									_ ['				1 YES 2 NO	
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PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:				ck only one)					
ΥS	1 X YES 2 NO	1 Inpatient 2		3 DOA	4 🗆 Nursin	g Home	5 🗆 Ras	idenca 8	Cother (Sp	ecity) fr	ont	st	ens	
	1 Naturel 5 Pending	28a. DATE OF (Month, O		28b. TIMI	JRY 2	Bc. INJU WOF	RY AT		28d. DESCRIE	BE HOW INJ	URY OCCU	JRED		
BY	2 Accident Investigation		1991	12:4	JA	1 🗌 Y	ES 2 3		Subje					
ED	3 Suicide 8 Could not be 4 Homicide determined	building,	F INJURY — At I etc. (Specify)		treal, factor	y, office			28f. LOCATION	N (Street and wn, State)	d Number o	or Rural F	Route Number,	
3 Suitcide 4 Administer of Rural Roc. (Specify) 4 Administer of Rural Roc. (Specify) 5 Front steps 29s. CERTIFIER (Check only of Roc. only of Rural Roc. only of Rur								Blvd.						
₽ P	(Check only	ICIAN: To the best of	my knowledge,	death occurre	d at the time	e, date :	end place,	and due t	o the cause(a)) and menne	er an atate	d.		
8	2 MEDICAL EXAMIN		camination and/o	r investigation	ı, in my opli	nion, de	ath occurs	d at the ti	lme, data and	placa, and	dua lo lha	causa(a) and manner es atate	ed.
H H	296 SIGNATURE AND TITLE OF CENTIFIE	2 M/11/1	m	2			29c. LICE	NSE NUME	BER	1	ed. DATE	SIGNED	(Month, Day, Year)	
2	30 NAME AND ADDRESS OF STORES	O COMPLETE		/			0.0	М.	Ε.		10	17	1991	
	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUS	SE OF DEATH (IT	ЕМ 27) (Туре,	Print)									
	Margarita A.	Korell	MD	111	Pen	n S	tre	e t	Ralt	imor	ο M.		land 21:	201
100	31. DATE FILED (Month. Day. Year)	32 REGISTRA	R'S SIGNATURE						Dall	THILL	- 11	ar v	land ZI.	Z U -
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	R'S SIGNATURE	2011	או נול	10			DAIL	THIOT		ary	Land ZI	201

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FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

t ERBer

7. DATE OF BIRTN (Month, Day, Year 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 1 M 2 F 216-05-3506 5/22/1911 permit, Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF GEATN DIRECTOR UNIVERSITY HOSPITAL BALTIMORE 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION MARYLAND BALTIMORE BALTIMORE FUNERAL 10s. STREET AND NUMBER 101. ZIP CODE 7 SLADE AVE., APT. 202 21208 use as the burial-transit hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuban, Maxican, Puarto Rican, etc.)
 WES 2 NO Specify: FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 2 X Married ВУ 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16s. DECEDENT'S USUAL OCCUPATION (Give kind of work done life. Do NOT use retired.) ρ Elementary/Secondary (0-12) College (1-4 or 5+) detached 4 CPA once. 17. FATHER'S NAME (First, Middle, Lest) 18. MOTNER'S NAME (First, Middle, Malden Surname) Page 6 may be retained by the **JACOB** GOLDMAN NETTIE funeral director, page 5 should be notified at BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MRS GERTRUDE GOLDMAN SLADE AVE. APT. 202 pe 20er METNOD OF DISPOSITION
1 1 Burlat 2 Cremation 3 Removal from State 206. PLACE AND DATE OF DISPOSITION (Name of DATE must 4 Donation 5 Other (Specify) ARLINGTON (CHIZUK AMUNO) 10/23/91 21. SIGNATURE OF TONERAL SERVICE CO examiner 22. NAME AND ADDRESS OF FACILITY hours after death. SOL LEVINSON & BROS., INC. completely filled in by the rial, cremation, or removal. 6010 REISTERSTOWN RD. BALTO., MD medical 23 PART i. Enter the diseases or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, shock, or heart failure. 4-15 only one cause on each line. IMMEDIATE CAUSE (Final the disease Dr condition certificate be executed within reaulting in desth) traumatic event, and corr o burial, CERTIFICATION Sequentially list conditions, prior to TO (OR AS A CONSEQUENCE OF) if sny, leading to immediate cause. Enter UNDERLYING the attending physician Mental Hygiene pnor to 700 other t CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST 6 OR ATTENDING PHYSICIAN: The law requires that the death PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. MEDICAL has been signed by the Dept. of Health and N T 23 shows any Inje PHYSICIAN: item ! 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) certificate h **EXAMINER?** HOSPITAL: OTHER: 1 YES 2 NO 4 Nursing Nome 5 Realdence 6 Other (Specify) e p 27. MANNER OF DEATH 26a. DATE OF INJURY 26b. TIME OF 28c. INJURY AT WORK? ig d marked, 26d. DESCRIBE NOW INJURY OCCURED Natural 5 Pending L DIRECTOR: After the chours after death w littern 28 is mark В 1 YES 2 NO 2 Accident Investigation 26s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be detarmined COMPLETED 4 Homicide 29a, CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. MPORTANT: II 2 __ MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 2

30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

5.

CERTIFICATE OF DEATH

(XOLDM

NM1

REG. NO.

PELTZ

24a. WAS AN AUTOPSY

PERFORMED? 1 YES 2 NO

2. DATE OF OEATH

0

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3. TIME OF DEATH 15A 6. BIRTHPLACE (State or Foreign MARYLAND 9c. COUNTY OF DEATH IOd. INSIDE CITY 1 TYES 2X NO 10g. CITIZEN OF WNAT COUNTRY? USA 14. RACE — American Indian, Black, White, atc. Specify: WHITE 16b. KIND OF BUSINESS/INDUSTRY ACCOUNTING BALTIMORE, MD 21208 20c. LOCATION — City or Town, Stata BALTIMORE, MD Approximate interval Between Onset and Desth \mathcal{D} 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

DHMH-16 Rev 1/89

29d. DATE SIGNED (Month, Day,



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ficate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be de		0
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OR	s after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remo	60
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6	2	IMPORTANT: Il liom 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 • STATE	STATE OF I	MARYLAND	/ DEPAF	RTMEI	NT OF I	HEALTH	AND	MENTAL	. HYGIEI	9 1 NE	2	8995	
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		С	ERTIF	ICAT	E OF	DEA	ГН		REG. NO	D			
	2.										DAY	YEAR	3. TIME OF DEATH	^
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. In	et hirthrieu)	ac time	ER 1 YEAR	T INDE		10		18 1	1991	10:55 A	/ 1
	217-26-6453	1 🗆 M 2 🗙 F	87	YRS.	MONTH	T	HOURS	MIN.	FEB.	PERTH Day 212"	1904	8. BIRTH	PLACE (State or Foreign ARYLAND	
	9a. FACILITY NAME (If not institution, give s		0,	-	ah Cr	TV TOWN	DR LOCATI	011.05.0		. 22/	_			_
TOR	UNION MEMORIAL H				DRE C		EATN		9c. CDU	NTY OF D	EATN			
DIRECTOR	10a. STATE 10b. COUNT MARYLAND		10c. CIT		OR LOCA					10d. INSIDE CITY				
	10e. STREET AND NUMBER						f. ZIP CODI						1 TYES 2 NO	
FUNERAL	4401 ROLAND AVE.	, Δρτ. 2	10			"		210			USA		HAT COUNTRY?	
N N	11. MARITAL STATUS	12. WAS DECEDEN		PMED		, WM 0. D.S.					1			
ВУ	1 Never Married 2 Married 3 Wildowed 4 Divorced	FDRCES? 1 IF YES, GIVE W	YES 2 X	ND		If yes, st	pecify Cuba	n, Mexica	NIC ORIGIN In, Puerto R y:	(Specify Yolcen, etc.)	s or No—	14. RACE Black Specia	- American Indian, White, etc.	
	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DI	ECEDENT'S Give kind of	USUAL	OCCUPATI	DN		16b.	KIND OF BU	JSINESS/INI	DUSTRY		-
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5		Do NOT us	se retired	e ounng me .}	ost or workin	rg .						
Ā.		1	I	EXECU	TIV	E				M	en's	CLOT	HING	
8	17. FATNER'S NAME (First, Middle, Last)						18. MOTE	IER'S NA	ME (First, M	iddle, Maider	Sumame)			_
BE	ALEXANDER KUSHN	ER							DORA	A F	INEGO	LD		
2	19a. INFORMANT'S NAME (Type/Print)	TIMETO	19	b. MAILING	ADDRE	SS (Street i					vn, State, Zip			_
	MRS. MELVERNE KLITENIC 4348 PONCA AVE. TOLUCA LAKE, CA 91602													
	20a. METHOD OF DISPOSITION 1 XBurial 2 Cremation 3 Removal from State 4 Donalion 5 Other (Specify) DATE 20c. LOCATION - City or Town, State ARLINGTON (CHIZUK AMUNO) 10/21/91 BALTIMORE, MD													
*112	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON								3 VIO	BROS	,. IN	C.	D 21215	_
	23. PART I. Enter the disasses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition.											Approximata Interval Batwee Onsat and Daa 5 days		
CERTIFICATION	Sequentially liat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST DUE TO (DR AS A CONSEDUENCE OF): DUE TO (DR AS A CONSEDUENCE OF): DUE TO (DR AS A CONSEDUENCE OF):													
- 1	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY FINDINGS													
PHYSICIAN: MEDICAL	Hypertension	Euler 715			Arci	rous	MI			PERFO	RMED?		WERE AUTOPSY FINDING: AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO	S
AN	25. WAS CASE REFERRED TO MEDICAL													
를 기	EXAMINER?	HOSPITAL:			OTHE		ACE OF DE	ATN (Che	eck only one,					
¥	1 YES 2 NO		ER/Outpatient 3		4 🗆 Nu	reing Hom		ildence	8 🗆 Other	Specify)				
	1 Neture 5 Pending (Month, Day, Year) INJURY						URY AT		28d. DESC	DESCRIBE NOW INJURY OCCURED				
TED BY	2 Accident Investigation M 1 YES 2 NO							28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				_		
COMPLET		CIAN: To the best of ax	my knowledge, de amination and/or i	ath occurre	d at the	time, date opinion, d	and place,	and due	to the caus	e(a) and maind place, en	nner as alat	ed.	and manner ea ateted.	
TO BE	2 MEDICAL EXAMINER: Do the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the ceuse(a) and manner as ateted. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 10 / 13 / 91													

DADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Afrey Todak M. 2. 201 E. University Pleasey

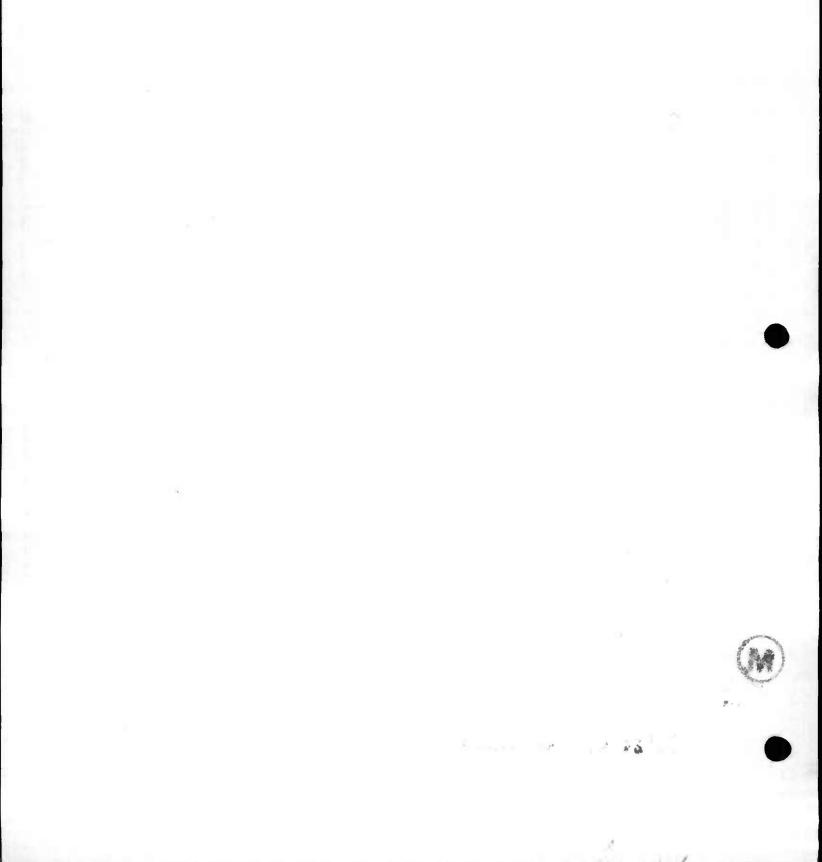
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32 ANGISTRAN'S GIGNATURE

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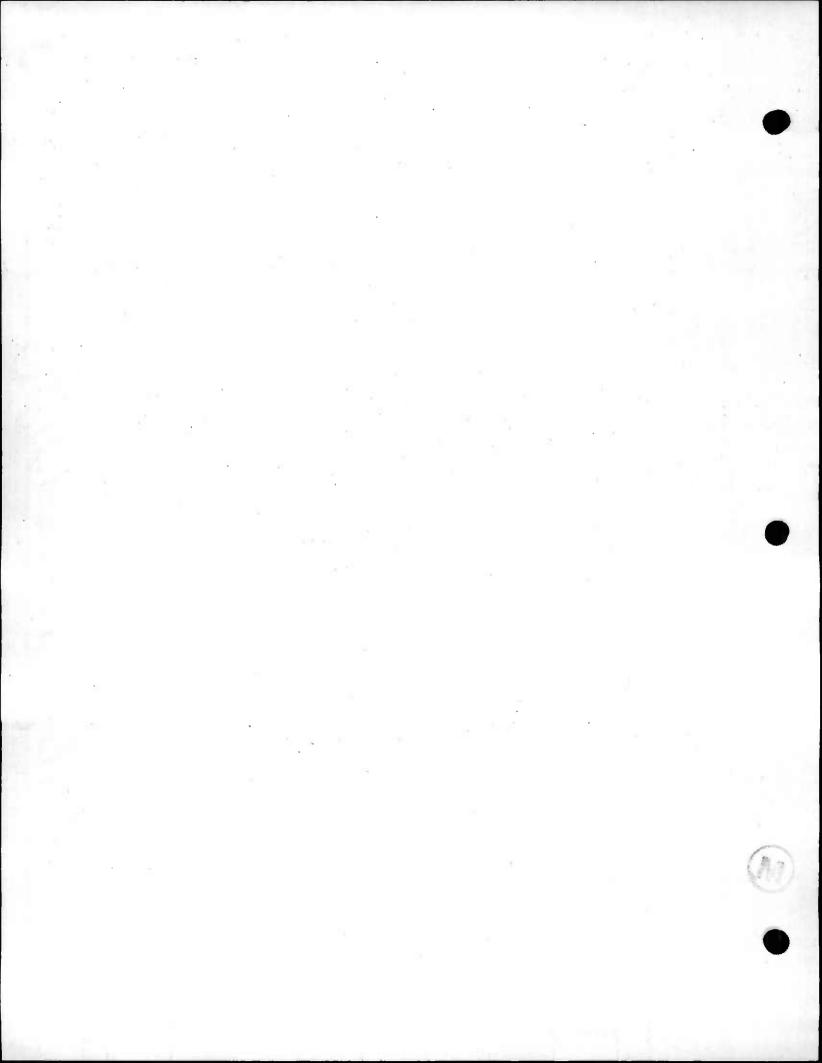
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

Transport After the certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. MPDRTANT, it item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH		YGIENE EG. NO.	-1-E-1/4-E							
- 3	1. DECEDENT'S NAME (First, Middle, Last) KATHERINE C. GEER	2. DATE OF D MONTH 09	DEATH	3. TIME OF DEATH 6:30 a. M							
	4. SOCIAL SECURITY HUMBER 2.18 3.4 0.178 1. M 2. X F 8. AGE (in yrs. last birthday) FUNDER 1 YEAR IF UNDER 1 YEAR IN UNDER	7-20-	1904	BIRTHPLACE (State or Foreign Country) Maryland							
CTOR	RESIDENCE OF DECEDENT	Overlea	9c. COUNTY	na							
- DIRECTOR	106. STATE 106. COUNTY 106. CITY, TOWN OR LOCATION Baltimore 106. STREET AND HUMBER		10d. INSIDE CITY LIMITS? 1 X YES 2 NO								
FUNERAL	BelAir Convalesarium 6116 Belair Road 212	:06	10g. CITIZEN	USA							
B	11. MARITAL STATUS 1	xicen, Puerto Rican		RACE — American Indian, Black, White, etc. Specify: White							
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Retired Nurse		o of BusiNESS/INDUS								
	17. FATHER'S HAME (First, Middle, Last) 18. MOTHER'S	HAME (First, Middle	s, Meiden Sumame)								
TO BE	19e. INFORMANT'S HAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Ru	ural Floute Number, C	lity or Town, State, Zip Co	de)							
	20s. METHOD OF DISPOSITION 1	or	20c. LOCATION — City	or Town, State							
	21. SIGHATURE OF FUHERAL SERVICE LICEHSEE Ronald Wade, Dir 655 W. Baltis		STATE ANAT Balto.,M								
L CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such ea cerdiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST DUE TO (OR AS A COHSEQUENCE OF): DUE TO (OR AS A COHSEQUENCE OF): DUE TO (OR AS A COHSEQUENCE OF):										
PHYSICIAN: MEDICAL	PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given DEMENTA		I. 24e. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 HO								
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMIHER? 1 YES 2 HO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residen		enthal								
	27. MAHHER OF DEATH 28e. DATE OF IHJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 1 Hetural 28c. HJURY AT WORK?	28d. DESCRIE	BE HOW INJURY OCCUP	RED							
TED BY	2 Accident 3 Suicide a Could not be determined 4 Homicide 28e. PLACE OF IHJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State)										
COMPLETED	29e. CERTIFIER (Check only one) 2 DEDICAL EXTERNION FROM LET To the best of my knowledge, death occurred at the time, date end place, and one) 2 DEDICAL EXTERNION FROM LET TO the best of examination end/or investigation, in my opinion, death occurred at			suse(e) and manner se stated.							
8	296. SIGNATURE AND TITLE CHRITIFIER MD 29c. LICENSE DOS	HUMBER 3 K C	> 9/	24/97							
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)		1								
	31. DATE FILED (Month, 279 gar) July 32. HEGISTBAR'S STORATURE OF										



TO STEMONS PHYSICIAN: The law requires that the death certificate be executed within 24 hours after the trending physician and complisher filing in the strending physician and complisher filing in the strending physician and complisher filing in the strending physician and complisher filing in the strending physician and complisher filing in the strending physician and complisher filing in the strending physician and complisher filing in the strending physician and complisher filing in the strending physician and complisher filing in the strending physician and complisher filing in the strending physician and complisher filing in the strending physician and complisher filing in the strending physician and complisher filing in the strending physician and complisher filing in the strending physician and complisher filing in the strending physician and complisher filing in the strending physician and complisher filing in the strending physician and complisher filing in the strending physician and complisher filing physician and complisher fi

the state of the s	r the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the hunal-transit parmit pages 1.2.3 should	after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.	28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notitled at once.	
	er the certificate has been signed by the attending physician and com	th with the State Dept. of Health and Mental Hygiene prior to bunial.	narked, or item 23 shows any injury, or other traumatic ev	
	CTOR: AS	after do	28 is r	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Azillee YEAR Hallums 10-23-91 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 24 HRS. IF UNDER 1 YEAR 8. BIRTNPLACE (State or Foreign 1 M 2 X HOURS 249-40-8553 YRS. 7-4-1912 9a. FACILITY NAME (If not institution, give street and nu 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATH DIRECTOR 3806 Woodridge Balto Md RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Balto 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3806 Woodridge Rd. 21229 **USA** 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 1 Never Married 2 Married 2 X NO If yes, specify Cuban, Maxican, Puerto Rican, etc.) ВҰ 1 TES 2 NO Specify: 3 Wildowed 4 Divorced Specify Black COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 17, FATHER'S NAME (First, Middle, Last)
William Nesbitt 18. MOTHER'S NAME (First, Middle, Maiden Surname) Cammie Barton BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Ruth Hough 3806 21229 Woodridge 20a. METNOD OF DISPOSITION
1 N Burlel 2 Cremation 3 R 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State 4 Donation 5 Other (Specify) Greenlawn Cemetery S.C **Easley** 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY March Funeral 4300 Wabash Ave 23. PART i. Enter the diseases, or complications that coused the death. Do not enter the mode of dying, such as cerdiec or respiratory errest, Approximate ahock, or heart feliure. List only one ceuse on each line intarval Between **IMMEDIATE CAUSE (Finel Onset and Death** YANCRE ATIC disease or condition CANCER resulting in death) DUE TO (OR AS A CONSEQUENCE OF) PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in dasth) LAST PART II. Other significent conditions contributing to death but not reaulting in the underlying ceuse given in Pert I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO OF DEATN? 1 - YES 2 - NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) EXAMINER? HOSPITAL: 1 TES 2 NO OTHER: 1 Inpatient 2 ER/Oulpatient 3 DOA 4 ☐ Nursing Nome 5 Residence 6 ☐ Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 X Natural 5 Pending М ВУ 1 YES 2 NO 2 Accident Investigation 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide COMPLETED 6 Could not be determined 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Nomicide 29a. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data end place, and due to the cause(s) and manner es stated. 2 MEDICAL EXAMINER: On the besis of exemination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated 29b. SIGNATURE AND TITLE OF CERTIF \$290.71 BE 29d. DATE SIGNED (Month, Day, Year) 10.24.91 2 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) R. KRi MD N. EUTAW SHNAN 821 BALTIMORE MD 21201 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

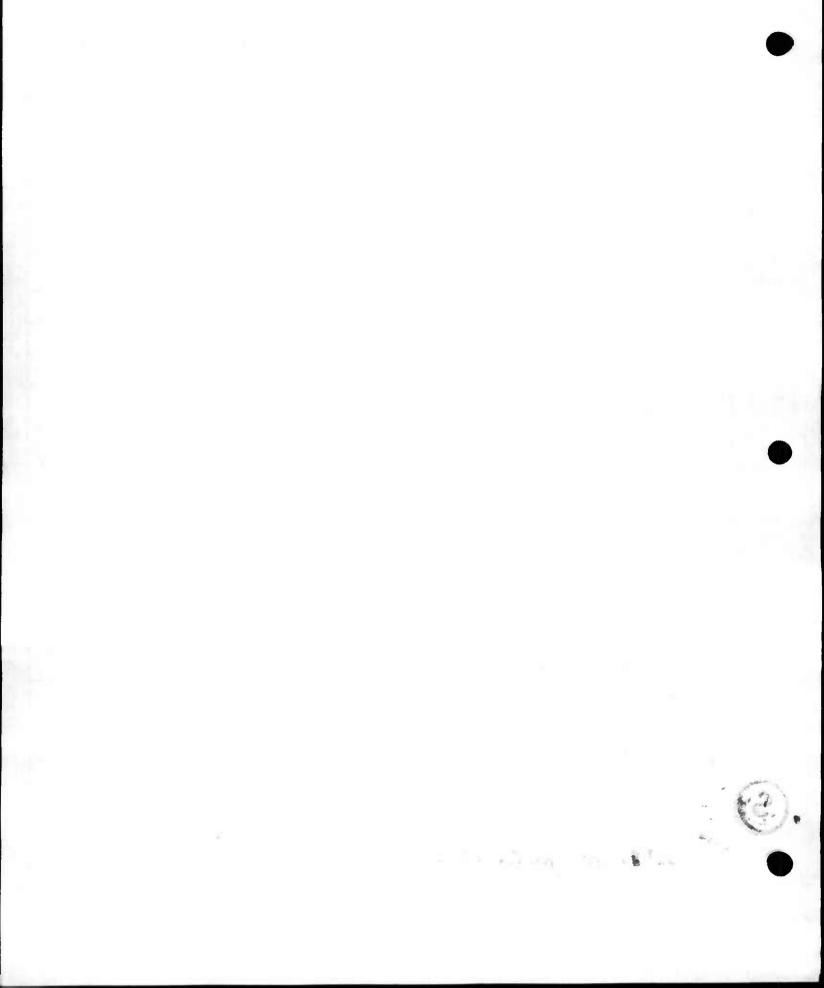
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00124130 Julian Hales

THE INSTITUTE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos THE INSTITUTE. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. ORTINITY II Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.		- NOISH	CHICAGO CONTRACTOR CONTROL CON	DALIMONE, MARYLAN
THE MAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detacted in the state Dept. of Health and Mental Hydiene prior to burial, cremation, or removal. ORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once	-	THE IDSPITUL OR ATTENDING PHYS	ICIAN: The law requires that the death certificate be executed within	4 hours after death. Page 6 may be retained by the hos
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	E	DRIANT: II item 28 is marked,	or Item 23 shows any injury, or other traumatic event, t	in, or removal. e medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF N	MARYLAND	/ DEPAI	RTMENT ()F H	EALTH AND	MENT	AL HYGIEI		J :	20998
	1. OECEDENT'S NAME (First, Middle, Last) Albert	R.			HE			2. DAT	E OF DEATH	DAY24	94	3. TIME OF PEATH A
	4. SOCIAL SECURITY NUMBER 218-12-7317	5. SEX 1 M 2 D F	67 MONTHS DAYS HOURS MIN. (Monti				E OF BIRTH nth, Day, Year) 7-26-	24	Count	HPLACE (State or Foreign ny) Balto. MI)		
TOR	99. FACILITY NAME (If not institution, give s Franklin Square RESIDENCE OF DECEDENT						r LOCATION OF	DEATH		9c. COL	NTY OF C	EATH
DIRECTOR	10a. STATE 10b. COUNT	ltimore			ry, town on i		TON					10d. INSIDE CITY LIMITS? 1 YES 22 NO
FUNERAL	100. STREET AND NUMBER 1231 Spring Ave					101	21237				USa	WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS OECEDEN FORCES? 1 IF YES, GIVE W	T EYER IN U.S. A XYES 2 AR OR DATES	RMED NO	If ye	18, SP	ENDENT OF HISP ocity Cuban, Maxi 2 1 NO Spec	can, Puarte	ilN? (Specify Yes	s or No-	14. RACI Blac Spec	E — American Indian, k, Whita, atc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +	,	Give kind of le. Do NOT u		ng mo	st of working	10	Sb. KIND OF BU			
	17. FATHER'S NAME (First, Middle, Last) John E. Herwig	4	rie	Cham	cal Er	ığı	18. MOTHER'S	AME (First	Edgew	Sumame)	rsen	aT
TO BE	19a. INFORMANT'S NAME (Type/Print) Bryan A. Herwig		1	96. MAILING RD 2	ADDRESS (S	reet a	nd Number or Run bridge	Dr. I	mber, City or To	wn, Stelle, Zij Stewa	p Code) .rtst(17363 own, PA
	20s. METHOO OF DISPOSITION 1		20b. PLACE cemeleny, ca	AND DATE	OF OISPOSITIO	N (Na	me of	OA		ocation —		
	21. SIGNATURE OF FUNETIAL SERVICE LIC	27	elly		121	ich 1		le Fi Ave	neral	Home		
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the seath. Do not enter the mode of dying, such as cardlec or reepiratory arrest, ahock, or heart feilure. Liet only one cause on each line.									Approximate interval Between Onset and Daath		
MEDICAL	AMAILABLE PRIOR TO COMPLETION OF COMPLETION									WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient :	3 DOA	OTHER:		ACE OF DEATH (C					
ВУ РН	27. MANNER OF DEATH 1 Naturel 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? WORK? 28d. DESCRIBE HOW INJURY OF INJURY AT WORK?								INJURY OC	CURED	
	3 Suicide 8 Could not be 4 Homicide 8 Could not be determined 28a. PLACE OF INJURY — At home, farm, atreet, factory, offica City or Town, State) 28a. PLACE OF INJURY — At home, farm, atreet, factory, offica City or Town, State)										oute Number,	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYINO PHYSIC One) 2 MEDICAL EXAMINEI	CIAN: To the best of ax	my knowledge, de emination and/or	eath occurre	nd at the time,	data a	and place, and du ath occured at th	e to the co	use(a) and ma a and place, ar	nner as atai	led. ne cause(a	and manner as stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIED		nD				29c. LICENSE NU	MBER FY			E SIENEO	(Mohth, Day, Year)
362		SHNER 2				#1	.03 Spar	ks,	MD.211	52		
	31. DUCT #4 1991	THA DRIVERS	S SICHATURE	M.								



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traumatic event, the medical examiner this certificate has been signed by the attending physician and comwith the State Dept, of Heatth and Memal Hygiene prior to burial, with the State Dept, of Heatth and Memal Hygiene prior to burial, when on their traumatic evided, or Item 23 shows any injury, or other traumatic evided. shows any injury, marked. THE FUNERAL DIRECTOR; After filed within 72 hours after death 28 is

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) Hannon C. HANNON Brenda 2. DATE OF DEATH 3. TIME OF DEATH NOWNA C YEAR 0 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign 127-32-6120 1 M 2 F 50 8/7/41 Md. 9e. FACILITY NAME (If not institution, give 9b. CITY. TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATH U. 54 MD FUNERAL DIRECTOR BARTIMORE RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Baltimore 1# YES 2 NO 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2539 Seamon Ave. 21225 USA 12. WAS OECEDENT EVER IN U.S. ARMED 11, MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2: 1 Never Married 2 Merried If yes, specify Cuban, Mexicen, Puerto Rican, etc.) В 1 YES 2 A NO Specify Specify: 3 Widowed 4 Divorced Afr. American COMPLETED 15. DECEDENT'S EDUCATION 18e. DECEOENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 18b. KIND OF BUSINESS/INQUISTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) Cashier D.A.V. Thrift Store 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Meiden Surname) notified at Ernest Parker Parker Mary BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Herman Harris 2539 Seamon Ave. Balto. Md. 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE 1 Burtal 2 Cremation 3 R Woodlawn Mem. Park Woodlawn, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Estep Brothers Funeral Home P.A. 1300 Eutaw Pl. Balto. Md. 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata ahock, or heart failure. List only ona cause of **IMMEDIATE CAUSE (Final** Onset and Death disease pr condition resulting in death) 18044L010050 runn DUE TO (OR AS A CONSEQUENCE OF): CHumz CERTIFICATION Sequantially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24e. WAS AN AUTOPSY 1 TYES 2 NO OF DEATH? 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: 1 XES 2 NO hpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28e. OATE OF INJURY (Month, Day, Yeer) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 5 Pending BY 1 YES 2 NO Investigation 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide 29e. CERTIFIER ERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner ee stated. 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(e) end menner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Ony, Year) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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A Mr. 10-18-9 2

Fishia Davidson-Randolle



31. DATE FILED (Month Day, Year)

TO THE HOSPITAL AND THE WAY PHYSICIAN: The law requires that the death certificate be executed within 25 wours after death. Page 6 may be retained by the hos	TO THE FUNETAM CHROWNER AND this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach as men and many mentions with the State Dept. of Health and Mental Hydiele prior to brind, premaring no removal	IMPORTANT: If Item 24 is, marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

91-6193-510 1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

	4 DECEMBER WALLE OF				LATIF	ICALL	- Or	DEAL	<u>n</u>	REG. NO.					
	1. DECEDENT'S NAME (First, BRENDA	NNINO	GS				2. DATE OF DEATH	1	9 % 1	3. TIME OF DEATH 4:23 A. M.					
į	4. SOCIAL SECURITY NUMB	ER	5. SEX	8. AGE (In yrs. I	ast birthday)	IF UNDER	1 YEAR	IF UNDER 2	24 HRS.	7. DATE OF BIRTH			HPLACE (State or Foreign		
	219-38-53	219-38-5332 1 M 2 X F 52 YRS.						HOURS	MIN.	(Month, Day, Year) 4-19-39 MD					
	9e. FACILITY NAME (If not in	treet end number)	9b. CITY	, TOWN	OR LOCATIO	N OF DEA		9c. COL	INTY OF E						
DIRECTOR	528 E. 20	REET		BAL	TIM	ORE	CIT	Y							
딩	RESIDENCE OF DEC	10b. COUNT	v		T	Y, TOWN C									
E	MD	1000 000141	•			TIM							10d. INSIDE CITY LIMITS?		
	10a. STREET AND NUMBER							H. ZIP CODE			1 X YES 2 NO				
FUNERAL	528 E. 201	TH ST	REET				21218					10g. CITIZEN OF WHAT COUNTRY?			
3	11. MARITAL STATUS		12. WAS DECEDEN			13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or I						U.S.A.			
BY F	1 Never Married 2 X		FORCES? 1 IF YES, GIVE W	YES 2 X	NO	1 1	if yes, sp	pecify Cuban, S 2 NO	, Mexican,	Puerto Rican, etc.)		Biac	k, White, atc.		
									-,,			Spot	" BLACK		
	(Specify only	EDENT'S EDU	CATION completed)	18e. D	Give kind of	USUAL OG	CCUPATI during me	ON ost of working	,	16b. KIND OF BUS	INESS/IN	DUSTRY			
2	Elementary/Secondary (0- 12TH	-12)	College (1-4 or 5		NEMPL										
COMPLETED	17. FATHER'S NAME (First, Mi	ddle, Last)						I so morni							
BE C	WALTER BUI							BER	NICE	E (First, Middle, Maiden Bull	rel	1			
	19a. INFORMANT'S NAME (7)			1	9b. MAILING	ADDRESS	(Street	end Number o	or Rural Ro	oute Number, City or Town	. State. Zi	n Godel			
2	BERNICE BI		L		1130	\$10	DDA	RD C	T. /	APT. 2/B	ALT(o.,	MD 21201		
	20e. METHOD OF DISPOSITION 1														
	21. SIGNATURE OF FUNERAL		ENSEE	71110				ND ADDRESS				,	110		
	- Bla	lue	Werne)									ORTH AVE.		
	23. PART I. Enter the di- shock, or he	eessès, or d ert fallure. !	ompileetione that List only one cau	t csused the d	leeth. Do r	not enter	the mo	ode of dyin	g, such	as cerdlec or reapi	ratory sr	rest,	Approximats		
	shock, or heert fallure. List only one cause on each line. iMMEDIATE CAUSE (Final disease or condition) Approximats interval Between Onest and Desth														
	resulting in death) - s. Hugu Insural profession for fine and the second														
_	DUE/TO (OR AS A CONSEQUENCE OF):														
CERTIFICATION	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):														
8	ceuse. Enter UNDERLYING CAUSE (Disease or Injury														
E	that initiated evente	·	DUE TO	(OR AS A CONSE	EQUENCE OF	F):						-			
H	resulting in deeth) LAST														
	PART ii. Other eignificer	nt condition	e contributing to	deeth but not	reculting i	n the un	derlyin	g cause giv	ven in Po	ert i. 24s, WAS AN	AUTOPSY	24h	. WERE AUTOPSY FINDINGS		
MEDICAL	PERFORMED? AVAILABLE PRIOR										AVAILABLE PRIOR TO COMPLETION OF CAUSE				
ᇦ║										_ 1 □ YES 92	NO		DF DEATH?		
- 1										-			1 YES 2 NO		
S	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL					26. PL	LACE OF DEA	ATH (Check	k only one)					
PHYSICIAN:	TY YES 2 NO		HOSPITAL: 1 Inpatient 2	ER/Outpatient	3 🗆 DOA	OTHER		ne 5X Xhesi	Idence 8	Other (Specify)					
표	27. MANNER OF DEATH		26e. DATE OF (Month, Di		28b. TIMI	E OF URY	28c. INJ WO	URY AT	2	ed. DESCRIBE HOW IN	JURY OC	CURED			
à l	Netural 5 Pending (Month, Day, rear) INJU						1 🗆 '		NO						
8	3 Suicide 6 Could not be determined determined								2	261. LOCATION (Street er City or Town, State)	nd Number	or Rural F	loute Number,		
COMPLETED	29e. CERTIFIER	- War 20 - C					_								
N P	(Check only	AL EXAMINE	CIAN: To the best of	my knowledge, d	eath occurre	d at the tir	me, data	and place, e	end due to	the cause(s) and meni	ner ee stat	ed.			
8				emination end/or	Investigation	n, In my op	olnion, d	leath occured	d at the tin	me, date end piece, and	due to Ih	e ceuse(s) end menner es stated.		
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o IL	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CALLS	E OF DEATH OT	M 27) /%-:	Deinel		0.0.	н. Е.	•	P 1 (J – Z I	-1991		
	FRANKS	DEN.	EThr				STR	EET	BALT	TIMORE M	ARYI	LAND	21201		
	31. DATE FILED (Month, Day, Y		11. REGISTRA	R'S SIGNATURE	4.00										
	OCT 24	1991	June	-	Del Marie										

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